
Office of Origin: Department of Hospital Epidemiology and Infection Prevention (HEIP)

I. PURPOSE

- A. To provide guidance when patients or visitors are exposed to blood or body fluids from another individual in order to minimize the risk of infection due to bloodborne pathogens (i.e., HIV, hepatitis B, hepatitis C).

II. REFERENCES

- A. [Medical Center Administrative Policy 3.06.10, Sentinel/Adverse Event Process.](#)
- B. [Policy 3.1.1, Bloodborne Pathogens Exposure Response, Prevention and Control Plan](#)
 1. If a healthcare worker is also possibly exposed to bloodborne pathogens as a result of this incident, refer to the Medical Center Environment of Care Manual)
- C. [Policy 2.1 Essential Communications](#)
- D. [UCSF Nursing Policy, “Breast Milk Identification, Handling, Storage and Exposure \(Neonatal/Pediatric\)”](#)

III. DEFINITIONS

- A. Bloodborne pathogens: HIV, hepatitis B virus, hepatitis C virus
- B. Possible bloodborne pathogen exposure: A percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, secretions, excretions, or other body fluids from another person. Examples of such exposures include re-use of contaminated equipment/devices previously used for another patient, administration of one infant’s breast milk to another infant, employee injury resulting in blood exposure to a patient.

IV. POLICY

- A. It is the policy of the UCSF Medical Center that any patient or visitor who is exposed to blood or body fluids of either another patient or healthcare personnel will be informed of the exposure and appropriate follow-up testing and counseling will be coordinated and the responsibility of the patient’s attending physician or of Occupational Health Services (OHS) if a healthcare worker is involved.
 1. All follow-up procedures will be designed to maintain the confidentiality of the exposed and source individuals.
 2. The cost of testing/counseling/treatment or prophylaxis of the exposed and source individuals will be borne by the Medical Center.

V. PROCEDURES

- A. For patient and visitor blood or body fluid exposure, refer to Appendix A for an overview of the follow-up process.
- B. If a healthcare worker is exposed, please refer to [Policy 3.1.1, Bloodborne Pathogens Exposure Response, Prevention and Control Plan](#)

1. **Person who recognizes the exposure reports to:**
 - a. Business hours- Department or Unit Manager (or if not available, Department Director).
 - b. Non-business hours:
 - i. For Moffit Long and Mt. Zion contact the Hospital Supervisor pager 415-353-8036 or 415-353-1964
 - ii. MB Adult Hospital Clinical Resource Nurse 415-502-0562
 - iii. MB BCH Hospital Supervisor 415-502-0728

2. **Department Manager/Director/Nursing Supervisor Responsibility**
 - a. **Immediately notify the following:**
 - i. Hospital administrator on call
 - ii. The patient's attending physician (both attending physicians if this is a patient-to-patient exposure)
 - iii. HEIP [both during business and after hours](#)
 - iv. Risk Management 415-353-1842 (after hours pager 415-443-2284)
 - b. **If the exposed individual is a patient**
 - v. Assist the attending physicians in obtaining appropriate medical evaluation and treatment for the exposed patient(s).
 - The attending physician may consult with the Needlestick Hotline or HEIP to establish if there has been an exposure and to identify next steps, including disclosure.
 - vi. Support the attending physician to help ensure that bloodborne pathogen testing, post-exposure prophylaxis if needed, and follow-up is arranged
 - vii. Clinical decision-making will be based on type of exposure (e.g., needlestick, splash), test results and patient history.
 - c. **If the exposed or source individual is a visitor**
 - i. Refer the visitor to the Emergency Department for appropriate Evaluation and treatment.
 - ii. Determine if a multidisciplinary huddle is needed to discuss the event and determine a follow-up plan. If a multidisciplinary huddle is convened, include the attending physician, area leadership including nursing, Occupational Health, HEIP, and Risk Management to review the exposure event, assess risk, and any follow-up needed including testing and post exposure prophylaxis.
 - iii. Report the event by filing an incident report (IR) as per the [Medical Center Administrative Policy 3.06.10, Sentinel/Adverse Event Process](#).
 - iv. Review the situation for any policy/procedure or training needs to prevent other incidents from occurring including the need for a Root Cause Analysis (RCA)
 - v. If the exposure arises from breast milk: refer to UCSF Nursing Policy Breast Milk Identification, Handling, Storage and Exposure (Neonatal/Pediatric).

3. **Attending Physician's Responsibilities Regarding the Exposed and Source Patients**
 - a. The attending physician(s) is responsible for ensuring that appropriate patient testing, post-exposure prophylaxis and follow-up occur.

