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Administrative Manual		
	Policy Name	Patient to Patient Exposure to Bloodborne Pathogens and Human Breast Milk
	Policy Number	ADMIN 0240
	Date this Version Effective	Aug 2013
	Responsible for Content	Legal, Hospital Epidemiology

I. Description

Describes the procedure for patient to patient exposure to potentially infectious body fluids.

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II. Rationale

The intent of this policy is to outline the steps necessary when a patient is potentially exposed to another patient’s blood (or other potentially infectious body fluids) or unscreened human milk from a person other than a baby’s mother.

III. Policy

A. Definitions

1. Infectious body fluids: include blood and all body fluids containing visible blood. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and breast milk.
2. Possible means of transmission: Exposure to blood or other potentially infectious material via percutaneous, mucous membrane or non-intact skin. Ingestion of milk from a source other than the milk bank or the mother is considered an exposure. Contact with intact skin is not an exposure. Non-bloody body fluids (e.g., sweat, tears, saliva, vomitus, stool) have not been associated with transmission of HIV, HBV, or HCV. Human bites that break the skin are considered as a possible means of transmission of HIV, HBV, and HCV.

B. Notifications

1. The employee primarily involved in the patient exposure event (or who becomes aware of a patient exposure) must immediately notify his/her supervisor and Risk Management. Risk Management should be contacted by calling 919-966-3041. The employee must provide the source and exposed patient’s name and medical record number and also a description of the event. In addition, the employee must complete a Patient Occurrence Report Form, located on the Intranet at Work page under Patient Safety: Patient Occurrence Reporting System. The employee and/or Risk Management should contact Hospital Epidemiology/Infection Control to assist in evaluating the exposure risk.

2. The attending physician of the source patient and the attending physician of the exposed patient must be notified by Risk Management. After consultation with Risk Management, the attending physician(s) must notify both the source patient and the exposed patient of the exposure event and provide consultation regarding the risk of disease transmission. If the attending desires aid in defining the risks of disease acquisition, he/she may consult Hospital Epidemiology/Infection Control or request an Infectious Disease consultation.
3. All information on source patient testing and management of exposed patient must be documented in the appropriate patient's chart.

C. Management of Exposure to Blood or Other Potentially Infectious Materials

1. The laboratory tests listed below must be ordered on the source patient. Prior to having blood drawn from the source patient, check with the lab to determine if the patient already has blood available in the lab for testing. The tests to order are:
 - HIV: In CPOE order "HIV AG/AB Combo Screen". Refer to Administrative Policy 0029 Requesting Human Immunodeficiency Virus (HIV) Antibody or Antigen Testing for NC law related to HIV testing.
 - Hepatitis B: In CPOE order "Hepatitis B Surface Ag (HbSAg)".
 - Hepatitis C: In CPOE order "Anti-Hepatitis C Virus (HCV) (i.e., HCV Antibody)".

When ordering source patient exposure lab tests in CPOE: use billing code 99-0792. Insert the billing code into the "Comments to Lab" section and indicate the nature of the exposure, e.g. Bloodborne Exposure, Needlestick as follows: (99-0792 – Bloodborne Exposure). Place the lab into a Stat envelope and send to Tube Station 82. The lab will process the specimen immediately.

2. Testing of the exposed patient is not necessary unless the source patient is positive for one of the above bloodborne pathogens. However, if the exposed patient requests to be tested regardless of the source patient's lab results, the above laboratory tests should be performed. In addition, if performing an HbsAg on the exposed person, test for anti-HBsAg and anti-HBcAg.
3. The attending physician must inform his/her patient of the patient's laboratory test results and provide appropriate counseling based upon the results. If the source patient is found positive for one or more bloodborne pathogens, contact the Infectious Disease Consult for up-to-date information on the post-exposure prophylaxis to be offered to the exposed patient. It is the responsibility of the attending physician to arrange for appropriate care and management, including appropriate follow up testing of the exposed patient.
4. Ensure the confidentiality of both patients and the exposure event. Under no circumstances should the identity of the patients be released to either patient or any family members. The patient identities should only be released to other health care providers on a need to know basis.
5. HIV, HCV, and HBV tests ordered for the exposure event will use the billing code 99-0792 for Risk Management so the patient will not be charged for the testing. In addition, Risk Management can remove all charges related to follow up care, including post exposure prophylactic therapy if indicated.
6. If the exposed patient develops HIV, HCV, or HBV related to the exposure event, inform Risk Management and contact Infectious Disease Consult for treatment recommendations.
7. If a health care personnel (HCP) is the source of exposure to a patient, the HCP may be tested at Campus Health (UNC student), UNC Health Care Occupational Health Service (UNC Health Care employee or volunteer), University Employee Occupational Health

Service (UNC University employee), or, if the above are closed (nights and weekends), testing may be obtained via the UNC Emergency Department (UNC ED). If the source of the exposure is not an employee (contract worker, non-UNC student, other), testing may be obtained via the UNC ED.

