

## Request for Transfer or Move-in During a Confirmed GI or Respiratory Outbreak

**Approval is required from the Medical Health Officer during a confirmed outbreak, after both the discharging most responsible healthcare provider (MRHP) & receiving MRHP have approved transfer, for:**

- New residents moving-in from any source (e.g. acute care, LTC home, community)
- Transfers from one Long Term Care home to another
- Discharge from acute care back to residents own Long Term Care home if admitted due to reasons unrelated to the outbreak (i.e. hip surgery)
- Respite

**Exceptions (not requiring MHO approval):**

- Medical appointments (i.e. dental, specialist, physician)
- Medically necessary services (i.e. ER visit, dialysis) including urgent hospital admission or transfer.
- Residents returning from acute care to their own Long Term Care Home **if admitted during the outbreak for reasons related to the outbreak** (i.e. admitted with influenza A during an influenza A outbreak)
- If outbreak is an Antibiotic Resistant Organism (i.e. MRSA, VRE) outbreak

**Note:** Remember to inform the receiving site that the resident is coming from an outbreak\*

**Instructions for LTC Home in Outbreak:**

- Follow WS “Transfer and Move-In to LTC Homes During a Confirmed Resp or GI Outbreak”
- Complete the form collaboratively by both receiving and discharging sites.
- Get approval from both MRHP’s before submitting form to MHO for approval of transfer.
- Send completed form into Communicable Disease Control by email ([diseasecontrol@saskatoonhealthregion.ca](mailto:diseasecontrol@saskatoonhealthregion.ca)) or fax (306-655-4723).

General Patient/Resident Information	
Resident/Patient Demographics  Name: HSN: DOB:	Date of Request:  Anticipated Transfer/Admission Date:
<b>Current location of resident/patient:</b>	
<b>Receiving LTC Home:</b>	
Resident is going: <input type="checkbox"/> to an outbreak site <input type="checkbox"/> from an outbreak site	
<b>Type of Outbreak:</b>  <input type="checkbox"/> Respiratory                      Organism: _____ <input type="checkbox"/> Gastrointestinal                      Organism: _____	
<b>Type of transfer/move in</b>  <input type="checkbox"/> New residents moving-in from any source (e.g. acute care, LTC home, community) <input type="checkbox"/> Transfers from one Long Term Care home to another <input type="checkbox"/> Discharge from acute care back to residents own Long Term Care home if admitted due to reasons unrelated to the outbreak (i.e. hip surgery) <input type="checkbox"/> Respite	
<b>Medical Risk (check all that apply):</b>  <input type="checkbox"/> Immunocompromised- specify: _____ <input type="checkbox"/> Cardiac disease specify: _____ <input type="checkbox"/> Pulmonary disease specify: _____ <input type="checkbox"/> Renal failure specify: _____ <input type="checkbox"/> Diabetic <input type="checkbox"/> Post-operative abdominal or chest surgery within 7 days specify: _____ <input type="checkbox"/> No medical risk factors <input type="checkbox"/> Other relevant conditions (please list): _____	
<b>Cognition and Hygiene compliance (check one)</b>  <input type="checkbox"/> Independent and compliant <input type="checkbox"/> Compliant but requires prompting (needs to be monitored) <input type="checkbox"/> Non-compliant, mobile <input type="checkbox"/> Non-compliant, mobile with assistance of device (walker, wheelchair) <input type="checkbox"/> Non-compliant, non-mobile	
<b>Outbreak (respiratory or gastrointestinal) Illness symptoms of the patient/resident being moving-in or transferring:</b>  <input type="checkbox"/> Has <b>not</b> had symptoms related to the outbreak <input type="checkbox"/> Symptoms have resolved and patient/resident is off precautions <input type="checkbox"/> Symptoms have resolved but patient/resident remains on precautions until _____ <input type="checkbox"/> Symptomatic    Specify: _____	
<b>Immunization and Influenza Antivirals (complete for influenza outbreaks only)</b>  • Has received the seasonal influenza vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Has received the pneumococcal 23 vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Is currently on influenza antiviral prophylaxis: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Discharge Site/Unit/LTC Home</b>	<input type="checkbox"/> N/A (Respite)
<b>Date:</b> _____	
<b>Contact Name:</b> _____ <b>Phone Number:</b> _____	
<b>Initial Reason for Admission:</b> _____	
<b>Most Responsible Healthcare Provider (MRHP) approves discharge into the confirmed outbreak:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MRHP name &amp; Phone #:</b> _____	
<b>Comments:</b>          	

<b>Receiving LTC Home</b>
<b>Contact Name:</b> _____ <b>Phone Number:</b> _____
<b>Most Responsible Healthcare Provider (MRHP) approves transfer into the confirmed outbreak:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MRHP name &amp; Phone #:</b> _____
<b>Type of room admitting resident to:</b> <input type="checkbox"/> Private room with private bathroom <input type="checkbox"/> Private room with shared bathroom <input type="checkbox"/> Semi-Private room with dedicated bathroom <input type="checkbox"/> Semi-private room with shared bathroom <input type="checkbox"/> 3 or more in room with shared bathroom  <b>If in multi-bed room, will the resident be sharing a room with a symptomatic resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Comments:</b>          

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_