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## RISK ASSESSMENT WORKSHEET - Admission, Discharge and Transfer during an Outbreak

When completed, email to [AHS.NZ.CDC.Intake@albertahealthservices.ca](mailto:AHS.NZ.CDC.Intake@albertahealthservices.ca) for MOH recommendation.

### Purpose:

To provide a consistent risk assessment tool for care providers when considering admitting, discharge and transfers to or from a site/facility experiencing an outbreak during urgent need.

**Urgent need** including but not limited to:

- overcapacity
- necessity for specialized care to mitigate patient/resident safety risk
- length of time on waiting list for specialized services
- urgency of specialized service provision

Documentation on this worksheet will be used by the Public Health Outbreak Contact and MOH/designate to provide rationale for why the patient/resident transfer or admission may or may not proceed.

### Instructions:

The Risk Assessment Worksheet should be completed fully and collaboratively by the discharging and receiving sites when directed to do so by the Public Health Outbreak Contact (a Public Health Inspector in the case of a gastrointestinal outbreak or a Communicable Disease Control Nurse in the case of an influenza-like-illness (ILI) outbreak).

In the case of an admission from a person's own home to a seniors' living facility, the facility should complete:

- SECTION B: Patient/Resident Risk Factors, AND
- SECTION C: Receiving Site/Facility/Unit Information

It is expected that this worksheet is used for all transfers/admissions/discharges deemed necessary including those from or to facilities within or outside the Zone.

**RISK ASSESSMENT WORKSHEET**

Patient/Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Physician from Sending Facility: \_\_\_\_\_

Attending Physician from Receiving Facility (if applicable): \_\_\_\_\_

Current Site/Facility/Unit Name (if still in own home, please indicate this):  
\_\_\_\_\_Patient/Resident transferring, discharging or admitting:  to outbreak site  from outbreak site**SECTION A: DISCHARGING/TRANSFERRING SITE/FACILITY/UNIT INFORMATION**

(to be completed by the discharging/transferring site/facility/unit)

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| <p><b>Discharging Unit</b>, contact name: _____ Date: _____</p> <p>Is this site/facility/unit experiencing an outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, check outbreak type: <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Influenza-like-illness</p>  |
| <p><b>Outbreak Risk Factors</b> (complete this section only if there is an outbreak occurring in the Discharging/Transferring site/facility/unit)</p> <p>Status (check one):</p> <p><input type="checkbox"/> Early investigation, agent not identified</p> <p><input type="checkbox"/> Agent confirmed</p> <p><input type="checkbox"/> Number of new cases increasing</p> |
| <p><b>Outbreak confined to</b> (check one):</p> <p><input type="checkbox"/> 1 room only      <input type="checkbox"/> single unit      <input type="checkbox"/> ward</p> <p><input type="checkbox"/> floor      <input type="checkbox"/> wing/pod      <input type="checkbox"/> entire facility</p>   |

**SECTION B: PATIENT/RESIDENT RISK FACTORS**

(to be completed by the site/facility/unit where the patient/resident is **currently located**, or if the admission is occurring from a person's own home, by the site/facility/unit that will be receiving them)

Initial Reason for admission to the site/facility/unit: \_\_\_\_\_

**Current Medical Status** (check ALL applicable):

- Immunodeficient (\*respiratory or GI outbreaks)
- Cardiopulmonary disease (\*respiratory outbreaks only)
- Post-operative abdominal or chest surgery within 7 days (\*GI outbreaks only)
- Renal failure (requires dialysis) (\*GI outbreaks only)
- Pregnancy (\*rubella, measles, chickenpox outbreaks only)
- Other relevant conditions – please state: \_\_\_\_\_

\*information for use by the Public Health Outbreak Contact. Health risk of patient/resident or transmission risk to other patient/resident is increased when factor is present.

**Cognition and hygiene compliance** (check one):

- Independent and compliant
- Compliant but requires prompting (needs to be monitored)
- Non-compliant, mobile (\*GI and respiratory outbreaks)
- Non-compliant, mobile with assistance (walker, wheelchair, personal assistance)
- Non-compliant, non-mobile (bed-ridden)

\*information for use by the Public Health Outbreak Contact. Health risk of patient/resident or transmission risk to other patient/resident is increased when factor is present.

**Outbreak illness symptoms** in the patient/resident to be discharged or transferred:

- None – no symptoms ever
- None – symptoms have resolved
  - 1. Infectious\*
  - 2. Non-infectious\*
- Symptomatic

\*Note: patients/residents with suspected norovirus gastrointestinal infection are infectious until 48 hours after the end of symptoms. Influenza patients/residents are infectious until 5 days after onset. If uncertain, contact the Public Health Outbreak Contact involved.

