INSTRUCTIONS: Hospitals are encouraged to use this form to facilitate communication during transition from the hospital to LTCFs (nursing home and assisted living facilities). Hospitalized patients should be assessed for respiratory illnesses and COVID-19 prior to transfer to a LTCF. Hospitals and LTCFs will work cooperatively to implement these protocols and facilitate discharges and are encouraged to proactively develop transfer and admission plans within their communities in anticipation of the need to identify alternative facilities for appropriate transfer. Accepting patients from the hospital is also contingent on the LTCF having adequate staffing levels and PPE to manage COVID positive residents.

Patient Name: ________________________________________________________________

Transferring Facility: _________________________________ Accepting Facility: ___________________________

Has the patient been laboratory tested for COVID-19?

☐ Yes. The results are:

☐ Positive:
Discuss status of transmission-based precautions. Patient may be transferred if long term care facility can follow CDC infection prevention and control recommendations for the care of COVID-19 patients, including having adequate staffing levels and adequate supplies of PPE.

☐ Negative:
Date Test was Administered: ________________

Patient may be transferred

☐ Pending:
Patient may NOT be transferred

☐ No, patient does not have respiratory illness symptoms, therefore no COVID-19 testing indicated per CDC and VDH Guidelines.

Patient may be transferred

Clinical Assessment Completed by (hospital staff signature)

Reported to (name of LTC facility staff)

Date/Time

Date/Time

Updated 4/22/20