D. Management of Exposure to Human Milk (e.g., when an infant receives milk from wrong mother)

1. Each mother feeds and pumps milk for her own baby and care should be taken that it is never mislabeled, contaminated, wasted or misappropriated (given to the wrong baby).
2. Human milk should be managed as a body fluid, using standard precautions. According to the American Academy of Pediatrics, 2012 *Red Book*, human milk can transmit CMV, HIV 1 and 2, Human T-Lymphotropic Virus Type 1 (HTLV-1), Human T-Lymphotropic Virus Type II (HTLV-2), HCV, and syphilis. Bacteria can contaminate the milk such as *Staphylococcus aureus* (with mastitis or breast abscess), as well as bacterial contamination from improper handling. Several other viruses, including hepatitis B virus (HbsAg), West Nile Virus, rubella virus, vaccinia, and Varicella zoster virus have been found in human milk, but have a very low risk for epidemiologically linked disease transmission.
3. In the event that a patient has inadvertently received human milk from a source other than his/her own mother or an approved human milk bank, complete all steps in Appendix 1, Human Milk Exposure Follow-up Protocol Checklist and Directions for Obtaining Bloodborne Disease Screening Labs After a Human Milk Exposure.

IV. References

Red Book, American Academy of Pediatrics: 2012 Report of the Committee on Infectious Diseases.
CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. Vol. 50. No.RR11;1.

V. Reviewed/Approved by

Hospital Infection Control Committee, Risk Management

VI. Original Policy Date and Revisions

August 2013

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Appendix 1: Worksheet for Human Milk Exposure

<u>Human Milk Exposure Follow-Up Protocol Checklist</u>	<u>Person Responsible to Complete:</u>
Oversight of the completion of this Checklist-Protocol	Nurse Manager of the unit where the exposure occurred
Notify Charge Nurse, Nurse Manager and/or Nursing Supervisor of infant's exposure to another mother's human milk. Provide the following information: <ul style="list-style-type: none"> • Exposed infant's name and UNC Medical Record # • Exposed infant's mother's name (and UNC Medical Record # if she has one) • Source mother's name (and UNC Medical Record # if she has one) If Nutrition and Food Services (NFS) staff were involved in the incident, nursing will inform the staff in the Nutrition Room	RN assigned to the infant or first to discover incident
Notify NFS supervisor if the incident involved actions by NFS staff. (Provide the supervisor with the same information that the nursing leadership was given above.)	Nutrition and Food Services Staff
Notify exposed infant's Medical Care Provider of the exposure. Provide the following information: <ul style="list-style-type: none"> • Exposed infant's name and UNC Medical Record # • Exposed infant's mother's name (and UNC Medical Record # if she has one) • Source mother's name (and UNC Medical Record # if she has one) 	RN assigned to the infant or first to discover incident
Report the specific incident details to Risk Management via: Web based Patient Occurrence Reporting System (preferred) or Phone message to Risk Management #63041 Inform Risk Management (#63041) of need for source mother's lab costs to be covered-provide name and MR#	Each Healthcare Personnel who handled the human milk involved (includes NFS staff if their handling/labeling of the human milk was involved)
Notify Hospital Epidemiology during daytime hours by paging the Infection Control Preventionist @ 123-7427 or call Hospital Operator: #966-4131 and ask for the on-call Infection Control Nurse. Provide the following information to the Infection Control Nurse: <ul style="list-style-type: none"> • Exposed infant's name and UNC Medical Record # • Exposed infant's mother's name (and UNC MR#) • Source mother's name (and UNC MR # if she has one) 	RN assigned to the infant or first to discover incident
Notify source mother's Medical Care Provider if she is currently a UNC inpatient. Discuss the need for a CPOE order to be placed for the required blood borne disease screening orders contained in the Human Milk Exposure standardized lab order set. (Source mother's blood borne disease screens will be ordered regardless of recent blood borne disease results available in medical record) CPOE, click on Micro, click on Common, click on <i>Human Milk Exposure</i> to place this order	Exposed infant's Medical Care Provider and/or the Medical Care Provider for the infant whose milk was misappropriated

