

# Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

**INSTRUCTIONS:** In planning for transfer of a patient to a post-acute care facility, hospitals are **REQUIRED** to test patients for COVID-19 within approximately 48 hours, prior to transfer to a post-acute care facility, including nursing homes, assisted living, intermediate care, developmentally disabled and group home facilities. This assessment format facilitates documentation of compliance of the transferring hospital with Agency for Health Care Administration (AHCA) [Emergency Rule 59AER20-1](#), that became effective May 5, 2020.

Patient Name: \_\_\_\_\_

Transferring Hospital: \_\_\_\_\_ Accepting Facility: \_\_\_\_\_

## Check the appropriate box to indicate this patient's current COVID-19 test status:

### This patient has tested **NEGATIVE** for COVID-19 during this admission.

The required negative COVID-19 test result is submitted along with this transfer form. [Only one negative test is required for patients who have never previously tested positive for COVID-19.]

### This patient previously tested **POSITIVE** for COVID-19.

The patient is now COVID-19 negative as confirmed by the required two (2) consecutive **NEGATIVE** COVID-19 test results separated by 24 hours. Additional testing within 48 hours of transfer is not required. [Documentation of these tests must be submitted along with this transfer form.]

The patient is COVID-19 **POSITIVE** and continues to require isolation precautions for COVID-19. The accepting post-acute care facility can provide the dedicated wing, unit, or building and dedicated staff that are required by AHCA to accept COVID-19 patients.

A list of COVID-19 dedicated post-acute care isolation centers is available on the AHCA website. [https://ahca.myflorida.com/covid-19\\_inf.shtml](https://ahca.myflorida.com/covid-19_inf.shtml)

### This patient's COVID-19 test result is **PENDING**.

The patient has no symptoms of COVID-19, there is no reason to suspect the patient may be positive for COVID-19 and the accepting facility can provide a single-person room or a separate observation area so the resident can be appropriately isolated and monitored for evidence of COVID-19 status until such time the pending test demonstrates they are COVID-19 negative and they remain afebrile and without symptoms.

Date test submitted: \_\_\_\_\_ Testing lab: \_\_\_\_\_

Clinical Assessment Completed by (signature) \_\_\_\_\_

Date/Time \_\_\_\_\_

Reported to (name of facility staff) \_\_\_\_\_

Date/Time \_\_\_\_\_

