

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

INSTRUCTIONS: In accordance with Agency for Health Care Administration (AHCA) Emergency Rule 59AER20-8, issued August 6, 2020, hospitals are required to test all patients, using a nucleic acid amplification (PCR) test that has been given Emergency Use Authorization from the Food & Drug Administration (FDA) for detection of COVID-19, prior to discharging/transferring patient to a long term care facility. Hospitals are prohibited from discharging any patient who has tested positive for COVID-19 or is exhibiting symptoms consistent with COVID-19 to any long-term care facility until the patient has been cleared for discharge, unless the receiving facility has a dedicated wing, unit, or building with dedicated staff to accept the COVID-19 positive individual as a resident. AHCA stresses Centers for Disease Control and Prevention (CDC) guidance regarding “symptom-based strategy” for clearance for discharge and advises that long-term care facilities should not expect a “test-based”

clearance to be performed prior to transfers for previously positive individuals.

This assessment format facilitates documentation of the patient’s status as it relates to COVID-19 AHCA requirements and CDC guidance, current on 8/6/20.

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

See current CDC Guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Patient Name: _____ DOB: _____ Accepting Facility: _____

Transferring Hospital: _____ Hospital Contact Name/Phone: _____

Check the appropriate TRANSFER STATUS box to indicate this patient's transfer eligibility:

| COVID-19 Test Status | Additional Clinical Information | TRANSFER STATUS (Check the appropriate BOX) |
|----------------------|---|---|
| NEGATIVE | This patient has tested COVID-19 negative during this admission and is not suspected of having COVID-19 infection. Date of Test: _____ | <input type="checkbox"/> MAY BE TRANSFERRED |
| POSITIVE | This patient has tested COVID-19 positive and currently meets ALL of the CDC defined SYMPTOM-BASED strategy requirements following “mild to moderate” illness in patients who are not-immunocompromised: <ul style="list-style-type: none"> • At least 24 hours since resolution of fever without the use of fever-reducing medications. • Improvement in respiratory symptoms. • At least 10 days and up to 20 days since symptoms first appeared. | <input type="checkbox"/> MAY BE TRANSFERRED <i>Isolation for COVID-19 is no longer indicated.</i> |
| POSITIVE | This patient has tested COVID-19 positive and currently meets ALL of the CDC defined SYMPTOM-BASED strategy requirements following “severe to critical” illness in patients OR for patients who are severely immunocompromised: <ul style="list-style-type: none"> • At least 24 hours since resolution of fever without the use of fever-reducing medications. • Improvement in respiratory symptoms. • At least 20 days since symptoms first appeared. | <input type="checkbox"/> MAY BE TRANSFERRED <i>Isolation for COVID-19 is no longer indicated.</i> |
| POSITIVE | This patient has been asymptomatic for COVID-19 throughout their infection. <ul style="list-style-type: none"> • Not severely immunocompromised – At least 10 days have passed since the date of the first positive viral diagnostic test. • Severely immunocompromised – At least 10 days and up to 20 days have passed since the first positive viral diagnostic test. | <input type="checkbox"/> MAY BE TRANSFERRED |
| POSITIVE | This patient has tested COVID-19 positive and currently meets ALL of the TEST-BASED strategy requirements for discharge: <ul style="list-style-type: none"> • Resolution of fever without the use of fever-reducing medications. • Improvement in respiratory symptoms. • Two consecutive negative COVID-19 test results, separated by 24 hours. <ul style="list-style-type: none"> » The first test by an FDA Emergency Use Authorized (EUA) COVID-19 molecular assay RT-PCR test. » The second test by either an FDA EUA COVID-19 molecular assay RT-PCR test or an FDA EUA COVID-19 antigen test. | <input type="checkbox"/> MAY BE TRANSFERRED <i>Isolation for COVID-19 is no longer indicated.</i> |
| POSITIVE | This patient has tested COVID-19 positive and continues to require transmission-based isolation, per CDC guidance. | <input type="checkbox"/> MAY BE TRANSFERRED TO A COVID-19 POSITIVE FACILITY |
| PENDING | This patient’s COVID-19 test result is pending. The patient is NOT suspected of having COVID-19 infection. <i>Requires transmission-based isolation, per CDC guidance.</i> Date test submitted: _____ Testing Lab: _____ | <input type="checkbox"/> MAY BE TRANSFERRED |