**Influenza Immunization and/or Antiviral Prophylaxis**

Has received current year's seasonal influenza vaccine:     Yes         No

Has commenced antiviral prophylaxis:     Yes         No         to be started on \_\_\_\_\_

yyyy/mm/dd

## SECTION C: RECEIVING SITE/FACILITY/UNIT INFORMATION

(to be completed by the site/facility/unit which will be receiving the patient/resident)

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| <p><b>Receiving Site Name:</b> _____ <b>Contact Name:</b> _____</p> <p><b>Date:</b> _____</p> <p>Is this site/facility/unit experiencing an outbreak?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If Yes, check type:        <input type="checkbox"/> Gastrointestinal    <input type="checkbox"/> Influenza-like-illness</p>   |
| <p><b>Outbreak Risk Factors</b> (complete this section only if an outbreak is occurring in the Receiving site/facility/unit)</p> <p><b>Status</b> (check one):</p> <p><input type="checkbox"/> Early investigation, agent not identified</p> <p><input type="checkbox"/> Agent confirmed</p> <p><input type="checkbox"/> Number of new cases increasing</p>   |
| <p><b>Outbreak confined to</b> (check one):</p> <p><input type="checkbox"/> 1 room only                      <input type="checkbox"/> single unit                      <input type="checkbox"/> ward</p> <p><input type="checkbox"/> floor                                      <input type="checkbox"/> wing/pod                      <input type="checkbox"/> entire facility</p>   |
| <p><b>Site/Facility/Unit Risk Factors</b></p> <p><b>Accommodation</b> (check one)</p> <p><input type="checkbox"/> Private room with private bathroom</p> <p><input type="checkbox"/> Room with blocked bed and dedicated bathroom</p> <p><input type="checkbox"/> Private room with shared bathroom (*GI outbreaks only)</p> <p><input type="checkbox"/> Semi-private with dedicated bathroom (*respiratory outbreaks only)</p> <p><input type="checkbox"/> Semi-private with 2 or more sharing bathroom (*GI outbreaks only)</p> <p><input type="checkbox"/> Ward (3 or more in room or sharing bathroom) (*GI outbreaks only)</p> <p><input type="checkbox"/> Shared room or bathroom with symptomatic individual (*GI or respiratory outbreaks)</p> <p>*information for use by the Public Health Outbreak Contact. Health risk of patient/resident or transmission risk to other patient/resident is increased when factor is present.</p> |
| <p><b>Supervision and staffing resources</b> (check one):</p> <p><input type="checkbox"/> Able to confine cases to rooms</p> <p><input type="checkbox"/> Able to cohort staff (staff assigned to care for only ill or well patients/residents)</p>  |
| <p><b>Housekeeping</b> (check one):</p> <p><input type="checkbox"/> Resources to do enhanced cleaning, more than once a day</p> <p><input type="checkbox"/> Regular housekeeping services only (*GI or respiratory outbreaks)</p> <p>*information for use by the Public Health Outbreak Contact. Health risk of patient/resident or transmission risk to other patient/resident is increased when factor is present.</p>  |

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| <p><b>Laundry services</b> (check one):</p> <p><input type="checkbox"/> Provided by site (off-site)</p> <p><input type="checkbox"/> Done by family members off-site</p> <p><input type="checkbox"/> Common laundry areas (shared washer and dryer) (*GI outbreaks only)</p>   |
| <p><b>Dining facilities</b> (check one):</p> <p><input type="checkbox"/> Meal service in room</p> <p><input type="checkbox"/> Communal dining area only</p>   |
| <p><b>Interventional therapy requirements</b> (check one):</p> <p><input type="checkbox"/> Requires group intervention</p> <p><input type="checkbox"/> Can deliver therapy in room or as individual in dedicated space</p> <p><input type="checkbox"/> Can arrange therapy in common area at the end of the schedule day to allow proper disinfecting of the area</p> |

**SECTION D: CONSULTATION/NOTIFICATION INFORMATION**

(to be completed by the sending facility after the transfer has been approved by the Public Health Outbreak Contact. Please FAX to the Public Health Outbreak Contact.)

Both the attending physician and patient/resident or their guardian must be consulted and in agreement with the transfer or admission. Please document that this consultation and agreement has occurred:

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/resident or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_