Infection Control Communication Form
Between Nursing/Personal Care/Assisted Living Facility and Dialysis Facility

Side 1: LTCF Communication to Dialysis Facility

Patient Name: ______________________________________ Date of Birth: ___/___/____
LTCF Name:____________________________________ Unit Phone Number: ______________
Dialysis Facility Name: ___________________________ Dialysis Phone Number: ____________

Patient’s current symptoms when leaving for dialysis (check all that apply):
☐ Temp >99 F ☐ Chills ☐ Cough ☐ New or worsening shortness of breath
☐ Fatigue ☐ Headache ☐ Muscle pain or body aches ☐ New loss of taste or smell ☐ Sore throat
☐ Rhinorrhea ☐ Nausea or vomiting ☐ Diarrhea ☐ None of the above

Patient’s Infection Control Status:

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unexposed/Healthy</td>
<td>No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility</td>
</tr>
<tr>
<td>☐ Exposed</td>
<td>☐ COVID-19 ☐ Influenza ☐ RSV ☐ Other ____________________________________</td>
</tr>
<tr>
<td>☐ COVID-19 Positive</td>
<td>Positive Test Date <em><strong>/</strong></em>/____ Date of Exit from Isolation <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>☐ Influenza/RSV Positive</td>
<td>Positive Test Date <em><strong>/</strong></em>/____ Date of Exit from Isolation <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>☐ Active Contact</td>
<td>☐ C. difficile ☐ VRE ☐ Other MDRO ☐ Hepatitis B ☐ Other _________</td>
</tr>
</tbody>
</table>

COVID-19 and Influenza Vaccination Status:

COVID-19
☐ Complete ☐ Partial (1 dose of 2-dose series) ☐ Not vaccinated ☐ Boosted
Vaccine 1st Dose: ☐ 2-Dose (Moderna or Pfizer) ☐ 1-Dose (J & J): Date: ___/___/____
Vaccine 2nd Dose (if applicable): Date: ___/___/____
BiValent Booster Dose: ☐ Yes ☐ No Date: ___/___/____

Influenza
Influenza Vaccine: ☐ Yes ☐ No Date: ___/___/____

Patient status unchanged (if patient or facility status changed, new form must be completed):
Date:___/___/____ Init:____ Date:___/___/____ Init:____ Date:___/___/____ Init:____
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Date:___/___/____ Init:____ Date:___/___/____ Init:____ Date:___/___/____ Init:____
### Infection Control Communication Form

**Between Nursing/Personal Care/Assisted Living Facility and Dialysis Facility**

### Side 2: Dialysis Facility Communication to LTCF

**Patient’s current symptoms when returning from dialysis (check all that apply):**

- ☐ Temp >99 F
- ☐ Chills
- ☐ Cough
- ☐ New or worsening shortness of breath
- ☐ Fatigue
- ☐ Headache
- ☐ Muscle pain or body aches
- ☐ New loss of taste or smell
- ☐ Sore throat
- ☐ Rhinorrhea
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ None of the above

**New Patient Exposures or Change in Infection Control Status in Dialysis**

<table>
<thead>
<tr>
<th>Status Change</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unexposed/Healthy</td>
<td>No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility</td>
</tr>
<tr>
<td>☐ Exposed</td>
<td>☐ COVID-19 ☐ Influenza ☐ RSV ☐ Other __________________________</td>
</tr>
<tr>
<td>☐ COVID-19 Positive</td>
<td>Positive Test Date <em><strong>/</strong></em>/____ Date of Exit from Isolation <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>☐ Influenza/RSV Positive</td>
<td>Positive Test Date <em><strong>/</strong></em>/____ Date of Exit from Isolation <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>☐ Active Contact Precaution</td>
<td>☐ C. difficile ☐ VRE ☐ Other MDRO ☐ Hepatitis B ☐ Other __________</td>
</tr>
</tbody>
</table>

**Patient status unchanged (if patient or dialysis unit status changed, new form must be completed):**

Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___
Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___
Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___
Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___  Date: ___/___/____ Init: ___

**IF PATIENT DEVELOPS ABOVE SYMPTOMS, OR HAS COVID EXPOSURE DURING DIALYSIS TREATMENT, LTCF MUST BE NOTIFIED BY PHONE BEFORE PATIENT LEAVES DIALYSIS**