**PURPOSE:**

Since 1994, State Health and Safety Codes mandate that patients suspected or confirmed with TB may not be discharged or transferred from a hospital without prior Los Angeles County Dept. of Public Health (LACDPH) TB Control Program approval.

To facilitate a timely and appropriate discharge, the provider should submit a written discharge plan to Tuberculosis Control 1 to 2 days prior to the anticipated discharge. Tuberculosis Control will review the discharge plan for approval or denial.

**PROCEDURE:**

1. Within one working day of identification, the physician responsible for a case of suspected or confirmed TB must notify Infection Prevention and Control (IPC). LACDPH depends on timely reporting to halt TB transmission. Suspected cases include:
   1. Patients with signs and symptoms consistent with TB
   2. Patients with an abnormal chest X ray consistent with TB
   3. Patients with a sputum or gastric aspirate smear that is positive for AFB;
   4. Patients with a positive culture for *M. tuberculosis complex*
   5. Immunocompromised patients who have a new finding on chest x-ray consistent with active TB.
   6. Patients started on multiple therapy (two or more drugs) for clinical suspicion of active TB;
   7. Patients who are 3 yrs old or younger with a positive PPD
   8. Patients with a pathology report consistent with tuberculosis
2. The IPC staff will report the case to TB Control, using the Confidential Hospitalized TB Suspect Case Report (H-803) and notify the patient’s Clinical Care Coordinator (CCC) of the suspected case.
3. To facilitate a timely and appropriate discharge, the CCC should submit a written discharge plan to TB Control one to two days prior to the anticipated discharge. TB Control will review the discharge plan for approval or denial.
4. An active, infectious TB case with previously positive sputum smears must meet the following criteria to be discharged:
   1. Have three (3) consecutive negative AFB sputum smear or gastric aspirate results collected at least 8 hours apart with at least one collected early morning (note that specimens collected in early AM produce the best results);

**OR**

* 1. All of the following criteria must be met:
     1. Have completed at least two (2) weeks of multi-drug anti-tuberculosis therapy that is consistent with CDPH/CTCA "Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California," (4/97); AND
     2. Exhibit clinical improvement (e.g. reduction in fever and cough); AND
     3. Have continued close medical supervision, including directly observed therapy (DOT), if needed; AND
     4. Continues multi-drug therapy, even if another pulmonary process is diagnosed, pending negative culture results from at least three (3) sputum or gastric aspirate specimens

1. Patients with no previous history of active Tuberculosis (i.e. rule-out) must meet all the following criteria to be discharged:
   1. Have three (3) consecutive negative AFB sputum smear or gastric aspirate collected at least 8 hours apart (note that specimens collected in early AM produce the best results)

**OR**

* 1. All of the following criteria must be met:
     1. Have completed a minimum of four (4) days of multi-drug anti-tuberculosis therapy that is consistent with CDHS/CTCA "Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California," (4/97); AND
     2. Have continued close medical supervision, including directly observed therapy (DOT), if needed; AND
     3. Continues multi-drug therapy, even if another pulmonary process is diagnosed, pending negative culture results from at least three (3) sputum specimens or gastric aspirate specimens.

WEEKDAY DISCHARGE (non holiday 8:00am – 5:00pm)

1. TB Control staff will review the discharge plan and notify CHLA, **within 24 hours,** of plan approval or request additional information/action that is required or needed for approval prior to discharge. Discharge approval from TB Control is only valid for 24 hours. If discharge delayed more than 24 hours, a new approval from TB Control is required
2. If a home evaluation is needed to determine whether the environment is suitable for discharge, DHS staff will make a home visit. The DHS staff has three (3) business days to complete an in-person visit to verify discharge address and assess for high risk contacts. Tuberculosis Control Program Liaison will inform the primary team of the status of the home evaluation, once completed.
3. Use of the Discharge Care Plan is for discharge planning only. To fulfill state requirements for disease reporting, the Confidential TB Suspect Case Report form must be completed or submitted prior to or concurrently with discharge plan.

WEEKDAY (after 5:00pm) HOLIDAY AND WEEKEND DISCHARGES

1. **All arrangements for discharge should be made in advance when weekend or after-hours discharge is anticipated.** Discharge approval from TB Control is only valid for 24 hours. If discharge delayed more than 24 hours, a new approval from TB Control is required. **When unusual circumstances necessitate after hours, weekend or holiday discharge**, the patient’s physician will call the L.A. County Operator at (213) 974-1234 and request to speak with the TB Control physician on call. Response will usually occur in one hour. The process outlined above will be followed.
2. **If the discharge cannot be approved, the patient must be held until the next business day for appropriate arrangements to be made**. (Both Confidential TB Suspect Case Report and Discharge Care Plan must be available at time of request).

**REFERENCES:**

1. SE Royce and C Daley. CDHS/CTCA Joint Guidelines for Tuberculosis Treatment and Control in California. Medical Board of California Action Report. July 1999
2. Case Report Instructions (report form H-803), County of Los Angeles Department of Public Health Tuberculosis Control Program, rev. August, 2015
3. Request for Hospital Discharge/Transfer Approval Instructions (report form H-804), County of Los Angeles Public Health Tuberculosis Control Program, rev. September 2015

**POLICY OWNER:**

*Executive Director: Accreditation & Licensing, Infection Prevention , and Emergency Management*