INTER-FACILITY INFECTION CONTROL TRANSFER FORM
FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES

This example Inter-facility Infection Control patient transfer form can assist in fostering communication during transitions of care. This concept and draft was developed by the Utah Healthcare–associated Infection (HAI) working group and shared with Centers for Disease Control and Prevention (CDC) and state partners courtesy of the Utah State Department of Health.

This tool can be modified and adapted by facilities and other quality improvement groups engaged in patient safety activities.

INFECTION CONTROL TRANSFER FORM

(Discharging Facility to complete form and communicate information to Receiving Facility)

Demographics

Patient/Resident *Last Nam*		**Date of**		**Discharg**
Sending Facility Name:		**Contact Name:**		**Contact Phone:**
Receiving Facility Name:				

Precautions

Currently in Isolation Precautions? ☐ **Yes**

If Yes check: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other:_____

☐ **No** Isolation Precautions

Organisms

Did or does have *(send documentation):*	**Current Infection, History, or Ruling Out***
Multiple Drug Resistant Organism (MDRO):	☐ **Yes**
MRSA	☐
VRE	☐
Acinetobacter not susceptible to carbapenems	☐
E. coli or Klebsiella not susceptible to carbapenems	☐
Significant communicable disease:	☐ **Yes**
C. diff	☐
*O*ther±: _____ ±*e.g.; lice, scabies, disseminated shingles, norovirus, flu, TB, etc.*	☐ **(current or ruling out)**
***Additional info if known:**	

☐ **No** Known MDRO or Communicable Diseases

Symptoms

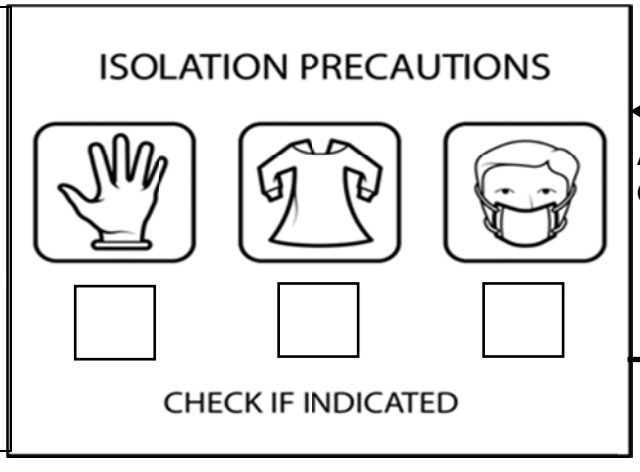
Check yes to any that <u>currently</u> apply*):

- ☐ Cough/uncontrolled respiratory secretions
- ☐ Incontinent of urine
- ☐ Vomitin
- ☐ Acute diarrhea or incontinent of stool
- ☐ Draining wounds
- ☐ Other uncontained body fluid/drainage
- ☐ Concerning rash (e.g.; vesicular)

***NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained**

☐ **No** Symptoms or PPE **not required** as "contained"

Required PPE



Answers to sections above

ANY YES: Check Required PPE

ALL NO: Just sign form

Person completing form: _____

Role: _____ Date_____/_____/_____