- b. Reviews exposure event.
- c. Consults with HEIP to determine infectious risk.
- d. Formulates a postexposure testing and postexposure prophylaxis plan for the patient.
 - i. See table below for some general baseline and follow-up testing recommendations for source and exposed people. Additional tests may be needed depending on the results of the source patient, other patient specific factors including high risk behaviors, hepatitis B vaccine status, and immunocompromising conditions.
- e. Consults with the Needlestick Hotline **415-353-STIC (7842)** for postexposure testing and prophylaxis recommendations.
- f. Informs the exposed and source patient (s) or their representative of the exposure including providing confidential counseling about the infectious risk of the exposure event (refer to [policy 6.06.01 Disclosure of Unanticipated Events to Patients](#)) and:
 - i. Evaluates the patient(s) for bloodborne pathogen risk factors including high risk behaviors and reviews hepatitis B vaccination history.
 - ii. Obtains consent to review the test results and is responsible for reviewing the results with the patient or patient’s representative.
 - **Contacts the Needlestick Hotline immediately if any of the baseline tests are abnormal for source or exposed patient to review additional test recommendations and post-exposure prophylaxis**

Bloodborne Pathogen Testing Recommendations

Test	Source and exposed individuals ¹ Baseline	Exposed individuals only 6 months after exposure assuming the source patient had normal baseline results ²
Hepatitis B surface antibody	√	If hepatitis B immune ³ , no further testing needed. If not immune obtain these tests.
Hepatitis B surface antigen	√	
Hepatitis B core antibody	√	
Hepatitis C antibody	√	√
HIV antibody/antigen	√	√

¹ If the source or exposed individual has a history of HIV, hepatitis B or hepatitis C additional tests will be recommended by the Needlestick Hotline and post-exposure prophylaxis may be indicated.

² If the **source individual has an abnormal HIV test**, additional HIV testing will be needed at 6 weeks and 3-4 months in addition to 6 months after exposure. If the **source individual has an abnormal hepatitis C test**, the exposed person needs to obtain a hepatitis C PCR at 6 weeks in addition to the hepatitis C antibody 6 months after exposure. Contact the Needlestick Hotline to discuss.

³ Hepatitis B immunity is defined as having completed a Hepatitis B vaccine series AND a hepatitis B surface antibody ≥ 10 mIU/mL.

- g. Documents the postexposure testing and prophylaxis plan in the patient's medical record (*Sample note format: "I was notified of actual/potential patient exposure to body fluid/substance. The patient was informed of the exposure and a testing/treatment plan for exposure management was initiated."*)
- h. Documents any patient refusal for testing, if needed.

4. OHS: Needlestick Hotline Responsibilities

- a. For all exposures involving a Patient or Visitor (as the source and/or exposed individual):
 - i. Provide consultation, advice, and support to the patient(s)'s attending physician.
 - ii. Contacts:
 - 1. Business hours- Department or Unit Manager (or if not available, Department Director).
 - 2. Non-business hours:
 - For Moffit Long and Mt. Zion contact the Hospital Supervisor pager 415-353-8036 or 415-353-1964
 - MB Adult Hospital Clinical Resource Nurse 415-502-0562
 - MB BCH Hospital Supervisor 415-502-0728
- b. If a healthcare worker is the source of the exposure:
 - i. Discuss the exposure with the source healthcare worker.
 - ii. Obtain necessary consent to confidentially communicate the healthcare worker results to the patient's clinical team.
 - iii. Obtain appropriate testing of the employee.
 - iv. If the healthcare worker declines to be tested, document the declination.
 - v. Keep healthcare worker results on file.
 - vi. Ensure that HEIP has been contacted.

5. HEIP Responsibilities

- a. Provide consultation to assess the event to determine whether an exposure occurred and if so, help to determine the likelihood for transmission of bloodborne pathogens.
- b. Provide consultation to ensure appropriate patient testing and follow-up occur.

- c. Keeps results of the source patient on file if not documented in the patient record.
- d. Help assess whether interventions aimed at preventing future exposures should be implemented.

