


<b>Infection Control Manual</b>		
	Policy Name	<b>Patient to Patient Exposure to Bloodborne Pathogens and Human Breast Milk</b>
	Policy Number	<b>IC 0064</b>
	Date this Version Effective	<b>February 2018</b>
	Responsible for Content	<b>Hospital Epidemiology/Risk Management</b>

## 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 the 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 Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV). Human bites that break the skin are considered as a possible means of transmission of HIV, HBV and HCV.

### B. Notifications

1. Responsibilities of the exposure reporter
  - a. 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/Legal. Risk Management should be contacted by calling 984-974-3041.
  - b. The employee involved in the incident must complete a Patient Occurrence Report Form, located on the Intranet at Work page under Patient Safety: Patient Occurrence Reporting System.

- c. Await input from Hospital Epidemiology regarding risk assessment and source patient test results and Risk Management regarding disclosure advice.
2. Risk Management, or Hospital Epidemiology if contacted first, should collect the following information from the employee reporting the event: The name and contact information for the person reporting the incident, source patient's name and medical record number, the exposed patient's name and medical record number, and a description of the event. Risk Management, or Hospital Epidemiology if contacted first, asks the employee to hold further action pending an immediate investigation with Hospital Epidemiology. If Hospital Epidemiology is notified first, then step 2 would be conducted by Hospital Epidemiology and step 3 would allow for information exchange to occur with Risk/Legal.
3. The employee and/or Risk Management should contact Hospital Epidemiology/Infection Control if not already contacted, to assist in evaluating the exposure risk. Risk and Hospital Epidemiology collaborate to determine next steps.
4. Hospital Epidemiology prepares an immediate risk assessment with available information and may call involved employees for more details as needed to determine risk.
5. Hospital Epidemiology reports to Legal/Risk the findings of the risk assessment, confirms plan of action, and discusses which employees are involved, who needs update of risk assessment and what further actions are indicated.
6. If indicated by risk assessment, Hospital Epidemiology coordinates with attending of source patient to order blood tests on the source. See Section C. below for Laboratory test information.
7. Hospital Epidemiology reviews results of source test.
8. Hospital Epidemiology reports back to Risk/Legal the source patient's blood test results and confirms plan of action. Hospital Epidemiology and Risk/Legal consider arranging a conference call or confirming direct phone number for key contacts in Hospital Epidemiology and Risk/Legal before notifying attending of exposed patient.
9. Hospital Epidemiology calls attending physician of exposed patient to provide information on risk assessment and results of source patient's blood test. If source test results are positive, Hospital Epidemiology can advise physician of exposed patient to consult with Infectious Diseases consult service if they have questions about how and what to provide for PEP. Hospital Epidemiology can advise attending physician to consult with Risk/Legal on disclosure. Please refer to Administrative Policy: ADMIN 0095 – Disclosure of Medical Errors Resulting In Patient Injury.
10. Hospital Epidemiology calls attending physician of source patient to provide information on results of source patient's blood test.

### **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. Source patient's medical care provider will place an order for "Patient Needlestick Package" in EPIC which will result in the following blood tests being processed on the source patient:
  - HIV 4<sup>th</sup> Generation: Refer to Administrative Policy 0029 *Requesting Human Immunodeficiency Virus (HIV) Antibody or Antigen Testing* for NC law related to HIV testing.
  - Hepatitis B Surface Ag (HBsAg).

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- HCV RNA.

When the source patient's medical care provider orders source patient exposure lab tests in EPIC, they must order "Patient Needlestick Package", which will result in the patient not receiving a bill for source testing. Place the lab into a Biohazard bag and send to Tube Station 82. The lab will process the specimen immediately. Testing MUST be completed within 24 hours of exposure. Contact Hospital Epidemiology at 984-974-7500 or by using the on-call pager at 919-216-2935, and Risk Management at 984-974-3041 or by using the on-call pager at 919-216-0813 to inform them of the exposure.

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 ordered by the exposed patient's medical care provider
3. The attending physician for the exposed patient must inform his/her patient of the patient's laboratory test results and provide appropriate counseling based upon the results.
  - a. 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. The attending physician and/or ID consult are responsible for documenting the recommendations in the exposed patient's medical record.
  - b. If the source patient is found negative for all the bloodborne pathogens tested, there are no specific treatment recommendations. If the attending has further questions about counseling or treatment guidelines, please contact the ID consult service for further advice.
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 under "Patient Needlestick Package" in EPIC for the exposure event will result in the patient not being 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 (maximum incubation periods HBV, 6 months; HCV, 6 months; HIV, 4 months), 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). HCP should call the Needlestick Hotline at 984-974-4480 when blood or body fluid exposure occurs. If the source of the exposure is not an employee (contract worker, non-UNC student, other), testing may be obtained via the UNC ED unless a prior agreement for service with OHS has been established

