

**Q: Why does the Medical Officer of Health need to be involved in transfers to and from outbreak sites?**

**A:** A transfer out of an outbreak site could cause a new outbreak in the receiving facility and a transfer of an unexposed person into an outbreak site could put them at risk of illness. In order to ensure that each unique situation is properly assessed, and to make sure that patient/client/ resident safety is a primary consideration in outbreaks, these transfer requests are all consistently assessed by the Medical Officer of Health on call. This ensures that measures to reduce risk are discussed and implemented prior to transfer, or, if the risk is unacceptably high, that the transfer is delayed until the situation improves.

**Q: When would a transfer/admission/discharge not require MOH approval?**

**A:** If one or more of the following conditions are met, approval is not required, but notification is requested:

1. The MOH has not restricted the outbreak facility for admissions, transfers or discharges at the onset of the outbreak.
2. The proposed patient/client/resident transfer is for medically necessary services (e.g. ill resident from outbreak site requires hospital admission for treatment). Once treatment is completed they can be transferred back to the outbreak site following notification of PHI or CDC staff.
3. In acute care outbreaks, if hospital patients are well enough to be discharged and are returning to their own home in the community (not congregate living).

**Q: What is the process for requesting MOH approval for a transfer/admission/discharge?**

**A:** The facility that is requesting the transfer/admission/discharge should contact their primary outbreak contact (Public Health Inspector for GI outbreaks and CDC Nurse for ILI outbreaks). The outbreak contact will then inform the MOH of the request. The MOH will determine what additional information is required to make the decision, including whether the Risk Assessment Checklist will be required or not, and the outbreak contact will then obtain the necessary information. If a completed checklist is required, the outbreak contact will provide the sending and receiving facilities with a blank copy for completion of the relevant portion(s). Completed forms can be faxed or e-mailed back to the outbreak contact. Note that discharge planners could also fill out the appropriate sections of the checklist in advance of making a request if they wish to expedite the process.

**Q: What is the Risk Assessment Checklist?**

**A:** The Checklist (see attached) is a tool that helps the MOH assess the risk of the situation and to make a decision about the proposed transfer. The facility that would be receiving the patient/client/ resident will be asked to provide information about the conditions in their facility, and the facility that currently has the patient would be asked to complete the section on patient risk factors. This applies whether the patient/client/resident is potentially being transferred in to or out of an outbreak site and includes admissions from a person's own home to a seniors' living facility with an outbreak (in this case the seniors' facility or home care would need to complete both SECTION B: PATIENT/CLIENT/RESIDENT RISK FACTORS and SECTION C: RECEIVING SITE / FACILITY / UNIT INFORMATION of the form. Section A is not required, nor is an attending physician approval).

**Q: Does the Risk Assessment Checklist always need to be completed by the sending and receiving facility?**

**A:** Following notification by the outbreak contact of the transfer/admission/discharge request, the MOH will make a decision about whether the checklist is required or not. Some transfers may be approved without the need to complete the checklist.

**Q: Why is there a section (Section D) for the attending physician's name and patient / guardian name?**

**A:** If a transfer is approved by the MOH as being sufficiently low risk, there is still a small possibility that the patient or the destination facility could be exposed to illness. This section is to ensure that the attending physician (if patient is in hospital) and the patient (or their guardian if the patient does not have the capacity for medical decision making) are aware of the risks and that they consent to the transfer. Signatures from these individuals are not needed on the form, just the name.

**Q: If only a part of a facility (e.g. one unit or wing) has an outbreak declared, are transfers to or from other parts of the facility affected?**

**A:** Only the specific part of the facility that has an outbreak is affected by transfer restrictions. Note that transfers in or out of outbreak units must be assessed, even if the movement is within the same facility.

**Q: In a small acute care facility with an outbreak, how can admissions to hospital be stopped without compromising patient care?**

**A:** The MOHs are aware that restricting hospital admissions is also a potential patient/client/ resident safety issue. The risks of admitting unexposed people to an outbreak setting where they could develop illness must be weighed against the risk of transferring patients to another facility, or other consequences of restrictions. At the onset of each acute care outbreak, the MOH assesses the situation including outbreak symptoms and severity, number of patients/clients/residents and staff affected, physical design of the facility, and ability to cohort ill patients/clients/residents, and will decide based on these factors whether admission restrictions are to be put in place. The MOH is always available for direct conversations with hospital administrators and physicians in these circumstances and will review decisions with any change in circumstances. In acute care outbreaks, even when admission restrictions are not implemented, discharges from the outbreak site to congregate living settings should be reviewed by the MOH prior to transfer.

**Q: Where are these processes documented for future reference?**

**A:** The Guidelines for Outbreak Prevention, Control, and Management are found on Insite at <http://insite.albertahealthservices.ca/4776.asp> or on <http://www.albertahealthservices.ca/2919.asp> with two versions: Acute Care and Facility Living Sites (see specifically pages 21-23 and 41 to 43), and Supportive Living and Home Living (see specifically pages 25-26 and 45-48). The attached RISK ASSESSMENT WORKSHEET has been adapted for Central Zone purposes and therefore differs from the one included in the Guidelines.

**Q: Who can we ask if we have more questions?**

**A:** Please direct questions to your usual outbreak contact – your local Public Health Inspector (or the on-call PHI at 1-866-654-7890) for GI outbreaks and to Communicable Disease Control at (403) 356-6420 for ILI outbreaks.