



Current Status: <i>Active</i>		PolicyStat ID: 5829029
	Origination:	08/2013
	Effective:	02/2019
	Last Approved:	02/2019
	Last Revised:	02/2019
	Next Review:	02/2022
	Owner:	<i>Sherie Goldbach: Infection Prevention Registrar</i>
	Policy Area:	<i>Infection Prevention</i>
Policy Tag Groups:		
Applicability:	<i>UNC Medical Center</i>	

Patient to Patient Exposure to Bloodborne Pathogens and Human Breast Milk

I. Description

Describes the policy and procedure for patient to patient exposure to potentially infectious body fluids

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 Prevention 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 post-exposure prophylaxis (PEP). Hospital Epidemiology can advise attending physician to consult with Risk/Legal on disclosure. Please refer to [Administrative Policy: – 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 4th Generation
 - Hepatitis B Surface Ag (HBsAg)
 - 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. Inform the Immunology Lab by phone at (984) 974-1815 (or (984) 974-1805 after hours), that a patient to patient exposure has occurred and the source patient's lab work will be ordered, obtained, and sent to the Immunology lab as soon as it is available. The Immunology lab **MUST** be notified that the specimen is coming for it to be processed. 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.
 - 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.
 - 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: – 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. Related Policies

[Nursing Policy: – Breastfeeding and Human Milk.](#)

[Administrative Policy: – Disclosure of Medical Errors Resulting In Patient Injury.](#)

Attachments:

[1: Worksheet for Human Milk Exposure](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Patricia Ness: Nurse Educator	02/2019
	Thomas Ivester: CMO/VP Medical Affairs	02/2019
	Emily Vavalle: Director, Epidemiology	02/2019

This policy has been adopted by UNC Health Care for its use in infection control. It is provided to you as information only.

Step Description	Approver	Date
	Sherie Goldbach: Infection Prevention Registrar	01/2019
Applicability		
UNC Medical Center		

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