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<p>Inform the Immunology Lab (#966-4058) that a Human Milk Exposure has occurred and the source mother's lab work will be ordered, obtained and sent to the Immunology lab as soon as it is available. Follow any instructions for proper and prompt movement of the sample to the lab (e.g., tubing blood samples to Tube Station #82-Immunology Lab) Request they perform the lab tests as quickly as possible and to call the Infection Control Preventionist to inform him/her, if the blood sample does not arrive as expected.</p>	<p>Hospital Epidemiology- Infection Control Preventionist</p>
<p>Discuss incident with exposed infant's parent(s):</p> <ol style="list-style-type: none"> 1. Provide the educational packet for the parent(s) whose infant has received misappropriated human milk- <u>Breastfeeding and Human Milk Storage and Handling Nursing Policy</u>. 2. Explain next steps. 3. Obtain lab work from the source mother. 4. Describe how the parent(s) will be informed of the lab work results, including who will provide the information. 5. Document the discussion in the exposed infant's chart. 	<p>Exposed infant's Medical Care Provider (Utilize Lactation Consultant to assist if needed)</p>
<p>Discuss incident with source mother:</p> <ol style="list-style-type: none"> 1. Provide the educational packet for the parent(s) whose milk was fed to a different infant than her own (<u>Breastfeeding and Human Milk Storage and Handling Nursing Policy</u>). 2. Explain next steps-lab tests that will be obtained. 3. HIV testing done per <u>Requesting Human Immunodeficiency Virus (HIV) Antibody or Antigen Testing Hospital Administrative Policy 0029</u>. 4. Describe how the parent(s) will be informed of the lab results, including who will provide the information. 5. Document the discussion in the source mother's chart. 6. Follow one of the three scenarios below to order the Human Milk Exposure labs based on the source mother's status (e.g, inpatient or outpatient). 	<p>Source mother's, exposed infant's and/or the Medical Care Provider for the infant whose milk was misappropriated (Utilize Lactation Consultant to assist if needed)</p>
<p>Notify the source mother's Medical Care Provider if she is currently a UNC inpatient. Discuss the need for a CPOE order to be placed for the required blood borne disease screening orders contained in the Human Milk Exposure standardized lab order set. (The source mother's blood borne disease screens will be ordered regardless of recent blood borne disease results available in the medical record.) CPOE, click on Micro, click on Common, click on <i>Human Milk Exposure to place this order</i></p>	<p>Exposed infant's Medical Care Provider and/or the Medical Care Provider for the infant whose milk was misappropriated</p>
<p>Inform the Immunology Lab (#966-4058) that a Human Milk Exposure has occurred and the source mother's lab work will be ordered, obtained and sent to the Immunology lab as soon as it is available. Follow any instructions for proper and prompt movement of the sample to the lab (e.g., tubing blood samples to Tube Station #82-Immunology Lab). Request they perform the lab tests as quickly as possible and to call the Infection Control Nurse to inform him/her, if the blood sample does not arrive as expected.</p>	<p>Hospital Epidemiology- Infection Control Preventionist</p>

<p>Directions for Obtaining Bloodborne Disease Screening Labs After a Human Milk Exposure:</p>	<p>Person Responsible to Complete:</p>
<p>1. UNC INPATIENT Source Mother:</p> <p>When the source mother is currently a UNC inpatient, order required lab tests via CPOE, click on Micro, click on Common, click on <u>Human Milk Exposure</u></p>	<p>Source mother's OR Exposed infant's Medical Care Provider places CPOE order. Phlebotomy obtains required lab samples, tubing them to Tube Station #82-Immunology Lab.</p> <p>NOTE: If there is any problem having the inpatient source mother's lab work drawn, please contact the Phlebotomy Supervisor on call.</p>
<p>2. OUTPATIENT Source Mother:</p> <p>2A. When the source mother already has a UNC Medical Record number, but is no longer an inpatient: Labs ordered via requisition form: <u>Human Milk Exposure</u></p> <ol style="list-style-type: none"> 1. Obtain Human Milk Exposure requisition form from the hospital intranet. (This form is available on the hospital intranet under McClendon Labs.) 2. Provide completed Human Milk Exposure requisition form to the source mother. 3. Direct source mother to Phlebotomy Lab Draw Department with the requisition form. 4. Phlebotomy obtains the blood samples and sends them to the Immunology lab. <p>2B. When the source mother does not have a UNC medical record number: Labs ordered via requisition form: <u>Human Milk Exposure</u></p> <ol style="list-style-type: none"> 1. Obtain and complete a Human Milk Exposure requisition form from the hospital intranet. (This form is available on the hospital intranet under McClendon Labs.) 2. Nursing will escort the source mother to the Hospitals' Registration Department with the completed requisition form for her lab work. 3. The registration staff will provide the source mother with a Medical Record number/card and a case assignment for her lab work. 4. The nurse will obtain a copy of the source mother's MR # and provide this number to the exposed infant's Medical Care Provider, Nurse Manager and Infection Control Nurse. 5. The source mother will be escorted to Phlebotomy. 6. Phlebotomy obtains the blood samples and sends them to the Immunology lab, tubing them to Tube Station #82-Immunology Lab. <p>NOTE: If the source mother does not have transportation from home to the hospital contact Risk Management.</p>	<p>Source mother's OR Exposed infant's Medical Care Provider Phlebotomy obtains required lab samples, tubing them to Tube Station #82-Immunology Lab.</p> <p>NOTE: If there is any problem having the source mother's lab work drawn, please contact the Phlebotomy Supervisor on call.</p> <p>Phlebotomy obtains required lab samples, tubing them to Tube Station #82-Immunology Lab.</p> <p>NOTE: If there is any problem having the source mother's lab work drawn, please contact the Phlebotomy Supervisor on call and the Infection Control Preventionist on call.</p>
<p>Inform Risk Management of source mother's lab results.</p>	<p>Hospital Epidemiology-Infection Control Preventionist</p>