Appendix F – Checklist for transfer of a **non** line-listed patient to a HOME in outbreak

The admission of new residents and return of residents who have not been line-listed in the outbreak (i.e., are not known cases) is encouraged to be considered after one incubation period has passed without any new cases in the home.

This checklist must be completed **prior** to any transfer to a Home in outbreak can occur. At any time in this process a 3-way call (NBPSDHU/Hospital ICP/HOME) can be completed, as needed.

[ ]  One incubation period has passed without any cases occurring in the outbreak-affected area of the HOME (i.e., facility-wide vs unit-specific). In the absence of a lab-confirmed causative agent, use three days as an incubation period. Consider the causative agents of other outbreaks that are occurring when deciding on the incubation period.

[ ]  The patient’s attending physician at the hospital is aware the HOME is in outbreak and agrees to the transfer based on a review of the current health status of the patient.

[ ]  Hospital designate to inform patient or the SDM that the HOME is in outbreak.

[ ]  Patient/SDM has been given information about the transfer, understands the risk of transferring to the HOME in outbreak, and still agrees to the transfer.

[ ]  If the outbreak in the HOME is due to influenza, the patient is vaccinated with the current year’s vaccine and/or is on antivirals.

[ ]  Appropriate accommodations are available for the patient being transferred.

[ ]  If the outbreak is unit-specific, can the patient be admitted to a non-outbreak area of the home?

[ ]  Assess capacity at hospital including bed crisis. Conduct patient analysis.

[ ]  Hospital designate completes transfer sheet.

[ ]  Clerk arranges transport for patient to transfer to HOME.

Definitions:

Patient - any patient in the hospital or individual in the community setting awaiting admission/re-admission to a Long-Term Care Home or Retirement Home.

HOME – Long-Term Care Home or Retirement Home in the Nipissing/Northeast Parry Sound area.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (yyyy/mm/dd)