



Hospital to Post-Acute Care Transfer COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to post-acute care. This tool should be used to document an individual's medical and vaccine status related to COVID-19 and to facilitate communication between the hospital, emergency medical services, and the post-acute care organization. This assessment must be reviewed by the discharging physician or advanced practice provider and completed by licensed clinical staff prior to transfer. **CHECK THE BOX BELOW APPROPRIATE TO THE PATIENT'S STATUS categories 1-5.**

This form is complementary to [IDOH COVID-19 Guidance for Hospital Discharge to LTCF](#)

Patient name: Type Patient Name		Transferring facility: Type Facility Name	
Patient DOB: Type Date of Birth.		Post-acute care receiving facility: Type Name of LTCF	
Results of latest COVID test: Click date. Click Results Pos/Neg	History of COVID-19? Click yes/no Click diagnosis date.	Vaccines: Manufacturer: Type Manufacturer Date #1 Click date Date #2 Click date. Date #3 (3 rd dose or booster dose) Click date.	
Current COVID-19 symptoms: Onset Date: Click date. List primary symptoms: Type Symptoms			
Hospital clinical assessment by: Date: Click date. (Name): Type Clinician's name		LTCF accepted for transfer by: Date: Click date. LTCF staff (Name): Type Name	
<input type="checkbox"/>	Category 1: No clinical concern for COVID-19 and testing NOT indicated per CDC testing criteria. May transfer.	<input type="checkbox"/>	Category 3: Patients for whom there is clinical concern for COVID-19 and tests results are pending. May transfer, TBP at receiving facility based on test result and new admission guidance for LTC.
<input type="checkbox"/>	Category 2: Clinical concern, Covid (-) test Date Negative Test: Click date. Time Negative Test: May transfer.	<input type="checkbox"/>	Category 4: COVID-19 (+) test, but Transmission- Based Precautions have been discontinued per CDC criteria. May transfer.
<input type="checkbox"/>	Category 5: Patients tested COVID-19 (+) but transmission-based precautions are still required. May transfer to a LTC facility with adequate PPE and isolation capabilities. Facilities should not delay acceptance of transfer of patient to the LTC for them to meet discontinuation of transmission-based precautions.		

[Ending Isolation and Precautions for People with COVID-19: Interim Guidance \(CDC 9.14.21\)](#)

The decision to discontinue [Transmission-Based Precautions](#) for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's [severity of illness](#) and if they are severely immunocompromised.¹ **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility. A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.**

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions:

Patients with [mild to moderate illness](#) who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

Note: For patients who are **not severely immunocompromised**¹ and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with [severe to critical illness](#) or who are severely immunocompromised¹:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- Consider consultation with infection control experts.

Note: Patients who are **severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Consultation with infectious diseases specialists is recommended. Use of a test-based strategy for determining when Transmission-Based Precautions may be discontinued could be considered.