



HOSPITAL EPIDEMIOLOGY AND
INFECTION CONTROL:
PATIENT (AND/OR VISITOR)
EXPOSURE TO BLOOD OR BODY FLUIDS

POLICY 7.4
Issued: 9/89
Last Approval: 8/18

Office of Origin: Department of Hospital Epidemiology and Infection Control (HEIC)

I. PURPOSE

In a health care facility, there may be occasions when individuals are exposed to the blood or body fluids from another individual. The source patient may be a health care worker, patient or visitor; and the exposed patient may be another health care worker, patient or visitor. This policy provides direction for exposures when the exposed individual is a patient or visitor. Critical partners include the Department Manager/Unit Director, the attending physician(s), HEIC, Occupational Health Services (OHS), and Risk Management staff.

II. REFERENCES

[Medical Center Administrative Policy 3.06.10, Sentinel/Adverse Event Process](#)

In the event of a Healthcare Worker Exposure, refer to [the Medical Center Environment of Care Manual Section 3.1.1, Bloodborne Pathogen Exposure Control Plan](#).

UCSF Nursing Policy, “Breast Milk Identification, Handling, Storage and Exposure (Neonatal/Pediatric)” Appendices A-D

<http://manuals.ucsfmedicalcenter.org/NursingDept/NeoPedsProcedures/NPProcsPDF/PDFsafter12-29-2003/BreastfeedingandBreastmilk.pdf>

III. DEFINITIONS

An exposure is defined as 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, or other body fluids that are potentially infectious. Examples of such exposures are: re-use of contaminated equipment/device for another patient, administration of one infant’s “saved” breast milk to another infant, employee injury resulting in blood exposure to patient.

IV. POLICY

It is the policy of the UCSF Medical Center that any patient or visitor who is exposed to blood or body fluid of either another patient or a health care worker will be informed of the exposure. All follow-up procedures will be designed to maintain the confidentiality of the exposed and source individuals. The cost of testing/counseling/treatment or prophylaxis of the exposed and source individuals will be borne by the Medical Center.

V. PROCEDURES

- A. *PROCEDURE FOR A PATIENT TO PATIENT EXPOSURE, PATIENT TO VISITOR EXPOSURE, HEALTHCARE WORKER TO PATIENT EXPOSURE, OR HEALTHCARE WORKER TO VISITOR EXPOSURE*

1. Person who recognizes the exposure reports to Department or Unit Manager (or if not available, Department Director) during business hours or Hospital Supervisor during non-business hours (ML Hospital Supervisor pager 415-443-4989 or 415-353-1964; MB BCH Hospital Supervisor 415-502-0728; MB Adult Hospital Clinical Resource Nurse 415-502-0562).
2. **Department Manager/ Director/Nursing Supervisor Responsibilities**
 - a. **Immediately** notify the following:
 - i. The patient's attending physician (both attending physicians if this is a patient-to-patient exposure)
 - ii. HEIC (415-353-4343) or (415-806-0269)
 - iii. Risk Management (415-353-1842) (after hours pager 443-2284)
 - b. If the exposed individual is a patient,
 - i. Assist the attending physicians in obtaining appropriate medical evaluation and treatment for the exposed patient(s). The attending physician may consult with HEIC, Infectious Disease or another service to establish if there has been an exposure and to identify next steps, including disclosure.
 - ii. If appropriate, ensure that medical testing and follow-up (including post-exposure prophylaxis) is arranged. Clinical decision-making will be based on type of exposure (e.g., needlestick, splash), test results and patient history.
 - iii. If the exposed or source individual is a visitor, refer the visitor to the Emergency Department for appropriate evaluation and treatment.
 - iv. Follow Medical Center Administrative Policy 3.06.10, Sentinel/Adverse Event Process to report the event including, if appropriate, filing an incident report (IR).
 - c. Review the situation for any policy/procedure or training needs to prevent other incidents from occurring including need for a Root Cause Analysis (RCA)
 - d. Breast milk exposures: refer to UCSF Nursing Policy, "Breast Milk Identification, Handling, Storage and Exposure (Neonatal/Pediatric)," Appendices A-D: <http://manuals.ucsfmedicalcenter.org/NursingDept/NeoPedsProcedures/NPProcsPDF/PDFsafter12-29-2003/BreastfeedingandBreastmilk.pdf>
3. **Attending Physician's Responsibilities Regarding the Exposed and Source Patients**
 - a. Inform the exposed and source patient(s) about the exposure. **The attending physician(s) is responsible for ensuring that appropriate patient testing and follow-up occur.**
 - b. Evaluate the patient(s) for risk factors and immunity (hepatitis B vaccination history, high risk behaviors, etc.)
 - c. Determine if post-exposure testing and prophylaxis are indicated. Consult with the Needlestick Hotline **353-STIC (7842)**. If not available, contact HEIC at 415-353-4343

Bloodborne Pathogen Testing Recommendations

TEST	Baseline	6 months
HBsAg	✓	If not immune at baseline
anti HepB surface and core antibodies	✓	If not immune at baseline
HCV antibody	✓	✓
HIV antibody/antigen test	✓	✓

- d. Obtain patient consent, coordinate testing, and prescribe post-exposure prophylaxis, as appropriate.
- e. Provide confidential counseling and notify patient or patient’s representative of the exposure event, the exposure follow-up plan, and test results.
- f. Develop and document a testing and treatment 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.
- g. Document refusal for testing, if needed.
- h. Keep results of the source patient on file if not documented in the patient record.

5. OHS: Needlestick Hotline Responsibilities

- a. For all exposures involving a Patient or Visitor (as the source and/or exposed individual):
 - 1. Provide consultation, advisory and support to the patient(s)’s attending physician when needed.
 - 2. Contact the Department or Unit Manager (or if not available, Department Director) during business hours or the Hospital Supervisor during non-business hours (ML Hospital Supervisor pager 415-443-4989 or 415-353-1964; MB BCH Hospital Supervisor 415-502-0728; MB Adult Hospital Clinical Resource Nurse 415-502-0562).
- b. For HCW source:
 - 1. Discuss the exposure with the source health care worker.
 - 2. Obtain necessary consent to confidentially communicate the health care worker results to the attending physician of the patient.
 - 3. If the health care worker declines to be tested, document the declination.
 - 4. Obtain appropriate testing of the employee and provide confidential results to the attending physician of the exposed individual.
 - 5. Keep HCW results on file.
 - 6. Ensure HEIC has been contacted.

4. HEIC Responsibilities

- a. Provide consultation to assess the event to determine whether an exposure occurred;
- b. Provide consultation to ensure appropriate patient testing and follow-up occur



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- c. Determine whether interventions aimed at preventing future exposures should be implemented.
- d. Refer to Patient Safety to coordinate Root Cause Analysis if the chair of the Patient Safety Committee deems the event as a Sentinel Event.
- e. Report summary of incident and outcomes to Infection Control Committee and other committees and key stakeholders as indicated and requested.
- f. Ensure OHS has been contacted directly by the attending physician

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

Revised: 10/98, 2/01, 4/04, 11/07, 3/12, 3/15, 8/18

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