Patient Exposure to Potentially Infectious Body Fluids and Human Milk

I. Description
Describes the policy and procedure for 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 person'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 injury, mucous membrane exposure, 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 involved parties.
   • In the event of a patient exposure to potentially infectious body fluids, complete all steps in Attachment 1: Patient Exposure to Potentially Infectious Body Fluids Other Than Human Milk Exposure - Follow-Up Protocol Checklist.

C. Blood or Other Potentially Infectious Materials Exposure Notification

1. The attending physician for the exposed patient must inform their 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.

2. 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.

3. 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.

4. If a staff member is the source of exposure to a patient, the staff member 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). Staff 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


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

V. Related Policies

Infection Prevention: Worksheet for Human Milk Exposure

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

Attachments

Attachment 1 - Patient Exposure to Potentially Infectious Body Fluids Other Than Human Milk - Follow-Up Protocol Checklist

Worksheet for Human Milk Exposure
### Approval Signatures

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<tr>
<th>Step Description</th>
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<tr>
<td>Policy Stat Administrator</td>
<td>Kimberly Novak-Jones: Nurse Educator</td>
<td>09/2023</td>
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<td></td>
<td>Thomas Ivester: CMO/VP Medical Affairs</td>
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### Applicability

UNC Medical Center