

Clinical Process Instruction Manual

Reporting Positive Communicable Disease Testing Results Process Instruction

Policy:

Routine practices are a set of infection control strategies and standards designed to protect workers from exposure to potential sources of infectious diseases. Routine practices are designed to prevent the transmission of pathogens while providing health care, and are to be used for all patients/specimens.

Trillium Gift of Life Network (TGLN) facilitates infectious disease(s) testing prior to donation in most cases. Where testing results identify the presence of a reportable communicable disease (see Exhibit 1: Sample List of Reportable Diseases in Ontario), TGLN ensures the appropriate persons are notified, including hospital personnel and surgical recovery personnel. This transfer of information ensures that appropriate precautions are taken in accordance with Hospital and TGLN policy prior to, and during the recovery.

TGLN reports positive results for reportable communicable disease(s) (see Exhibit 1: Sample List of Reportable Diseases in Ontario) to relevant transplant programs and/or organ donation organizations. In addition, as per the *Health Protection & Promotion Act*, the local Public Health Medical Officer must also be informed.

Positive reportable communicable disease(s) results do not necessarily preclude the distribution of organs for donation. If a reportable communicable disease is identified prior to distribution, TGLN notifies transplant programs using exceptional distribution protocols. See *Exceptional Distribution Process Instruction, CPI-9-217*.

For purposes of this document practitioner may include but not limited to the Most Responsible Physician (MRP), Nurse Practitioner (NP), and MAID patient care coordinator.

Process:

1. If a reportable communicable disease is identified through routine donor testing, the CSC uses exceptional distribution protocols when offering organs to transplant programs. See *Exceptional Distribution Process Instruction, CPI-9-217*.
2. The Clinical Services Coordinator (CSC) informs the Organ and Tissue Donation Coordinator (OTDC) of all positive infectious disease test results on the list of reportable diseases in Ontario (See Exhibit 1). Refer to Toronto Public Health website for most current list.
3. The OTDC ensures the patient's family physician contact information is documented in the donor chart. If the information is not already documented, the OTDC asks the proxy to provide the patient's family physician contact information and ensures it is documented in the donor chart. If the patient does not have a family physician or the proxy is unable to identify the correct

Clinical Process Instruction Manual

Reporting Positive Communicable Disease Testing Results Process Instruction

information, the OTDC will document the attending physician’s contact information in place of the family physician.

4. The OTDC ensures positive communicable infectious disease test results are relayed to relevant hospital personnel (i.e., bedside RN, most responsible physician, OR charge RN, anesthetist, etc.) and discusses the implications of the positive result(s) (if any) on recovery instructions.
5. The CSC informs the Surgical Recovery Coordinator (SRC) or designate(s) and accepting transplant programs of positive communicable infectious disease test results prior to the organ recovery, if available.
6. The CSC provides Public Health with a hard copy of the positive reportable communicable disease testing results indicating the patient’s name, date of birth, address, phone number and family or attending physician’s contact information.
7. If donation does not proceed due the presence of a reportable communicable disease, the Organ and Tissue Donation Coordinator (OTDC) notifies the proxy that results from donor screening has prevented transplantation.
 - 7.1 The OTDC informs the proxy that the physician identified in step 2 will follow-up with them regarding testing results. See *Next-of-Kin Reporting in the Event of Medical Unsuitability for Donation Process Instruction, CPI-9-710*.
 - 7.2 In the event that first-person consent was obtained (i.e. donation after medical assistance in dying), the practitioner ordering the testing should be notified of positive reportable communicable disease results. Communication of medical ineligibility will be communicated to the patient by the ordering physician.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
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Donor Chart	—	PRC	PRC	16 years
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References:

- <https://www.ccohs.ca/oshanswers/prevention/universa.html>



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PAGE: 3 of 4

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Clinical Process Instruction Manual

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- <https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/communicable-disease-info-for-health-professionals/report-a-communicable-disease/list-of-reportable-diseases/>

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Exhibit 1: Sample List of Reportable Diseases in Ontario

REPORTABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE

CONTACT INFORMATION:

Toronto Public Health - Communicable Disease Surveillance Unit

277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2

Phone: 416-392-7411 -- Fax: 416-392-0047

After hours: 3-1-1 or 416-392-CITY (2489) for callers from outside of Toronto

Timely reporting of communicable diseases is essential for their control.

If you suspect or have laboratory confirmation of any of the following specified diseases of public health significance or their etiologic agents (as per Ontario Reg. 135/18 and amendments under the Health Protection and Promotion Act), please report them to the local Medical Officer of Health.

Diseases marked * should be reported immediately to the Medical Officer of Health by telephone (24 hours a day, 7 days a week) or fax (Mon-Fri, 8:30 am – 4:30 pm only). Other diseases can be reported the next working day by fax, phone, or mail.

Acquired Immunodeficiency Syndrome (AIDS)	Food poisoning, all causes	Paralytic Shellfish Poisoning
Acute Flaccid Paralysis	* Gastroenteritis, Outbreaks in institutions and public hospitals	Paratyphoid Fever
Amebiasis	Giardiasis	Pertussis (Whooping Cough)
Anaplasmosis	Gonorrhoea	* Plague
* Anthrax	* Group A Streptococcal disease, invasive (iGAS)	Pneumococcal disease, invasive
Babesiosis	Group B Streptococcal disease, neonatal	* Poliomyelitis, acute
Blastomycosis	* Haemophilus influenzae disease, all types, invasive	Powassan Virus
* Botulism	* Hantavirus pulmonary syndrome	Psittacosis/Ornithosis
* Brucellosis	* Hemorrhagic fevers, including:	* Q Fever
Campylobacter enteritis	1. *Ebola virus disease	* Rabies
Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization	2. *Marburg virus disease	* Respiratory infection outbreaks in institutions and public hospitals
Chancroid	3. *Lassa Fever	* Rubella
Chickenpox (Varicella)	4. *Other viral causes	Rubella, congenital syndrome
Chlamydia trachomatis infections	* Hepatitis, viral	Salmonellosis
* Cholera	1. *Hepatitis A	* Shigellosis
* Clostridium difficile Infection (CDI) outbreaks in public hospitals	2. Hepatitis B	* Smallpox and other Orthopoxviruses including Monkeypox
* Coronavirus, novel including	3. Hepatitis C	Syphilis
1. *SARS	Influenza, including *Novel strains	Tetanus
2. *MERS	Legionellosis	Trichinosis
3. COVID-19	Leprosy	Tuberculosis
* Creutzfeldt-Jakob Disease, all types	Listeriosis	Tularemia
Cryptosporidiosis	Lyme disease	Typhoid Fever
Cyclosporiasis	* Measles	* Verotoxin-producing E. coli infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)
* Diphtheria	* Meningitis, acute	West Nile Virus illness
Echinococcus multilocularis infection	1. *Bacterial	Yersiniosis
Encephalitis, including:	2. Viral	
1. Primary, viral	3. Other	
2. Post-infectious	* Meningococcal disease, invasive	
3. Vaccine-related	Mumps	
4. Subacute sclerosing panencephalitis	Ophthalmia neonatorum	
5. Unspecified		