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**DEPARTMENT OF HEALTH & SOCIAL SERVICES**



**SOLANO  
COUNTY**

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**DISCHARGE OR TRANSFER OF A SUSPECT OR CONFIRMED TUBERCULOSIS (TB) PATIENT**

**GOTCH Law for All Patients in Healthcare Facilities**

State Health and Safety Code Section 121361 mandates that all active or suspect TB patients being discharged from the hospital or transferred to another healthcare facility or congregate setting require prior approval by the County Health Officer or TB Controller.

**DISCHARGE/TRANSFER OF A TB SUSPECT OR CASE:**

- Complete and submit a Solano County Tuberculosis Discharge/Transfer Plan (GOTCH Form) to obtain TB Controller approval.
- If AFB cultures are pending and the patient is not otherwise cleared by TB Control complete ADDENDUM A: HOME ISOLATION AGREEMENT or equivalent.
- TB Control requires up to 2 working days to review and approve a GOTCH request.

**ADDITIONAL FORMS FOR A TB CASE:**

- To fulfill State requirements for disease reporting of a verified case a TB-CMR Form must be completed and submitted.
- For patients residing in Solano County complete ADDENDUM B: TUBERCULOSIS DISCHARGE TREATMENT PLAN.

**WEEKEND OR HOLIDAY DISCHARGE/TRANSFER**

There are no provisions currently for either WEEKEND or HOLIDAY discharge approval due to staffing limitations.



**SOLANO COUNTY TUBERCULOSIS (TB) DISCHARGE/TRANSFER PLAN (GOTCH Form)**

Fax to Solano County TB Control: 707-784-5927 (EFAX) or Email [cdproviderhelp@solanocounty.com](mailto:cdproviderhelp@solanocounty.com)

To: Solano County TB Controller Phone: 707-784-8001 Fax: 707-784-5927 Email <a href="mailto:cdproviderhelp@solanocounty.com">cdproviderhelp@solanocounty.com</a>	<b>INITIAL REPORT TRANSFER REQUEST DISCHARGE REQUEST</b>	From: Phone: Fax:	
<b>PATIENT INFORMATION</b> <b>Date of admission:</b>		Language:	
Name: (Last, First)		Phone:	
Address:	DOB:	AGE:	<b>Country of Origin:</b>
Alternate Contact (relationship):		Phone:	
<b>Site of Concern:</b> Pulmonary    Lymphatic    Laryngeal    Other:			
<b>TB Symptoms:</b> Cough    Hemoptysis    Fatigue    Fever/chills    Night sweats    Weight loss    Other:			
<b>TB Risk Factors</b> Diabetes    Renal or Liver Disease    Smoker    Substance/Alcohol Abuse    Organ Transplant Hx Unhoused    Malnourished    Immunosuppressant Condition or TX    Previous Contact to Active TB Case History of TB Treatment    Other:			
<b>DISCHARGE DOCUMENTATION CHECKLIST (must be received prior to approval):</b> Physician notes (ED note, H&P, ID consult, recent progress note)  Baseline lab results (CBC, CMP, HgbA1C for DM, Hep B/C for at-risk)  Radiology (all CXR and CT reports)  Three acid fast bacilli (AFB) sputum smears (must be 8 hours apart, with at least one AM specimen; cultures should be ordered on these specimens and will be pending)  At least one MTB PCR by nucleic acid amplification testing (NAAT) on one of the above 3 specimens  Interferon gamma release assay (IGRA)= QuantiFERON® (QFT) or T-Spot®  Pathology reports (if applicable)  Addendum A: Home Isolation Agreement signed (if AFB cultures pending & not otherwise cleared by Public Health)  Addendum B: TB Discharge Treatment Plan (Solano County TB CASES only)			
<b>Discharge To:</b> Home    Skilled Nursing Facility    Shelter Jail/Prison    Other (specify):		<b>High Risk at Discharge Location:</b> Newborn/Children < 5 years old Immunocompromised Person(s)	
<b>ANTICIPATED DISCHARGE DATE/ALTERNATIVE DIAGNOSIS FOR DISCHARGE:</b>			



**ADDENDUM A: HOME ISOLATION AGREEMENT**

**For patients with AFB cultures pending and not otherwise cleared by Public Health.**

Fax to Solano County TB Control: 707-784-5927 (EFAX) or Email: [cdproviderhelp@solanocounty.com](mailto:cdproviderhelp@solanocounty.com)

I, \_\_\_\_\_ (client name), have been informed of the need and precautions for Home Isolation.

I agree to the following:

1. Stay in my own room if feasible.
2. Wear a surgical mask when I am in the same room with housemates.
3. Cover my cough and use tissue wipes for my sputum and discard in appropriate receptacle.
4. Avoid visitors especially children until I am no longer infectious.
5. Not attend in-person indoor activities or events such as work, school, shopping, and gatherings except for medically necessary doctor's appointments, and I must wear a mask to all appointments.

I will remain in Home Isolation until cleared by Solano County Public Health.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For questions about this Home Isolation Agreement, work restriction concerns, and conditions for clearance, please contact:

Solano County Public Health TB Program

Main Line: 707-784-8001

Laura Davis, PHN: 707-784-8356

Marisol Jaradat, PHN: 707-784-8262

Julie Morgan, PHN: 707-784-8635



Patient Name:	Date of Birth:	Facility:
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**DISCHARGE INFORMATION:**

Treating provider after discharge:	Direct number:	Office phone number:
Follow-up appointment date and time:	Medications to last until follow-up with insurance approval complete and <b>14 days in hand at discharge:</b>  Yes  No	Patient pharmacy:  <u>Current patient weight/height:</u>

**TB CASE DISCHARGE DOCUMENTATION CHECKLIST:**

<p>Note documenting medical clearance and summary of hospital course.</p> <p>Discharge medication orders.</p> <p>List of follow-up appointments scheduled.</p> <p>Most recent labs.</p> <p>Medication Administration Record (MAR) for all dates TB medications given during hospitalization.</p> <p>All AFB smear, PCR, and culture results to date.</p> <p>All CXR/CT or other relevant imaging to date.</p>
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**PUBLIC HEALTH FOLLOW-UP:**

<p>Patient informed that public health will be actively involved in their TB care.</p> <p>Public health informed and following up with all known children under 5 and/or immunocompromised person(s) previously or at risk of being exposed to the TB case.</p> <p>Other/special instructions:</p>
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**GENERAL GUIDELINES FOR DISCHARGE APPROVAL OF A TB CASE:**

- ✓ Patient is on an appropriate regimen of treatment for TB for at least 2 weeks for a smear positive case or 5 full days for a smear negative case and without significant side effects.
- ✓ For a smear positive case 3 consecutive negative AFB smears have been obtained.
- ✓ Patient is clinically improving