From Ohio Department of Health

**SNF to Hospital and Hospital to SNF**

**COVID 19 Transfer Communication Tool**

**Use this tool to document an individual’s medical status related to coronavirus disease 2019 (COVID-19) to help facilitate communication between skilled nursing facilities and hospitals during patient transfers and admissions.**

Resident/Patient Name:

Transferring Facility:

Accepting Facility:

Date of Transfer:

1. Has the patient tested positive for COVID-19?

 **Yes**  **No**

1. Date of initial positive test:
2. If Yes, has the patient had 2 subsequent negative test results? Yes No N/A
3. 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.

1. **Has the patient exhibited signs and symptoms of COVID-19 during admission to the facility *(Cough, Sneezing, Fever > 100, SOB, Sore Throat)?***

 **Yes**  **No**

1. Has the patient had a positive chest x-ray since admission? Yes No N/A
2. If answer to 6 is Yes, results:
3. Date of Exposure:
4. **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**

1. Dates and countries of travel:
2. Has anyone in your facility tested positive for COVID-19 or has been presumed positive?

**Yes**  **No**

1. 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 facility status.

Signature of Screener: Title Date: Time:

1. Has the patient been in contact with anyone who has tested positive for COVID-19?

 **Yes**  **No**

Report Called in to: Date: Time: