**Preamble:**

Move-in and transfers to a LTC Home from acute care, another LTC Home or the community during an outbreak is generally permitted. Due to the increased demand for acute care beds within the local hospital system and a recognized risk of hospital acquired infections related to extended hospital stays, Population and Public Health recommends a formal process be followed to facilitate transfers and new admissions into long term care homes during a declared outbreak.

### Essential Tasks

**1. CDC PHN**
- Asks LTC home contact if there are any permanently vacant bed(s) at their LTC home during the initial outbreak call and /or on daily teleconferences.
- Charts any vacancies on the initial outbreak summary DC-462.
- Informs the LTC home that MHO approval is **not** required for the situations listed below; however, the LTC home should, if appropriate, inform the receiving site/home that the resident is coming from a LTC home on outbreak:
  - Medical appointments (i.e. dental, specialist, physician).
  - Medically necessary services (i.e. ER visit, dialysis).
  - Antibiotic Resistant Organism (i.e. MRSA, VRE) Outbreaks.
  - Discharge from acute care back 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).
- Informs LTC home that approval from MHO, during a confirmed outbreak, is required for:
  - Move-in or transfer from a unit in acute care facility that is not on outbreak, to a LTC home on a confirmed outbreak status.
  - Transfer from a LTC home in outbreak to another LTC home.
  - Discharge from acute care back to their own Long Term Care home if admitted due to reasons unrelated to the outbreak (i.e. hip surgery).

**2. LTC Home**
- Explores with receiving/discharging home/facility the ability to transfer and/or move-in resident to their home.
- Updates CDC at daily teleconference regarding status of any vacancies, potential transfers or move-in’s.
- Follows Appendix A, B or C depending on situation.
### Essential Tasks

**3. CDC PHN**  
- Receives & reviews completed DC-489 form “LTC Request for Transfer or Move-in during a Confirmed Outbreak” from LTC Home by email and discusses during daily teleconference.  
- Completes the CDC PHN portion and provides recommendations.  
- Gives to MHO during morning huddle, in order to complete the form before next daily teleconference with LTC home.

**4. MHO**  
- Reviews the DC-489 form and completes the MHO section with recommendations.  
- Returns completed form to CDC PHN prior to next daily teleconference with LTC home.

**5. CDC PHN**  
- Communicates MHO recommendations to LTC Home Designate.  
- Charts on the DC-461 worksheet “LTC Home Vacancies Worksheet.”  
- Places the DC-489 form in LTC outbreak folder.  
- If reassessment is recommended, update the form on the reassessment date and forward back to the MHO.  
  - Go back to step 3.

**6. LTC Home**  
- Communicates PPH MHO recommendations with discharging site/Unit/LTC home.  
- If **discharge is approved** by PPH MHO, coordinates discharge with discharging site.  
- If **discharge is not approved**, MHO will identify a date for reassessment:  
  **Note**: Resident (current or potential) must not be discharged, transferred or admitted until non-discharge conditions are lifted or the outbreak is declared over. When either condition is met MHO must be informed and patient transfer is to be immediately effected.  
  The bed remains vacant until discharge/transfer/move-in is approved.  
- Notifies CDC PHN (306-655-4612) if there is a change in the resident’s status during wait period.
### Appendix A

**Permanent vacancy occurs within LTC**

**LTC Home:**
- Completes the *Vacancy Notification Form* as per the Work Standard: *Vacancy Notification; Bed Acceptance; Elevation.*
- Receives information on potential resident for move-in to the LTC home from LTC CPAS.
- Notifies CDC Public Health Nurse (306-655-4612) at daily teleconference or at the earliest if needed.
- Completes DC-489 form “LTC Request for Transfer or Move-in during a Confirmed Outbreak” located on the LTC Outbreak page under “Transfer and Move-In”.
  - Works collaboratively with both receiving and discharging sites/homes, etc.
- Sends DC-489 form into CDC via email (diseasecontrol@sasktoonhealthregion.ca) or by fax (306-655-4723).
- Waits for recommendations from MHO.

### Appendix B

**Return of a current LTC Home Resident who is admitted to hospital for reasons unrelated to current outbreak.**

**LTC Home:**
- Receives notification from acute care that resident is ready for discharge.
- Notifies CDC Public Health Nurse (306-655-4612) at daily teleconference or the earlier if discharge is within 24 hours.
- Completes DC-489 form “LTC Request for Transfer or Move-in during a Confirmed Outbreak” located on the LTC Outbreak page under “Transfer and Move-In” in collaboration with the discharging acute care site/unit in anticipation of discharge date.
- Sends DC-489 form into CDC via email (diseasecontrol@sasktoonhealthregion.ca) or by fax (306-655-4723).
- Waits for recommendations from MHO.

### Appendix C

**Return of a current LTC Home Resident who is admitted to hospital for reasons related to current outbreak.**

**LTC Home:**
- Arranges for transfer back to LTC home with acute care.
- Notifies CDC/IPC at next daily teleconference that resident is being transferred back.
- Informs CDC/IPC at next daily teleconference when resident is back at LTC home.
- No further action required.

Supplies: