Peterborough Public Health

Risk Assessment for Admitting or Returning/Transferring a Patient into a Facility Experiencing an Outbreak

Use this form to determine if the patient can be admitted or returned to a facility experiencing an outbreak.

Instructions: Process should be completed within 24 hours of initiation.

Step 1: Hospital to complete Section A and fax to the Facility where the patient is to return.

Step 2: Facility to complete Sections B, indicate in Section C if agreeable to repatriation, then fax to the hospital where the resident is admitted.

Step 3: If repatriation is mutually agreed upon, LTCH/RH staff calls hospital to discuss date and time for repatriation and completes the appropriate fields in Section C. Facility staff faxes completed form to the Health Unit.

Step 4 (if required): Facility or hospital staff can request a consultation from the Health Unit by checking the appropriate box in Section C and faxing/emailing form to the Health Unit. **If consultation is being requested outside of regular business hours (Monday-Friday, 0830-1630), please call 705-760-8127.** The Health Unit outbreak investigator will review information provided in Sections A and B, and the Health Unit outbreak record, and provide a recommendation to the Facility and Hospital. This recommendation can then be considered by Hospital and Facility staff in the repatriation decision making process. Revisions to the repatriation plan may also be suggested by the Health Unit. If the Facility and Hospital revise the decision to repatriate, return to Step 3.

SECTION A – Hospital

Name and Title:	Hospital:
Unit/Department: Unit is in Outbreak **Yes** **No**	Phone Number:
Date (YY/MM/DD):	Fax Number:
Patient's ID Number:	
Patient's Full Name:	Date of Birth (YY/MM/DD):
Patient's HCN:	Patient's sex:
Date of planned discharge from hospital to facility (YY/MM/DD)?	
Will this patient be a new admission into the facility?	☐ Yes ☐ No
Does the patient's attending physician at the hospital agree to the admission/return based on a review of the current health status and the outbreak situation at the receiving facility?	☐ Yes ☐ No
Physician name:	
What special care/level of care will this patient require upon return to the facility that was not required prior to hospital admission?	

Repatriation plan – The following measures will be done prior to return to facility to protect the resident from illness during this outbreak (check those that apply):

☐ Hospital staff have discussed the outbreak situation, and risks and benefits of repatriation/admission to facility during an outbreak situation with the resident/resident's substitute decision maker, and obtained informed consent.

☐ If the outbreak organism has been identified as influenza A, antivirals have been provided to the patient.

☐ Proposed date and time for repatriation to LTCH/RH:

SECTION B – Facility	
Name and Title:	Facility:
Unit/Department:	Phone Number:
Date (YY/MM/DD):	Fax Number:
What is/are the causative agent(s) of the outbreak?	
What is the attack rate to date?	
Residents:	Staff:
Are cases located throughout the facility or localized?	
Is transmission still occurring? ☐ Yes ☐ No	
If yes, onset date of the last case? (YY/MM/DD)	
What is the approximate duration of illness?	
Percentage of cases, as of this date, hospitalized related to outbreak illness?	
Percentage of outbreak-related deaths, as of this date?	
Are cases experiencing severe symptoms (e.g. pneumonia)?	☐ Yes ☐ No
If yes, percentage of cases, to date, with severe symptoms?	
Would this resident be returned/admitted to an area where there is/are case(s)?	☐ Yes ☐ No
If facility is experiencing an influenza or COVID outbreak, has the patient been immunized?	☐ Yes ☐ No
COVID immunization: Number of doses	Date of Last Dose
What are the concerns about admitting/repatriating this patient to your facility (e.g. staffing capacity, meeting patient's care needs, protecting patient from transmission of infection, patient's susceptibility to complications from infection, etc.)?	
Repatriation plan – Can the following measures be done if the resident returns to the facility to protect the resident from illness during this outbreak (check those that apply): ☐ tray service provided to resident ☐ resident kept in isolation ☐ resident will be returned to a private room/unaffected area of facility ☐ resident is returning to a floor where other residents are unable to follow IPAC measures (e.g. wander, cannot wear masks, etc.)	

SECTION C- Repatriation Plan	
☐ Facility agrees to repatriate based on the above information ☐ Facility does not agree to repatriation based on the above information ☐ Facility requests Health Unit consultation	☐ Hospital requests Health Unit consultation ☐ If facility agrees to repatriation, date and time for repatriation that hospital and LTCH/RH have agreed upon: Date: Time:
Signature:	Signature:
Title:	Title:

SECTION D (if required) – Health Unit: Peterborough Public Health	
Name and title:	Phone Number:
Date (YY/MM/DD):	Fax Number:
Public Health Recommends: ☐ Return/admit into the facility (provided conditions listed under comments are met) ☐ DO NOT return/admit into the long-term care home at this time	
Comments:	
Signature:	
Have previous requests for this patient been submitted? ☐ Yes ☐ No If yes, date:	

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit and as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.peterboroughpublichealth.ca or contact the Privacy Officer, 185 King Street, Peterborough, ON K9J 2R8. Phone: 705-743-1000 or Toll Free: 1-877-743-0101.