

TB HOSPITAL DISCHARGE PROCEDURE

The California Health and Safety Code, section 121361, mandates that patients with suspected or confirmed tuberculosis (TB) may not be discharged or transferred without prior local health department approval. **In some instances the public health staff may need to do a site visit at the setting to which the patient will be sent before the patient can be discharged.** See the guidelines below to facilitate discharge:

➤ REPONSIBILITY OF THE DISCHARGING FACILITY

The facility must submit a complete Tuberculosis Discharge Authorization Request and accompanying documents **at least 24 hours prior to the anticipated discharge date, Monday through Friday.** County offices are closed weekends and holidays.

Send the request via fax to (831) 454-5049. Call our office at (831) 454-4114 to assure the documents have been received.

If a request must be made on a weekend or holiday, call Netcom at (831) 471-1170 and ask for the Health Officer.

➤ RESPONSIBILITIES OF THE SANTA CRUZ COUNTY TB CONTROL PROGRAM

TB staff will review the request and respond to the submitter **within 24 hours** or the next business day.

If TB staff need to do a site visit of the discharge location, this will be done within 1 business day from receiving the TB Discharge Authorization Request. After the site visit the TB staff will respond as soon as possible to the submitting facility.

DISCHARGE CRITERIA

The approval for discharge depends upon the setting to which the patient will be sent upon discharge. General categories:

- 1) Home with no high risk or unexposed individuals:
 - Patient is clinically stable
 - Patient is determined to be an appropriate candidate for home isolation if isolation is still warranted.
 - Patient is on an appropriate TB drug regimen

- 2) Home with high risk or previously unexposed individuals:
 - Patient is clinically stable
 - Patient no longer needs to be isolated OR
 - Patient is determined to be an appropriate candidate for home isolation AND does not need to be in shared airspace.

- 3) High risk setting (long term care, rehab or other congregate living situation):
 - Patient no longer needs to be isolated
 - Patient is clinically improving
 - There is no concern for resistance to isoniazid and rifampin