Home Health Transfer to Hospital COVID-19 Communication Tool

This transfer document is supplemental to the traditionally required transfer documents and information. Use this tool to document an individual's medical status related to coronavirus disease 2019 (COVID-19) to help facilitate communication between home health care agencies and hospitals during patient transfers and admissions.

Patient Name: ______________________________

Transferring Agency: ______________________________

Accepting Facility: ______________________________

Date of Transfer: ______________________________

1. **Has the patient tested positive for COVID-19?**
   ☐ **Yes** ☐ **No**

2. **Date of initial positive test:** ____________________

3. **If Yes, has the patient had 2 subsequent negative test results?** ☐ **Yes** ☐ **No** ☐ **N/A**

4. **Dates of subsequent negative tests:** ____________
   If patient was positive and has subsequent negative testing STOP and call the receiving facility to have further discussion regarding current clinical status of the patient.

5. **Has the patient exhibited signs and symptoms of COVID-19 during admission to the facility *(Cough, Sneezing, Fever > 100, SOB, Sore Throat)?***
   ☐ **Yes** ☐ **No**

6. **Has the patient had a positive chest x-ray since admission?** ☐ **Yes** ☐ **No** ☐ **N/A**

7. **If answer to 6 is Yes, results:** ____________________

8. **Has the patient been in contact with anyone who has tested positive for COVID-19?**
   ☐ **Yes** ☐ **No**

9. **Date of Exposure:** ____________________

10. **Has the patient been to any of the restricted travel areas *(South Korea, Iran, China, Italy)*, traveled internationally or traveled on a cruise ship in the last 14 days?** ☐ **Yes** ☐ **No**

11. **Dates and countries of travel:** ____________________
    ____

12. Has anyone in your agency tested positive for COVID-19 or has been presumed positive?
    ☐ **Yes** ☐ **No**

13. **If Yes to Question 12: Has the Department of Health Been Notified?**
    ☐ **Yes** ☐ **No** ☐ **N/A**

If the answer is "Yes" to question 12, STOP and have a conversation with receiving center regarding agency status.

Signature of Screener: ____________________

Title ____________________

Date: ____________ **Time:** ____________

Report Called in to: ____________________

Date: ____________ **Time:** ____________