**D. Management of Exposure to Human Milk (e.g., 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). For additional information refer to the Nursing Policy: Nurs 0067 – Breastfeeding and Human Milk.
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 Cytomegalovirus (CMV), HIV 1 and 2, Human T-Lymphotropic Virus Type 1 (HTLV-1), Human T-Lymphotropic Virus Type 2 (HTLV-2), HCV, and syphilis. Bacteria such as *Staphylococcus aureus* can contaminate the milk with mastitis or breast abscesses. Improper handling can also cause bacterial contamination. Several other viruses, including HBV, West Nile Virus, rubella, and Varicella zoster 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, June 2016<sub>rev</sub>, Aug 2017, Oct 2017<sub>rev</sub>, Feb 2018<sub>rev</sub>

**Appendix 1: Worksheet for Human Milk Exposure**

<p><b><u>Human Milk Exposure Follow-Up Protocol Checklist</u></b></p> <p><b><u>All components of this checklist MUST be completed within 24 hours of exposure</u></b></p>	<p><b><u>Person Responsible to Complete:</u></b></p>
<p><b>Oversight of the completion of this Checklist</b></p>	<p><b>Nurse Manager of the unit where the exposure occurred</b></p>
<p>Notify Charge Nurse, Nurse Manager and/or Nursing Supervisor of infant's exposure to another mother's human milk. Provide the following information:</p> <ul style="list-style-type: none"> <li>Exposed infant's name and UNC Medical Record #</li> <li>Source mother's name (and UNC Medical Record # if she has one)</li> </ul>	<p>RN assigned to the infant or first to discover incident</p>
<p>Notify exposed infant's Medical Care Provider of the exposure. Provide the following information:</p> <ul style="list-style-type: none"> <li>Exposed infant's name and UNC Medical Record #</li> <li>Source mother's name (and UNC Medical Record # if she has one)</li> </ul>	<p>RN assigned to the infant or first to discover incident</p>
<p>Report the specific incident details to Risk Management via: Web based Patient Occurrence Reporting System (preferred) <b>AND</b> by calling Risk Management at 984-974-3041</p> <ul style="list-style-type: none"> <li>Inform Risk Management of need for source mother's lab costs to be covered - provide name and UNC Medical Record Number</li> </ul>	<p>Each Healthcare Personnel who handled the human milk involved (includes Nutrition and Food Services staff if their handling/labeling of the human milk was involved)</p>
<p>Notify Hospital Epidemiology by calling 984-974-7500 during business hours or by using the on-call pager after hours at 123-7427 (or call Hospital Operator at 984-974-1000 and ask for on-call Infection Control Nurse). Provide the following information to the Infection Control Nurse:</p> <p style="padding-left: 40px;">Exposed infant's name and UNC Medical Record # Source mother's name (and UNC MR # if she has one)</p> <p><b><u>Hospital Epidemiology or Risk Management will contact the Billing Services Supervisor at 984-974-3291 to waive charges for testing. The Source patient's name, Medical Record Number, Date of Services and Test Names will need to be submitted.</u></b></p>	<p>RN assigned to the infant or first to discover incident</p> <p>Hospital Epidemiology or Risk Management</p>

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<p>Discuss incident with exposed infant's parent(s):</p> <ol style="list-style-type: none"> <li>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>.</li> <li>2. Explain next steps.</li> <li>3. Obtain lab work from the source mother.</li> <li>4. Describe how the parent(s) will be informed of the lab work results, including who will provide the information.</li> <li>5. Document the discussion in the exposed infant's chart.</li> </ol> <p>NOTE: labs do NOT need to be drawn from exposed infant</p>	<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"> <li>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>).</li> <li>2. Explain next steps and how lab tests that will be obtained.</li> <li>3. HIV testing done per <u>Requesting Human Immunodeficiency Virus (HIV) Antibody or Antigen Testing Hospital Administrative Policy 0029</u>.</li> <li>4. Describe how the parent(s) will be informed of the lab results, including who will provide the information.</li> <li>5. Document the discussion in the source mother's chart.</li> <li>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).</li> </ol>	<p>Source mother's Medical Care Provider, exposed infant's Medical Care Provider and/or the Medical Care Provider for the infant whose milk was misappropriated (utilize Lactation Consultant to assist if needed)</p>
<p>Inform the Immunology Lab at (984-974-1815) 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.</p>	<p>RN assigned to the infant or first to discover incident</p>
<p>If Nutrition Room Staff were involved in the incident, nursing will inform the staff in the Nutrition Room</p>	<p>RN assigned to the infant or first to discover incident</p>
<p>Notify Director of Nutrition Room if the incident involved actions by Nutrition Room Staff. (Provide the supervisor with the same information that the nursing leadership was given above.)</p>	<p>Nutrition and Food Services Staff</p>

