

## Transfer Document for people accepted into COVID Care from hotel or hostel

To be used once an agreement has been made to transfer client to **NHS COVID-CARE**

Send form with patient on transfer or electronically to [Covidcare.mildmay@nhs.net](mailto:Covidcare.mildmay@nhs.net)

**Referring Site:** .....

**Local Authority contact (please provide details of commissioner where relevant and details of discussions about alternative accommodation options)**

.....

**Confirmation that hostel / hotel bed will remain available at discharge from COVID Care (please sign below)**

.....

**Referrer contact name:** .....

**Referrer contact email:** .....

**Contact number:** .....

**\*Patient name:**.....

**\*DOB:** ..... **\*Age:** .....

**\*Phone number:** .....

**GP Yes**  **No**

**Permanent / temporary registration**

**Contact details:**

Address:

Contact no:

**Known COVID +ve?** Y/N      **Date of test** .....

If YES, date symptoms began.....Currently symptomatic? Y/N

**Unknown COVID status**

Current COVID symptoms? Y/N If YES, date symptoms began.....

Awaiting test result? Y/N

If YES, did symptoms start more than 14 days ago? Y/N

**Medical and other vulnerabilities Y/N**

	Put X against all that you know of, with extra information if needed
>55	
Asthma	
COPD/bronchitis	
Chronic heart disease	
Diabetes	
Epilepsy	
Chronic kidney disease	
Chronic liver disease	
Chronic neurological disease (disease affecting brain or nervous system such as Parkinson's)	
Splenic dysfunction	
Cancer	
HIV / AIDS or Weakened immune system due to other disease or treatment	
Morbid obesity BMI>40	
Malnutrition or low BMI (<17.5)	
Pregnant	
Sickle cell disease	
Other physical condition	
Mental health diagnosis	
Cognitive impairment	
Additional comments re health needs or circumstances, eg. mobility issues,	

medical equipment needed, care package in place	

**Medication**

<p><b>Methadone / buprenorphine</b></p> <p>Dose prescribed</p> <p>When was the last dose given?</p> <p>Has a prescription been given and / or doses given to take away? Please include details</p> <p><b>Name of drugs key worker and service</b></p> <p><b>Name and contact details of pharmacy</b></p> <p><b>Next dispensing date</b></p>	
<p><b>Medication – please send any medication with the client and provide a list and where picked up from</b></p>	
<p><b>Name of pharmacy</b></p>	
<p><b>Any allergies (Y/N)</b></p>	<p><b>Details:</b></p>

**Substance misuse and mental health**

	<u>Assessment</u>	<u>Supports / Main Contact</u>
<p><b><u>ALCOHOL USE</u></b></p> <p>Y <input type="checkbox"/>                      N <input type="checkbox"/></p> <p>-Withdrawal risk? eg. seizure, blackouts</p> <p>- Alcohol management plan (alcohol type, how much/often)</p>		
<p><b><u>DRUG USE</u></b></p> <p>Y <input type="checkbox"/>                      N <input type="checkbox"/></p> <p>- Drug type &amp; method/poly?</p> <p>- Drug management plan (how much/often?)</p> <p>- Risk of overdose?</p>		

- Risk of benzo withdrawal? - Prescriber informed of move?		
<b>MENTAL/EMOTIONAL HEALTH</b> Y <input type="checkbox"/> X                      N <input type="checkbox"/> -any self-harm or suicide ideation, current medication - Consultant & community mental health nurse names		
<b>RISK TO/FROM OTHERS</b> Y <input type="checkbox"/> N <input type="checkbox"/> -Violence/intimidation		

<b>Support Needs of Individuals</b>		
Can the individual self-contain with support in a hotel setting		
Is the person exhibiting chaotic or uncontrolled behaviour due to unmanaged substance use or excessive alcohol use?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Is the person at risk of exhibiting violent behaviour towards others?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Is the person <u>unable</u> to manage in a hotel with some support on site?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

Smoker: Y /N

Interpreter required? Y/N      If YES, what language?.....

<b>Next of kin information:</b> (Contact details?) Are they aware of transfer?	Name: Address: Contact Details:
<b>Key Worker / Case Worker Details:</b>	Name: Organisation: Contact Details:
	Name: Organisation: Contact Details:

ANY OTHER KEY INFORMATION?.....

### **Transfer arrangements**

#### *Transfer to COVID-CARE (symptomatic)*

Public transport should not be used. Preferably book a Black cab. If travelling in a car or minibus with no partition between the driver and patient, both should wear a surgical mask and the windows should be left open for the duration of the journey.

Surface cleaning of passenger areas should be performed after transfer.