


Name of Policy: Reporting of Infectious Diseases Policy Number: 3364-107-114 Approving Officer: Medical Director, Clinical Pathology Responsible Agent: Director, Clinical Pathology Administrative Director, Lab Scope: Pathology Laboratory University of Toledo Medical Center		 Effective date: 01/04/2025 Original effective date: 01/26/2007	
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<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

Infectious diseases are reported to patient caregiver and to the Ohio Department of Health per Ohio Revised Code.

(B) Purpose of policy

To assure that communication of serious infections is related to pertinent parties, including the patient caregiver and the Ohio Department of Health. These serious infections include, but are not limited to tuberculosis, HIV, and SARS-CoV-2.

(C) Procedure

The following are considered critical values in Microbiology. The results of these tests must be called or sent by secure chat, secure email, or secure fax to the patient’s physician or nurse in charge of the patient. Document the notification with date, time, and person accepting report in the computer. Problems with nursing or physician staff not accepting the report should be reported to supervisors on a problem log sheet. NOTE: Only licensed caregivers are to be given critical reports.

A. Procedure for calling Critical Values.

1. Critical values must always be called to a licensed health care provider.
2. Identify the patient by last name, first name and medical record number.
3. The caregiver must read back the information to you. Confirm the patient’s identity. This is hospital policy.
4. Get the first and last name of the caregiver.
5. Document the call in the LIS. Record the time of the call and first and last name of the individual with whom you spoke.

6. Make every attempt to give the report to the physician that ordered the test. If the ordering physician cannot be contacted, the results can be given to the patient's nurse.
7. The LIS can be used to determine the patient's primary care physician. This can be particularly helpful if the patient has been discharged as is often the case for fungal or AFB cultures.
8. If physician or patient's nurse refuses to take results document in LIS and notify charge nurse. Complete a Quality Incidence report for QA follow up by supervisor.
9. Do not leave patient results or any other form of patient information on answering machines.

B. Microbiology Critical Values List

1. All STAT gram stains performed whether positive or not, must be called within one hour of receipt in laboratory.
2. Panic Values: call as soon as identification or findings are documented.
 - a. Positive direct specimen gram stains from normally sterile body sites and fluids. (CSF, synovial, pleural, pericardial, thoracentesis)
 - b. Positive cultures from normally sterile body sites and fluids. (Blood, CSF, synovial, pleural, surgical sites) For Blood Cultures, call the first positive bottle of each set collected (unless the Gram stain show a different organism), for the first two sets of the calendar date.
 - c. Positive anaerobic cultures from normally sterile body sites and fluids, even if aerobic bacterial growth has been called. Antibiotic treatment for mixed aerobic/anaerobic infections may not have been started.
 - d. All stools positive for enteric pathogens or parasites: Salmonella, Shigella, E coli O157:H7, Campylobacter, Yersinia, Giardia, and Cryptosporidium.
 - e. Positive *Legionella* or *Pertussis*
 - f. First Mycobacterial positive culture and/or smear.
 - g. ESBL positive *Enterobacteriaceae*.
 - h. Carbapenemase Resistant *Enterobacteriaceae*.
 - i. Multiple resistant *Enterobacter* species.
 - j. Multiple resistant *Acinetobacter* species.
 - k. Multiple resistant *Pseudomonas aeruginosa*
 - l. MRSA
 - m. *Neisseria meningitidis* isolates
NOTE: For sputum isolates, notify Infection Control, if possible, before calling floor.
 - n. All Class A reportable infectious diseases: (Anthrax, Cholera, Yersinia pestis, Diphtheria, Botulism).
 - o. *Listeria*
 - p. *Brucella*
 - q. Vancomycin resistant *Staph aureus*
 - r. Vancomycin intermediate *Staph aureus*
 - s. Filamentous molds from respiratory cultures and normally sterile sites.
 - t. Positive *Clostridium difficile* antigen
 - u. VRE
 - v. Positive COVID-19

For all underlined panic values from inpatients, notify the Infection Control Department immediately so that infection control measures can be instituted. If no one is available to take the call, leave a message including: date, time, medical record number, and organism isolated. Document phone call in LIS.

Reportables are sent via interface to the Lucas County Health Department and the Ohio Health Department. If reportable is outside Lucas County or the State of Ohio Infection Control department manually sends documentation of reportable to that county or state's health department.

HIV Combo Performed in Chemistry

- HIV testing is a 4th generation method and is performed in chemistry.
- This HIV method is used as "stat" HIV testing. ED patients and source patient specimens in employee exposure cases are tested by this method. Any positives are called to the ED physician as well as to an Infectious Disease Physician.
- Positive HIV testing results are transmitted electronically to the local and state health departments. If patient not local results are sent via paper form.

GC/Chlamydia PCR

- Positive results are called to clinic or physician and documented in the LIS as called. ED results are called to ED as soon as verified and documented in the LIS as called.
- Results sent electronically to local and state health departments. If patient not local, results sent via paper form.

COVID-19

Positive results are called to clinic, unit, or physician and documented in the LIS as called. ED results are called to ED as soon as verified and documented in the LIS as called.

Results are sent electronically to state and local health departments, also to FEMA. If patients are not local, results are sent via paper form.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology</p> <p>1/10/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p> <p><i>Joshua Otiso, Administrative Director, Lab</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>OP-14</i> <p>Initial effective date: 01/26/2007</p> <p>Review/Revision Date: 01/04/2025</p> <p>Next review date: 01/04/2027</p>
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