<p><b>Directions for Obtaining Bloodborne Disease Screening Labs After a Human Milk Exposure:</b></p> <p><b>*If source mother has had testing recorded for bloodborne pathogens in the 30 days prior to an exposure (HIV, Hep B, Hep C, Syphilis serologies, and HTLV 1, 2 antibodies), this lab work may be used in determining risk to exposed patient</b></p>	<p><b>Person Responsible to Complete:</b></p>
<p><b>1. UNC INPATIENT Source Mother:</b></p> <p><b>When the source mother is currently a UNC inpatient,</b> a Medical Care Provider orders required lab tests via EPIC order for bloodborne disease screening – choose ‘Breast Milk Exposure Package’</p>	<p>Source mother’s Medical Care Provider OR Exposed infant’s Medical Care Provider places EPIC order.</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 inpatient source mother’s lab work drawn, please contact the Inpatient Phlebotomy Supervisor on call</p>
<p><b>2. OUTPATIENT Source Mother:</b></p> <p><b>2A. When the source mother already has a UNC Medical Record number, but is no longer an inpatient:</b></p> <ol style="list-style-type: none"> <li>1. Exposed infant’s Medical Care Provider orders required lab tests for source mother only via EPIC order for bloodborne disease screening– choose ‘Breast Milk Exposure Package’</li> <li>2. Nursing escorts source mother to Registration desk (located in either Women’s Hospital Lobby or main registration desk on ground floor Memorial Hospital). Registration will create a walk-in appointment for mother to have labs drawn by Phlebotomy.</li> <li>3. Registration will direct source mother to Phlebotomy Lab Draw Department (located in either Women’s Hospital Lobby or next to Precare on 1<sup>st</sup> floor Memorial Hospital)</li> <li>4. Phlebotomy obtains the blood samples and sends them to the Immunology lab at Tube Station #82.</li> </ol> <p><b>2B. When the source mother does not have a UNC medical record number:</b></p> <ol style="list-style-type: none"> <li>1. Nursing escorts source mother to Registration desk (located in either Women’s Hospital Lobby or main registration desk on ground</li> </ol>	<p>Exposed infant’s Medical Care Provider.</p> <p>Nursing escorts mother to Registration.</p> <p>*NOTE: If there is any problem having the source mother’s lab work drawn, please contact the Inpatient Phlebotomy Supervisor on call</p> <p>.</p> <p>Nursing escorts mother to Registration.</p>

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<p>floor Memorial Hospital). Registration will create a new UNC Medical Record number and a walk-in appointment for mother to have labs drawn by Phlebotomy.</p> <ol style="list-style-type: none"> <li>2. The nurse will obtain a copy of the source mother’s MR # from Registration staff and provide this number to the exposed infant’s Medical Care Provider, Nurse Manager and Infection Control Nurse.</li> <li>3. Exposed infant’s Medical Care Provider orders required lab tests for source mother only via EPIC order for blood borne disease screening– choose ‘Breast Milk Exposure Package’.</li> <li>4. Nursing will escort source mother to Phlebotomy Lab Draw Department (located in either Women’s Hospital Lobby or next to Precare on 1<sup>st</sup> floor Memorial Hospital).</li> <li>5. Phlebotomy obtains the blood samples and sends them to the Immunology lab, tubing them to Tube Station #82-Immunology Lab.</li> </ol> <p>NOTE: If the source mother does not have transportation from home to the hospital contact Risk Management.</p>	<p>Exposed infant’s Medical Care Provider orders labs. *NOTE: If there is any problem having the source mother’s lab work drawn, please contact the inpatient Phlebotomy Supervisor on call =</p>
<ol style="list-style-type: none"> <li>3. <b>If source mother is unable to have labs drawn within 24 hours at UNC Medical Center, treat as unknown exposure to exposed infant. Exposed infant’s medical care provider should discuss incident with exposed infant’s parent(s).</b> The exposed infant’s medical care provider may consult with Pediatric Infectious Disease for up-to-date information on the post-exposure prophylaxis to be offered to the exposed patient. It is the responsibility of the exposed infant’s medical care provider to arrange for appropriate care and management.</li> </ol>	<p>Exposed infant’s Medical Care Provider</p>
<ol style="list-style-type: none"> <li>4. <b>If source mother needs to have blood drawn at a time when Registration and/or Phlebotomy are closed, source mother should be escorted to ED to have blood drawn. ED staff should order and draw a ‘Breast Milk Exposure Package’ on source mother.</b></li> </ol>	