**Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment**

**INSTRUCTIONS:** In accordance with Agency for Health Care Administration (AHCA) Emergency Rule 59AER20-8, issued August 6, 2020, hospitals are required to test all patients, using a nucleic acid amplification (PCR) test that has been given Emergency Use Authorization from the Food & Drug Administration (FDA) for detection of COVID-19, prior to discharging/transferring patient to a long term care facility. Hospitals are prohibited from discharging any patient who has tested positive for COVID-19 or is exhibiting symptoms consistent with COVID-19 to any long-term care facility until the patient has been cleared for discharge, unless the receiving facility has a dedicated wing, unit, or building with dedicated staff to accept the COVID-19 positive individual as a resident. AHCA stresses Centers for Disease Control and Prevention (CDC) guidance regarding “symptom-based strategy” for clearance for discharge and advises that long-term care facilities should not expect a “test-based” clearance to be performed prior to transfers for previously positive individuals.

This assessment format facilitates documentation of the patient’s status as it relates to COVID-19 AHCA requirements and CDC guidance, current on 8/6/20.


---

**Check the appropriate TRANSFER STATUS box to indicate this patient’s transfer eligibility:**

<table>
<thead>
<tr>
<th>COVID-19 Test Status</th>
<th>Additional Clinical Information</th>
<th>TRANSFER STATUS (Check the appropriate BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEGATIVE</strong></td>
<td>This patient has tested COVID-19 negative during this admission and is not suspected of having COVID-19 infection. Date of Test:_______________________</td>
<td>□ MAY BE TRANSferred</td>
</tr>
</tbody>
</table>
| **POSITIVE**         | This patient has tested COVID-19 positive and currently meets ALL of the CDC defined SYMPTOM-BASED strategy requirements following “mild to moderate” illness in patients who are not-immunocompromised:  
  - At least 24 hours since resolution of fever without the use of fever-reducing medications.  
  - Improvement in respiratory symptoms.  
  - At least 10 days and up to 20 days since symptoms first appeared. | □ MAY BE TRANSFERRED  
Isolation for COVID-19 is no longer indicated. |
| **POSITIVE**         | This patient has tested COVID-19 positive and currently meets ALL of the CDC defined SYMPTOM-BASED strategy requirements following “severe to critical” illness in patients OR for patients who are severely immunocompromised:  
  - At least 24 hours since resolution of fever without the use of fever-reducing medications.  
  - Improvement in respiratory symptoms.  
  - At least 20 days since symptoms first appeared. | □ MAY BE TRANSFERRED  
Isolation for COVID-19 is no longer indicated. |
| **POSITIVE**         | This patient has been asymptomatic for COVID-19 throughout their infection.  
  - Not severely immunocompromised – At least 10 days have passed since the date of the first positive viral diagnostic test.  
  - Severely immunocompromised – At least 10 days and up to 20 days have passed since the first positive viral diagnostic test. | □ MAY BE TRANSFERRED |
| **POSITIVE**         | This patient has tested COVID-19 positive and currently meets ALL of the TEST-BASED strategy requirements for discharge:  
  - Resolution of fever without the use of fever-reducing medications.  
  - Improvement in respiratory symptoms.  
  - Two consecutive negative COVID-19 test results, separated by 24 hours.  
    » The first test by an FDA Emergency Use Authorized (EUA) COVID-19 molecular assay RT-PCR test.  
    » The second test by either an FDA EUA COVID-19 molecular assay RT-PCR test or an FDA EUA COVID-19 antigen test. | □ MAY BE TRANSFERRED  
Isolation for COVID-19 is no longer indicated. |
| **POSITIVE**         | This patient has tested COVID-19 positive and continues to require transmission-based isolation, per CDC guidance. | □ MAY BE TRANSFERRED TO A COVID-19 POSITIVE FACILITY |
| **PENDING**         | This patient’s COVID-19 test result is pending. The patient is NOT suspected of having COVID-19 infection. Requires transmission-based isolation, per CDC guidance. | □ MAY BE TRANSferred |

**Date test submitted:_______________________**  
**Testing Lab:_______________________**