



TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
State Public Health Officer & Director

State of California—Health and Human Services Agency  
**California Department of Public Health**



GAVIN NEWSOM  
Governor

Jan 12, 2023

Adrian Smith

Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center  
1001 Potrero Ave  
San Francisco, CA 94110

**APPROVAL OF PROGRAM FLEXIBILITY**

Dear Adrian Smith,

This letter is in response to the request submitted by **Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART7-70723(b)(3), T22 DIV5 CH1 ART7-70723(b)(4).

The alternative means of compliance with T22 DIV5 CH1 ART7-70723(b)(3), T22 DIV5 CH1 ART7-70723(b)(4) include

Priscilla Chan and Mark Zuckerberg San Francisco General Hospital & Trauma Center (ZSFG) is requesting program flexibility for the annual tuberculosis (TB) test requirement for all hospital employees under Title 22 California Code of Regulations Section 70723. Our principal change is to focus our annual TB surveillance for two groups: employees with higher risk of TB exposure, or those with increased likelihood of transmission to vulnerable populations. ZSFG has identified certain risk groups in whom there is increased likelihood of being exposed to active cases of TB prior to diagnosis or where there is increased likelihood of transmission to vulnerable populations. These groups will continue to receive baseline, annual and post-exposure testing. All personnel will participate in TB screening upon hire. At-risk personnel included in the OHS screening program who do not have a required TB test will be excluded from work. The following healthcare workers (HCWs) will be included in the annual TB screening program, with symptom review and TST: Pulmonary

Center for Health Care Quality  
Centralized Program Flex Unit (CPFU)  
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clinicians and ancillary staff, Respiratory therapy clinical staff, Microbiology laboratory staff, Pathology clinical staff, Dialysis unit clinical staff, 4A Skilled nursing facility clinical and ancillary staff, 4C Heme-One infusion clinical staff, OTOP (Methadone Clinic) clinical staff, TB Clinic clinical and ancillary staff, Emergency Department clinical staff, Anesthesiology clinical staff and Urgent care center clinical staff. Although we will no longer routinely conduct skin testing for personnel of lower occupational risk (i.e., those not identified in the group above), we will continue to carry out annual symptom screening on all personnel who are known to be previously PPD positive regardless of occupational classification. Specifically, such personnel include all employees previously known TST or QuantiFERON (QFT) positive in whom active disease has been ruled out. Depending on the individual's latent tuberculosis infection (LTBI) status and their history of testing, pre-placement TB screening will be conducted through use of TST, QFT, and/or chest x-ray and symptom review. Our policy governing management of employees found to have active TB, LTBI, and of post-exposure management, has not changed and remains consistent with California Department of Public Health guidance.

Your request for program flexibility of **T22 DIV5 CH1 ART7-70723(b)(3), T22 DIV5 CH1 ART7-70723(b)(4)** is approved under the following conditions:

1. The hospital will continue to conduct initial TB screening and testing as required for all new health care personnel.
2. The hospital will conduct annual TB exposure risk assessment for all health care employees.
3. The hospital will ensure all healthcare personnel will complete an Individual TB Risk Assessment form annually.
4. The hospital will ensure the TB screening process is available for high-risk employees for known or increased risk for TB exposure.
5. The hospital will ensure TB testing is required for individuals with no previously documented positive TB test only if they answered "yes" to one or more of the screening questions.
6. The hospital will perform TB testing following the CDC guidance, including evaluation and treatment for TB positive test results.
7. The hospital will ensure healthcare workers with a history of positive TB test, who do not complete treatment for latent TB infection will complete an annual symptom screen to detect early evidence of TB disease and to reevaluate the risks and benefits of Latent Tuberculosis Infection (LTBI) treatment.
8. The hospital will conduct annual TB education training for all health care personnel.

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9. The hospital will maintain and follow their TB surveillance program policy and procedure which will include a TB infection plan.

10. The hospital will notify the California Department of Public Health immediately for any requested changes to the approval conditions of this program flex.

Either this letter or a true copy thereof shall be posted immediately adjacent to the facility's license.

This approval shall remain in effect from Jan 01, 2023 until Jan 01, 2025.

**NOTE:** The Department may revoke the program flexibility if the licensee does not comply with the conditions set forth in the approval or if the department determines the proposed alternative does not adequately meet the intent of the regulations.

If you have any questions, please contact Centralized Program Flex Unit at (916) 323-5053 or by email at [CentralizedProgramFlex@cdph.ca.gov](mailto:CentralizedProgramFlex@cdph.ca.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Sevrine A. Banks'.

Sevrine A. Banks, Program Manager  
Centralized Program Flex Unit