

TRANSITIONAL CARE PLAN DURING COVID-19 - MOVING IN - FORM DRAFT - IN DEVELOPMENT

| Form ID: | Rev: November 2020 | Page 1 of 1 | |
|--|-----------------------------------|----------------------|--|
| | | | |
| Support System on Move in: | | | |
| Substitute Decision Maker (SDM): | | Phone # | |
| Forestial Visitor (if different from CDM). | | Dhana # | |
| Essential Visitor (if different from SDM): | | Phone # | |
| Family/Social Visitor (if different from SDM or | | Phone # | |
| Essential Visitor: | | 1 Hone # | |
| Losertiai viole | | | |
| Current location: | | Destination: | |
| ☐ Hospital | | | |
| □ Community | | | |
| ☐ Care home | | | |
| ☐ Other: | | Date & Time of Move: | |
| Transportation plan: | | Room set up: | |
| | | ☐ In advar | nce On day of move |
| Arrival plan: SDM able to enter home □ Yes □ No | | | |
| | | Who will se | et up room? |
| | | May nama | a al itama a na maitta di |
| Have coroning protocols been reviewed with | | key persor | nal items permitted: |
| Have screening protocols been reviewed with SDM? ☐ Yes ☐ No | | | |
| ODIVI: L. 103 L | 110 | | |
| Has the SDM been informed of Essential Visitor | | ☐ Unable | to bring personal items into the home |
| and Family/Social Visitor roles? ☐ Yes ☐ No | | | |
| | | | |
| 14-Day Isolation Care Plan Strategies: include activities that promote social, sensory, movement, | | | |
| intellectual and emotional needs (e.g. virtual visits, room set up, 1:1 activities, Essential Visitor role) | | | |
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| COVID-19 Infection Prevention Control Measures (e.g. photo ID, visual or verbal cues/reminders, hand | | | |
| hygiene,) and Swabbing Support Strategies (e.g. redirection, distraction, familiar face during procedure) □ Identify early what triggers responsive behaviour (e.g. unfamiliar staff, face shield/mask, lack of family | | | |
| | what triggers responsive behaviou | r (e.g. untan | niliar staff, face shield/mask, lack of family |
| presence) | | | |
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