	CP 32 Breast Milk Exposure	Dept:	324317
		Dept Name	Central Processing
		Effective Date:	
		Revised Date:	
Name & Title: CLIA Laboratory Medical Director		Contact:	Julie H Simmons
Signature: <i>G Pomper</i>		Approved Date:	2 / 11 / 2020

I. General Procedure Statement:

A. Purpose: To give guidelines for ordering testing when a breast milk exposure has occurred.

B. Responsible Department/Scope:

- i. Procedure owner/Implementer: Julie H. Simmons
- ii. Procedure prepared by: Julie H. Simmons
- iii. Who performs procedure: Department staff/management

C. Definitions:

Breast milk exposure: Patient who mistakenly ingested expressed milk intended for another child
Donor Breast milk: Donor breast milk is screened and sterilized and does not need a workup.

D. Sections: NA

E. Protocols:

- 1.0 Nursing will following the steps outlined in the Breast Milk Exposure Management protocol.
- 2.0 Two gold top tubes will be sent to the lab for Hepatitis B antigen, Hepatitis C and Rapid HIV Antigen/Antibody combo testing with a completed Breast Milk Exposure Requisition.
- 3.0 The lab will place the orders for testing using Requisition Entry with the Breast Milk Exposure Submitter.
- 4.0 A copy of the requisition should go to Chemistry with specimen so that the RN listed in the Call to box can be notified when testing is complete.
- 5.0 The original requisition should be filed in the Manual Requisition folder.

2. Procedure: Ordering Test for Breast Milk Exposure

Chemical Risk Assessment: Low
 Biological Risk Assessment: Low
Protective Equipment: None
 Supplies: N/A
 Reagents: N/A
 Equipment: N/A
 Specimen Requirements: Properly labeled

STEPS	INSTRUCTIONS	CHANGE/ APPROVAL
1.0	Verify properly labeled specimen and order in Registration entry using the Breast Milk Exposure submitter for the source mother of the breast milk.	
2.0	Order the following tests: <ul style="list-style-type: none"> • Hepatitis B antigen • Hepatitis C • Rapid HIV Antigen/Antibody combo 	
3.0	Make a copy of the requisition and deliver copy with specimen to chemistry.	
4.0	File original requisition in the Manual Requisition folder.	

3. Review/Revised/implemented:

All procedures must be reviewed every two years.
 All new procedures and procedures that have major revisions must be signed by the CLIA Director.
 All reviewed procedures and procedures with minor revisions can be signed by the designated section medical director or designee.

4. Related Procedures:

5. References: NA

6. Attachments:

Breast Milk Exposure Management procedure

7. Revised/Reviewed Dates and Signatures:

See Document Change Control

Document Change Control

Title: CP 32 Breast Milk Exposure

Previous title:

Written date	2/10/2020	Written by:	Julie H Simmons
Validated date	2/11/2020	Approved by	Nelson Newsom
Approved date		Approved by	
Approved date		Approved by	
Approved date		Approved by	
Effective date in use		In use by	

Revisions

Revised Date	By	MD Date	By	MD Date	By	MD Date	By	Effective Date	By

Reviewed Date	By	Revisions:							

Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By

Validate Date	By	Revisions:							

Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By

Validate Date	By	Revisions:							


Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By

Validate Date	By	Revisions:							

Locations	Out of Use: Date:		By	
	Reason			

Reviews: Record date/initials

Date	Initials	Date	Initials	Date	Initials	Date	Initials

 Wake Forest Baptist Medical Center	Breast Milk Exposure Management	Dept:	Brenner
		Effective Date:	12/2017
		Revised Date:	6/18
		Contact:	Brenner Leadership
Name & Title: Larry Givner, MD, Chief Medical Officer - Brenner Children's Hospital		Date: 8/7/18	
Signature: Signature on file			
Name & Title: Penny Blake, DNP, RN, NEA-BC, CENP, Chief Nursing Officer – Brenner Children's Hospital		Date: 6/15/18	
Signature: Signature on file			

1) General Procedure/Guideline Statement:

It is the policy of the Brenner Children's Hospital (BCH), a facility within Wake Forest Baptist Medical Center (WFBMC), to establish guidelines for care of the patient who has mistakenly ingested expressed breast milk intended for another child. Donor Breast milk administered to the incorrect patient will **NOT** need a workup as donor milk is screened and sterilized.