6. Risk Management Responsibilities

- a. Provide advisory/support services when needed
- b. Review case for bill hold or waivers
- c. Should be informed of all patient and visitor exposures
 - 1. 415-353-1842; after-hours contact pager 415-443-2284

VI. HISTORY OF POLICY

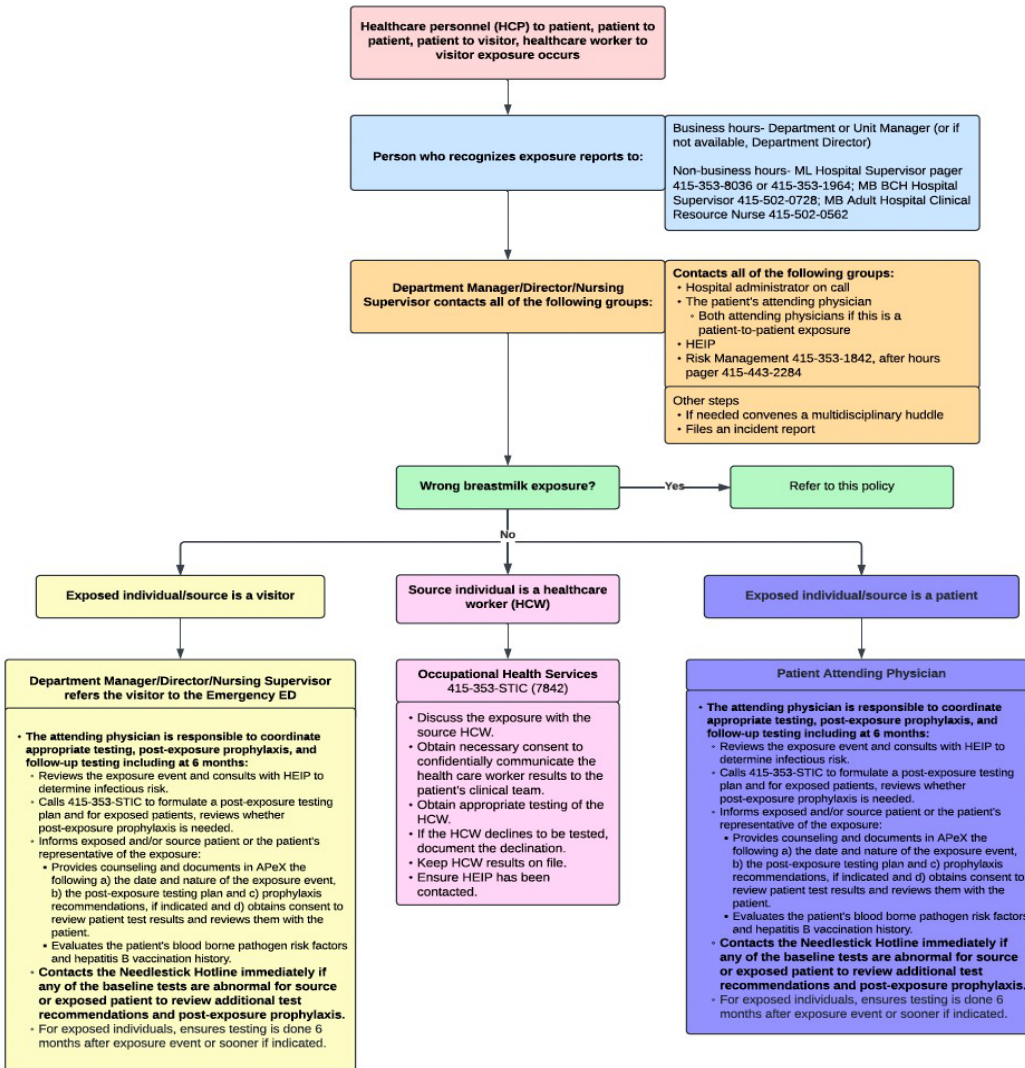
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Appendix A: Patient and Visitor Exposure to Blood or Body Fluid Workflow Summary
For details, refer to the policy document.



Bloodborne Pathogen Testing Recommendations

Test	Source and exposed individuals ¹	Exposed individuals only 6 months after exposure assuming the source patient had normal baseline results ²
	Baseline	
Hepatitis B surface antibody	√	If hepatitis B immune ³ , no further testing needed. If not immune obtain these tests.
Hepatitis B surface antigen	√	
Hepatitis B core antibody	√	
Hepatitis C antibody	√	√
HIV antibody/antigen	√	√

¹ If the source or exposed individual has a history of HIV, hepatitis B or hepatitis C additional tests will be recommended by the Needlestick Hotline.

² If the source person has an abnormal hepatitis C test, the exposed person needs to be tested at 6 weeks and 3-4 months in addition to 6 months after exposure. If the source person has an abnormal hepatitis C test, the exposed person needs to obtain a hepatitis C PCR at 6 weeks in addition to the hepatitis C antibody 6 months after exposure. Contact the Needlestick Hotline to discuss.

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