



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: TB REPORTING (GOTCH BILL)**

**Policy No.: B839**  
**Supersedes: October 29, 2018**  
**Reviewed: June 27, 2022**  
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### PURPOSE

To report all patients with confirmed or suspected Tuberculosis (TB), either pulmonary or extra-pulmonary, within the established timeframes for admission and discharge mandated by California Health and Safety Codes Section 121361, 121362 and Title 17, California Code of Regulations (CCR), and Section 2500 Reportable Diseases and Conditions.

### POLICY

1. All health care providers are mandated to report, to the Department of Public Health, within **one working day of diagnosis** all patients with suspected or confirmed tuberculosis (California Health and Safety Code section 121362 and California Code of Regulations Section 2500) using the H-803 form (Confidential Hospitalized TB Suspect/Case Report Form). Reports are required for all admissions, including multiple admissions for the same patient.
2. Prior to discharge, all suspected or confirmed TB cases in hospitals must have an individualized, written discharge plan approved by Tuberculosis Control Program (California Health and Safety Code section 121361). The H-804 form (Confidential Hospitalized TB Suspect/Discharge Care Plan/Approval Request) must be submitted and approved by the TB Control Program prior to discharge.
3. The County of Los Angeles, Department of Health Service is mandated to maintain a record of clinical follow-up of all TB patients (California Health and Safety Code section 121362).
4. All health care providers will report all suspected or confirmed TB cases that refuse or stop treatment or are non-compliant with TB treatment regimen to the Infection Control Department.

Some examples of a suspected or confirmed TB case are:

- Positive TB signs and symptoms (including, but not limited to, cough, fever, weight loss, fatigue, night sweats, productive cough, hemoptysis)
- An abnormal chest x-ray consistent with TB
- Positive AFB smears or cultures
- Positive AFB culture for *M. tuberculosis* or *M. bovis*
- Patient is placed on two or more anti-TB medications

**How to report:** By telephone or fax as indicated on the H-803 or H-804 forms.

EFFECTIVE DATE: August 16, 2010

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

## PROCEDURES

1. If a suspected or confirmed TB case is not being pre-admitted, Infection Control is to be notified by ALL of the following, regardless of the patient's isolation status:
  - Centralized Admissions and Referral Office (CARO) Staff, upon identification that the patient is diagnosed as a suspected or confirmed TB case and/or the patient is receiving two or more anti-TB medications.
  - Physician, if it is determined that the patient exhibits any signs and symptoms of TB.
  - Nurse admitting the patient on the unit, upon identification that the patient is diagnosed as a suspected or confirmed TB case and/or the patient is receiving two or more anti-TB medications.
  - Pharmacy, upon identification that a patient is receiving two or more anti-TB medications.
2. Upon notification of a suspected or confirmed TB case, an Infection Control Practitioner will ensure that the following is done:
  - Complete the Confidential Hospitalized TB Suspect/Case Report (H-803) and
  - Fax the H-803 to the Los Angeles County Department of Public Health (LACDPH) TB Control Program. The original H-803 will be placed in the front of the patient's chart.
3. Prior to discharge, the physician will complete the Confidential Hospitalized TB Suspect/Discharge Care Plan/Approval Request (Form H-804).

**KEY POINT:** LACDPH TB Control Program will fax approval for the patient's discharge. The patient may not be discharged prior to approval by LACDPH TB Control Program.

- When a Case Manager is involved with the patient's care, they will collaborate with the Physician to ensure that the Confidential Hospitalized TB Suspect/Discharge Care Plan/Approval Request (Form H-804) has been completed.
- When a Case Manager is not involved with the patient's care or unavailable, the Nurse Manager or designee will follow-up with the MD to ensure that the Confidential Hospitalized TB Suspect/Discharge Care Plan/Approval Request (Form H-804) has been completed.
- The Nurse Manager or designee will fax the completed Confidential Hospitalized TB Suspect/Discharge Care Plan/Approval Request (Form H-804) to both the LADPH TB Control Program and Rancho's Infection Control Department.
- The Infection Control Practitioner will follow up with LADPH TB Control Program regarding the approval for patient discharge and confirm the approval with the patient's physician.
- If the patient leaves against medical advice (AMA), the Nurse Manager/designee will call and/or leave a message for Infection Control and an Infection Control Practitioner will notify LACDPH TB Control Program immediately. The original H-804 will be placed in the front of the patient's chart.

**Note:** When the patient is discharged, the Confidential Hospitalized TB Suspect/Case Report (Form H-803) and the Confidential Hospitalized TB Suspect/Discharge Care Plan/Approval Request (Form H-804) will be filed in the *Miscellaneous* Section of the patient's chart. Each admission requires new forms to be initiated.

**REFERENCES:**

California Health and Safety Code section 121362

California Health and Safety Code section 121361

California Code of Regulations Section 2500

Los Angeles County Department of Public Health Tuberculosis Control Manual