Department of Microbiology
Critical Results, Notifiable Conditions, and Select Agents

✚ **PROVIDENCE**
Sacred Heart
Medical Center &
Children's Hospital

I.   Critical Values
   A. Call the result to nursing unit, referring physician or laboratory immediately.
   B. Stress the importance of the result by saying that this is a critical value.
   C. Give the patient's full name, the patient's medical record number, and the critical value. The person taking the call must then read back patient's full name, medical record number and critical value.
   D. Epidemiology is alerted via a FAX printed directly to printer #527.
   E. Document and externalize all pertinent information, including date/time called, the name of the person receiving the report, and the phone number called. Document Read Back by entering '**RB**' at the end of the call documentation. Example: Called to Mary at 922-2222 at 14:00 on 4/1/06. RB Also document any problems encountered with the critical value read back procedure.

Bacteriology	Inpatient & Outpatient	PSHMC Epidem.	DOH
Positive CSF smear/culture	X	X	
Positive blood smear/culture	X		
Eye culture with: *P. aeruginosa* or *Bacillus* sp.	X		
Mycobacteriology			
Positive AFB smear/culture	X	X	X
Mycology			
Positive Cryptococcal Antigen	X	X	

II.   Alert Values (indicated on list below)
   A. Call the result to nursing unit, referring physician or laboratory on the day of detection. Inpatients include those at PSHMC, PHFH, PSJ, and PMC.
   B. Document pertinent information, including time called and the name of the person receiving report.
   C. For gram-negative rods resistant to 3 or more drug classes (i.e. all aminoglycosides, quinolones, and cephalosporins or all aminoglycosides, cephalosporins, and penicillins), add comment, "**Resistant microorganism. Contact precautions required.**" **[RESOR1]**

III.   Notifiable Conditions (indicated on list below)
   A. Notify PSHMC Epidemiology if indicated.
   B. PAML Client Services will contact local or state agencies if laboratory reporting is required. Ensure that the following comment is attached to the report. **"This is a REPORTABLE DISEASE. Please contact your County/State Health Department." [RPT2]**
   C. Prepare isolate slant culture or retrieve specimen(s) for submission as indicated. Complete appropriate state form depending on patient's residence.
   D. Take culture/specimen to the Send Out section of Specimen Processing.

IV.   Select Agents (indicated by red font in list below)
   A. If an isolate is suspect for any of the select agents listed below, perform all work in biologic safety cabinet.
   B. Consult on Rounds for initial identification. Confirmatory testing will be performed by County or State laboratory.
   C. Complete the appropriate County or State lab submission forms.

Notifiable Findings

Bacteriology/Virology	SHMC Inpatient	PSHMC Epidem.	Outpatient	Local Health District	Culture/Spec. Submission
Bacillus anthracis	X	X	X	X	X
B. pertussis Culture or DFA +	X	X	X	X	X
Brucella species	X	X	X	X	X
Burkholderia mallei & pseudomallei	X	X	X	X	X
Campylobacter species	X	X	X	X	
Clostridium difficile PCR +	X				
Coccidiodes posadasii / immitis					
Cryptococcus <u>non</u> *neoformans*					X
Cryptosporidium parvum	X			X	
Cyclospora cayetanensis	X			X	X
E. coli O157	X	X	X	X	X
ESBL	X				
Francisella tularensis	X	X	X	X	X
Giardia lamblia	X			X	
Group A Strep (non-respiratory)	X		X		
H. influenzae (children < 5 years of age)				X	sterile sites
HIV 1 or 2 Screen + (reflexive)	X	X	N/A		
Legionella DFA or Culture +	X	X	X	X	X
Listeria monocytogenes				X	X
M. tuberculosis (smear, culture, 1st AST)	X	X	X	DOH	X
MRSA	X				
Multi-drug Resistant (3 or more drug classes)	X				
Neisseria gonorrhoeae				X	
Neisseria meningitidis	X	X	X	X	sterile sites
Parasites (other)	X				
Pneumocystis DFA +	X	X	X		
Salmonella species	X	X	X	X	X
Shiga Toxin +	X	X	X	X	X
Shigella species	X	X	X	X	X
Vibrio cholerae	X	X	X	X	X
Vibrio spp. other than *cholerae*	X	X	X	X	X
VRE	X				
VRSA	X	X	X	X	X
Y. enterocolitica or *pseudotuberculosis*	X	X	X	X	
Yersinia pestis	X	X	X	X	X