



Office of Origin: Department of Hospital Epidemiology and Infection Control (HEIC)

### **I. PURPOSE**

Identifies and links the essential communications modalities and contacts for key UCSF locations, programs and personnel referenced in the Infection Control Manual.

### **II. REFERENCES:**

Environment of Care Manual on Aerosol Transmissible Disease Exposure Control Plan:  
[https://ucsfpolicies.ucsf.edu/Environmental%20Safety%20Manual/3%201%202%202015EC-ATDECP%20\(RevMay2015\).pdf](https://ucsfpolicies.ucsf.edu/Environmental%20Safety%20Manual/3%201%202%202015EC-ATDECP%20(RevMay2015).pdf)

Administrative Policy 1.01.18 Regulatory Agencies - Reportable Events:  
<https://ucsfpolicies.ucsf.edu/Shared%20Documents/RegulatoryAgenciesReportableEvents.PDF>

### **III. POLICY**

UCSF Medical Center personnel will utilize established communications methods for notifying, querying and communicating with UCSF locations, programs and personnel as well as local Departments of Public Health when indicated.

### **IV. PROCEDURES**

- A. Urgent communications will be confirmed by telephone or in person, although communications may be initiated by any means available (e.g., email, voicemail, text, etc.).
- B. Non-urgent patient-related messages may be made by APeX InBasket messaging (most reliable for providers), email, voicemail. Voice or in-person confirmation is not required.
- C. Non-urgent, non-patient-related messages may be made by any means available.
- D. Public Health Department Reportable Diseases and Conditions
  1. According to Title 17, section 2500(b) of the California Code of Regulations, every health care provider who knows about a case or suspects a case of any of the reportable diseases or conditions must report to the local health officer for the jurisdiction where the patient lives. At UCSF Medical Center, reporting responsibilities lie with Clinical Laboratory Technologists in the Microbiology and Immunology Laboratories; Infection Control Practitioners; or physicians and nurses working in acute care areas and clinics. The Confidential Morbidity Report (CMR) form and guidelines for reporting diseases and conditions, including a list of applicable diseases, from the San Francisco Department of Public Health (SFDPH) can be found by following the link here: <http://www.sfdcp.org/document.html?id=93>. The health department is responsible for completing the CMR form, although the reporting provider may complete it before faxing it to the health department in the jurisdiction of the patient's residence. At UCSF, notify SFDPH as well as the health department in the jurisdiction of the patient's residence.
  2. Reporting System
    - a. Reporting by telephone or mail:
      1. Diseases identified as "Report Immediately by Telephone" are of urgent concern to community health officials and must be reported by telephone or pager to the San Francisco Communicable
      2. Disease Control Unit, San Francisco Department of Health, by anyone caring for the patient within one hour based on clinical suspicion, laboratory confirmation or clinical diagnosis. (See contact table for notification in v. below.) Potential bioterrorism agents are indicated by an asterisk (\*). Those identified through laboratory testing are reported via telephone by a Clinical Laboratory Scientist.
    - b. Diseases identified as "Within One Working Day of Identification" are of major concern and must be reported by FAX or telephone within one day of identification of the illness or organism. Note: Foodborne illnesses occurring in two or more cases from different households, and suspected to have the same source of illness, are to be reported within one



working day. (See contact table for notification in v. below.) Those identified through laboratory testing are reported via FAX by a Clinical Laboratory Scientist.

3. Other reportable conditions listed, such as AIDS, Alzheimer's Disease and related conditions, disorders characterized by lapses of consciousness, and Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) must be reported by telephone, FAX or mail within 7 calendar days to assure that reporting has been accomplished. (See contact table for notification in v. below.)

4. A Confidential Morbidity Report (CMR) form ("SFDPH Reportable Diseases") may be used to report by FAX or mail, but is ultimately the responsibility of the DPH to complete. The form can be found at <https://carelinks.ucsfmedicalcenter.org/> under the column entitled "Healthcare Information," under "Other Resources."

5. Contact Table for notification:

Reportable Unit	Phone	FAX
Communicable Disease Control Unit	415-554-2830	415-554-2848
AIDS Office	415-554-9050	NONE
STD Clinic	415-487-5555	415-431-4628
Tuberculosis Clinic	415-206-8524	415-206-4565
Animal Bites (mammals only)	415-554-9422	415-864-2866

- b. Documentation of telephone or fax report:  
The person reporting the communicable disease or reportable condition will note in the patient's progress note that a report was made to the local health authority.
- c. For diseases identified through laboratory testing, the Clinical Laboratory Scientist will enter a note with the test result that says "Reported by Lab to Public Health. Physician reporting also required."
- d. Laboratory reporting by mail:  
Clinical Laboratory Scientists in the Microbiology Laboratory and the Immunology Laboratory report by mail with the required demographic information for any patient with laboratory test results indicating a reportable communicable disease. The Laboratory report with appropriate demographic information is to be mailed to:  
San Francisco Department of Public Health  
101 Grove Street, Room 408  
San Francisco, CA 94102

II. Participation in the California Emerging Infections Program (CEIP)  
UCSF reports to the California Emerging Infections Program by selected culture results of interest at CEIP request.

III. Reporting to Referral Hospitals  
Discharge Planning, Case Management and Nursing report infections of epidemiological significance to receiving institutions. HEIC will notify receiving facilities of patients identified with CRE (see IC 1.1, Standard and Transmission Based Precautions, Appendix 1)



**IV. Tuberculosis (TB) Discharge Planning Documentation**

The TB Discharge Planning form must be completed by the discharging provider, and faxed to SFDPH TB Control and the DPH of the patient's discharging destination at least 48 hours prior to the anticipated discharge of any patient with suspected or confirmed TB, or any patient being treated for active TB. The form is located at <http://www.sfdcp.org/tbhospitaldischarge.html>.

**V. HISTORY OF POLICY**

Reviewed: 10/95, 1/04, 2/08, 2/11, 02/16, 02/17, 2/21

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