

Tool 29: Acute Care to LTC Transfer Document

Resident/Tenant transfer recommendations from Acute Care to LTC Care Communities are based on:

- COVID-19/Influenza Exposure Status of Acute Care Unit and LTC Unit/Neighborhood
 - COVID-19/ Influenza Status of Patient
 - NOTE: AL sites attached to LTC site with much interaction between LTC and AL, this document may apply to those situations. Stand alone AL sites are out of scope for this document
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- **Pathogens are not interchangeable within the table.** Transfer guidance is based on transferring to/from units with the same pathogen (e.g., COVID-19 unit/neighborhood to COVID-19 unit/neighborhood or Influenza unit/neighborhood to Influenza unit/neighborhood)
 - Testing is only recommended for symptomatic residents/tenants.
 - Units/neighborhoods that are on COVID-19 Enhanced monitoring measures may have additional Public Health (PH) measures in place that affect transfers to the receiving LTC Care Community, consult Public Health for guidance in these situations.
 - Acute Care Alert: A term used by acute care that is similar to Enhanced Monitoring status in LTC/AL Care Communities
 - **Respiratory Syncytial Virus (RSV):** no restrictions on admissions and transfers unless additional PH measures are in place at the MHO's discretion. Refer to the ["Other Respiratory Illness \(non Influenza/Non COVID-19\) Checklist"](#)

Guiding principles to consider regarding new moves into or moves back to the resident(s) home in the Care Community:

1. When deciding about a new move or a move back into a resident's home in a Care Community, some things to consider are:
 - a) Aiming to protect the health and safety of residents.
 - b) Respecting a resident's preference to reside at home.
 - c) The risks associated with moving in, but also with delaying a move in or prolonging time in hospital while awaiting return to the Care Community. In most cases, the decision should be a new or returning resident coming to the Care Community

2. In all cases, decisions about a move should include involvement of:
 - a) The resident and/or decision maker of the resident to be aware of the risks and benefits associated with the decision.
 - b) The discharging or most responsible physician knowledgeable about the resident's health status
 - c) The receiving Care Community physician/facility medical director

Patient Status: Positive for Influenza or COVID-19

Acute Care Unit	LTC Unit	Transfer Recommendations
Outbreak or Alert	Outbreak or Enhanced Monitoring	<ul style="list-style-type: none"> • Can be transferred to LTC if patient is medically stable and hospital care is no longer needed • Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status of the receiving Care Community and the transfer conditions: <ul style="list-style-type: none"> • Transfer to a private room until isolation is completed • No transfer if going to a multi-bedroom while infectious, hold transfer until isolation has been completed Make sure new or returning residents to the Care Community have been immunized/offered immunization against influenza/COVID-19 as per the most up-to-date recommendations <p>Transfer from an acute care unit on Influenza Outbreak: ensure new or returning residents who started the anti-viral prophylaxis in the hospital are to continue with it and complete it as directed by the MRP</p>
Outbreak or Alert	No Outbreak and/or No Enhanced Monitoring	
No Outbreak or Alert	Outbreak or Enhanced Monitoring	

Patient Status: Negative, Asymptomatic, or Not Tested for Influenza or COVID-19

Acute Care Unit	LTC/AL Unit	Transfer Recommendations
Outbreak or Alert	Outbreak or Enhanced Monitoring	<ul style="list-style-type: none"> • Resident can be transferred back to the unit • Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status of the receiving facility and the transfer conditions: <ul style="list-style-type: none"> • Care community to screen for symptoms for 4 days from discharge or length of time of enhanced monitoring/outbreak whichever is longer • Transfer ideally to a private room, especially roommates of a confirmed case • For transfer from an acute care unit on COVID-19 outbreak/alert, droplet precautions for 4 days on arrival to Care Community • Make sure new or returning residents to the Care Community have been immunized/offered immunization against influenza/COVID-19 as per the most up-to-date recommendations <p>Transferring to a unit on Influenza Outbreak:</p>

Acute Care Unit	LTC/AL Unit	Transfer Recommendations
		<ul style="list-style-type: none"> Make sure new or returning residents to the Care Community have started on anti-viral prophylaxis prior to the move unless they have had influenza due to the same strain in the last three months or refuse to take the prophylaxis Those who started the anti-viral prophylaxis in the hospital are to continue it as directed by the MRP.
Outbreak or Alert	No Outbreak and/or No Enhanced Monitoring	<p><u>Acute Care Outbreak or Alert Status</u></p> <ul style="list-style-type: none"> Patient/substitute decision maker should be informed of the transfer conditions: <ul style="list-style-type: none"> Transfer to a private room Screen for symptoms for 4 days from discharge For transfer from an acute care unit on COVID-19 outbreak/alert, droplet precautions for 4 days on arrival to Care Community If private room is not available, hold transfer until outbreak/alert is over or consult with Public Health if transfer is desired <p>Transferring from an acute care unit on Influenza Outbreak: those who started the anti-viral prophylaxis in the hospital are to continue with it and complete it as directed by the MRP</p>
No Outbreak or Alert	Outbreak or Enhanced Monitoring	<p><u>LTC Enhanced Monitoring Status:</u></p> <ul style="list-style-type: none"> Transfer/admission to the affected unit (preferably when the situation at the LTC is settling down) Patient/substitute decision maker should be informed of the outbreak/enhanced monitoring status and the transfer conditions: <ul style="list-style-type: none"> Make sure new or returning residents to the Care Community have been immunized/offered immunization against influenza/COVID-19 as per the most up-to-date recommendations <p><u>LTC Outbreak Status:</u></p> <p>Affected Unit:</p> <ul style="list-style-type: none"> Patient can be transferred with MHO approval only. Please contact Public Health if transfer is desired <p>COVID-19 Outbreak: If patient has recovered from PCR confirmed COVID-19 within 60 days, transfer can occur</p> <p>Influenza Outbreak: If transfer approved by the MHO, consult Public Health for anti-viral recommendations</p>

Approved by Public Health Medical Health Officer Dr. Jing Hu AUG 2024

FOR TRANSFERS WITHIN your Care Community, consult Public Health Contact ([Tool 2](#)). This includes moving a resident to or from an area WITH a declared INFLUENZA outbreak to or from a completely separate (see below) area/neighbourhood WITHOUT a declared INFLUENZA outbreak.

Definition of Completely Separate Areas of a Care Community —Guidance for Implementation of Control Measures

Completely separate areas means:

- Physically separate
- No movement of people (i.e., staff, visitors, service providers, others) between or through the areas
- No movement of services and equipment (e.g., equipment, books, recreational material, wheelchairs, meal carts, housekeeping carts etc.) between the areas.

Completely separate unaffected areas are exempt from outbreak control measures if complete separation can be maintained from affected areas.

If a complete separation from the affected area is not achievable, all areas should initiate and maintain outbreak control measures.

NOTE: Decisions regarding areas under Control Measures are determined in consultation with Public Health Contact after the site risk assessment

As Your Care Community Gets Closer to the End of the Outbreak:

Remain on the alert for possible new cases of cough.

If staff or residents are experiencing new onset RI symptoms after a period with no new cases or there are changes in severity or pattern of illness, review surveillance and control measures. Consult with Public Health Contact ([Tool 2](#)). Additional testing may be indicated if there is suspicion that a different virus might be causing the new infections.