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Applicability UNC Medical Center

## 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:
  - a. Exposure to blood or other potentially infectious material via percutaneous, mucous membrane, or non-intact skin.
  - b. Ingestion of milk from a source other than the milk bank or the mother.
  - c. Human bites that break the skin.

- d. 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).

## 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 SAFE report.
  - c. Seek input from Risk Management regarding disclosure advice.
2. Risk Management, or Infection Prevention if contacted first, should collect the following information from the employee reporting the event:
  - a. Name and contact information for the person reporting the incident
  - b. Source patient's name and medical record number
  - c. Exposed patient's name and medical record number
  - d. Description of the event
3. Risk Management, or Infection Prevention if contacted first, asks the employee to hold further action pending an immediate investigation with Infection Prevention. If Infection Prevention is notified first, then step 2 would be conducted by Infection Prevention and step 4 would allow for information exchange to occur with Risk/Legal.
4. The employee and/or Risk Management should contact Infection Prevention if not already contacted, to assist in evaluating the exposure risk. Risk and Infection Prevention collaborate to determine next steps.
5. Infection Prevention prepares an immediate risk assessment with available information and may call involved employees for more details as needed to determine risk.
6. Infection Prevention 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.
7. If indicated by risk assessment, Infection Prevention coordinates with attending of source patient to order blood tests on the source. See Section C - Management of Exposure to Blood or Other Potentially Infectious Materials, below for Laboratory test information.
8. Infection Prevention reviews results of source test.
9. Infection Prevention reports back to Risk/Legal the source patient's blood test results and confirms plan of action. Infection Prevention and Risk/Legal may consider arranging a conference call or confirming direct phone number of key contacts in

Infection Prevention and Risk/Legal before notifying attending of exposed patient.

10. Infection Prevention 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, Infection Prevention 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). Infection Prevention can advise attending physician to consult with Risk/Legal on disclosure. Please refer to Risk Management policy: [Disclosure of Medical Errors Resulting in Patient Injury](#).
11. Infection Prevention 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. Contact Infection Prevention 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. 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 Ag/Ab Combo
  - Hepatitis B Surface Ag (HBsAg)
  - HCV RNA, Quantitative PCR
  - Hepatitis C Antibody
  - Order the "Patient Needlestick Package" this 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.
3. 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
4. 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.
5. 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.
  6. 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. Risk Management can remove all charges related to follow up care, including post exposure prophylactic therapy if indicated.
  7. 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.
  8. 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: [Care and Management of the Breastfeeding and/or Human Milk Feeding Dyad](#).
2. 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 the [Worksheet for Human Milk Exposure](#), including both the Human Milk Exposure Follow-

up Protocol Checklist and the Directions for Obtaining Bloodborne Disease Screening Labs After a Human Milk Exposure sections.

## IV. References

Red Book, American Academy of Pediatrics: 2018-2021 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.

CDC. What to Do if an Infant or Child Is Mistakenly Fed Another Woman's Expressed Breast Milk  
[https://www.cdc.gov/breastfeeding/recommendations/other\\_mothers\\_milk.htm](https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm)

## V. Related Policies

[Nursing Policy: Care and Management of the Breastfeeding and/or Human Milk Feeding Dyad](#)

[Risk Management Policy: Disclosure of Medical Errors Resulting in Patient Injury](#)

### Approval Signatures

#### Step Description

#### Approver

#### Date

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