

Appendix F – Checklist* for transfer of a **non** line-listed patient to a HOME in outbreak or from a FACILITY 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. Exceptions to this may occur. Admissions and transfers to a home in outbreak and/or a involving a resident who is on additional precautions may be considered in partnership with local public health (Health Unit) and with respect to patient safety, quality of care, and system capacity.

This checklist must be completed **prior** to any transfer to a Home in outbreak OR any transfer to a Home from a facility in Outbreak:

- 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 substitute decision maker (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.
- Enhanced symptom screening for all admissions and transfers, and twice daily symptom screening for
- If the outbreak is unit-specific, can the patient be admitted to a non-outbreak area of the home (or from a non-outbreak area of the transferring facility)
- Assess capacity at hospital including factors such as bed crisis. Conduct patient analysis.
- Assess capacity at long-term care home, including staffing.
- Hospital designate completes transfer sheet.
- Clerk arranges transport for patient to transfer to HOME.

***Note:** Checklist is based on current guidance (October 2024) from Ministry of Health and is subject to change

Definitions:

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

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

FACILITY – refers to a hospital

Signature: _____ Date: _____

(yyyy/mm/dd)