Post-Acute Care and Behavioral Health to Hospital Transfer — COVID-19

It is critical for all Post-Acute and Behavioral Health Facilities to notify EMS and hospital emergency departments PRIOR TO TRANSFER of the Resident/Patient’s COVID-19 status. This tool should be used to document the Resident/Patient’s current clinical and COVID-19 status.

INSTRUCTIONS: CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE RESIDENT/PATIENT STATUS. FOLLOW THE DIRECTIVE FOR USE OF A STANDARD MASK ON THE PATIENT. A copy of the form should be provided to the EMS provider.

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**Facility**

**Contact Information**

**Resident/Patient Name**

**Date**

**Time**

**Date of Birth**

Reason for resident transfer and any input from the sending Physician/Practitioner

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**QUESTION 1:**

Has the resident/patient been tested for COVID-19? If yes, date of test

- [ ] Negative
- [ ] Positive

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**QUESTION 2:**

Has the facility had a patient that was suspected or confirmed to have COVID-19?

- [ ] YES
- [ ] NO

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**QUESTION 3:**

Has the transferring facility implemented COVID-19 Screening of Residents, Staff, Visitors and Vendors for the PAST 14 DAYS or more?

- [ ] YES
- [ ] NO

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**QUESTION 4:**

Has the patient or a member of the facility staff been lab tested positive for COVID-19, or in the past 14 days, been a Person Under Investigation (PUI) for COVID-19, traveled through an airport, traveled on a cruise ship, or had a respiratory illness that was NOT evaluated for COVID-19?

- [ ] NO
- [ ] YES

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**QUESTION 5:**

Does the resident/patient have a respiratory illness (cough, sneezing, fever>100.4, shortness of breath, or sore throat?) Or is the resident/patient immunocompromised?

- [ ] YES
- [ ] NO

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**PATIENT MASK IS NOT REQUIRED DURING TRANSPORT**

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**Report called to:**

**Date/time**

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Form updated as of 3/23/2020

MISSOURI HOSPITAL ASSOCIATION