- a) **Scope:** Brenner Children's Hospital
- b) **Responsible Department/Party/Parties:**
 - i. **Procedure owner:** BCH Leadership
 - ii. **Procedure:** BCH Leadership
 - iii. **Supervision:** BCH Leadership
 - iv. **Implementation:** BCH Leadership

2) Definitions:

Guideline: A recommended process or method for accomplishing a specific task or objective. All guidelines must comply with applicable WFBMC policies and procedures.

3) Procedure/Guidelines:

Upon discovering the exposure, the employee should follow the process outlined below:

A. Notify leadership:

- Charge RN
- Provider team, including attending
- Nursing supervisor
- Risk Management
- Infection Prevention
- Mother of recipient patient
- Source mother
- Nurse manager/assistant manager
- Nursing director
- Medical director, if designated for unit

- B. Notify source mother that screening labs will need to be drawn as soon as possible.
- C. If source mother refuses to allow lab draw the recipient infant will require follow-up with their primary physician.
- D. Initiate process to obtain labs:
- An RN may obtain the labs or call inpatient phlebotomy for “breast milk exposure” labs.
 - Complete the paper lab form and label with the source mother’s name and date of birth. See Attachment I.
 - Enter the name of the current Risk Management Medical Director. The Risk Management Investigator or Nursing Supervisor will supply the name.
 - Include appropriate indication of “source mom”
 - Provide charge nurse contact number on paperwork sent to lab
 - Double check the labeling with a second person: phlebotomy, mother, second RN, etc.
- E. Obtain labs from source mom in two gold top tubes:
- Hepatitis B antigen
 - Hepatitis C
 - Rapid HIV Antigen/Antibody Combo
- F. The lab will place the orders for the labs once received.
- G. The ordering provider for the labs will be the Risk Management Medical Director.
- H. Inform recipient mother/parents that the results will take up to four (4) hours to result.
- I. Resulted labs will be called to the unit’s charge nurse, who will notify their immediate supervisor.
- J. If source mother results are negative, the charge nurse should notify both mothers/parents.
- K. If there is a positive result, risk management should be informed. They will inform both the mothers/parents.
- L. If source mother’s results are positive or she refused labs, the infant will be followed by their PCP and or Infectious Disease.
- M. An Infectious Disease consult should be made for positive results and considered if the recipient family has concerns or questions.
- 4) **Review/Revision/Implementation:**
- a) **Review Cycle:** This policy shall be reviewed at least every three years from the effective date.

b) **Office of Record:** After authorization, Brenner Children's Hospital shall house this policy in a policy database and shall be the office of record for this policy.

5) **Related Governing Policies:**
Storage, Use, and Verification of Breast Milk

6) **References:**
None

7) **Attachments:**
Breast Milk Exposure Requisition

8) **Revision Date:**
12/17, 6/18

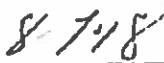


To whom it may concern:

I have reviewed and authorize the Breast Milk Exposure Management guideline.



Signature



Date

Larry Givner, MD
Chief Medical Officer - Brenner Children's Hospital
Wake Forest Baptist Medical Center



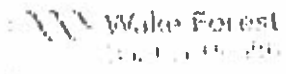
Signature



Date

Penny Blake, DNP, RN, NEA-BC, CENP
Chief Nursing Officer - Brenner Children's Hospital
Wake Forest Baptist Medical Center

Attachment 1: Breast Milk Exposure Requisition



Submitter:
Breast Milk Exposure

<input checked="" type="checkbox"/>	STAT	Call To (Name of RN and phone number)										
Patient Name (Source Mother)		Sex Female	Date of Birth (Source Mother)									
Ordering Physician Name		Collection Date and Time										
		Collector										
Notes: <ul style="list-style-type: none"> Draw Two (2) Gold Top Tubes Label with Source Mother's Full Name and Date of Birth Submit samples with this requisition to the Central Processing Laboratory 		Tests: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:20%;">LAB3307</td> <td>HIV Antigen / Antibody Combo</td> </tr> <tr> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td>LAB3184</td> <td>Hepatitis B Antigen</td> </tr> <tr> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td>LAB3187</td> <td>Hepatitis C Antibody</td> </tr> </table>		<input checked="" type="checkbox"/>	LAB3307	HIV Antigen / Antibody Combo	<input checked="" type="checkbox"/>	LAB3184	Hepatitis B Antigen	<input checked="" type="checkbox"/>	LAB3187	Hepatitis C Antibody
<input checked="" type="checkbox"/>	LAB3307	HIV Antigen / Antibody Combo										
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