

Figure 1. Approach to an infection control breach with potential risk of bloodborne pathogen transmission*

1) Identification of infection control breach

- Identify the nature of the breach, type of procedure, and biologic substances involved
- Review the recommended reprocessing methods or aseptic technique
- Institute corrective action as early as possible

2) Additional data gathering

- Determine the time frame of the breach and number of patients who were exposed
- Identify exposed patients with evidence of HBV, HCV, or HIV infections through medical records and/or public health surveillance data
- Conduct literature review and consult experts

3) Notify and involve key stakeholders

- Infection control professionals
- Risk management
- Local and State health departments
- Affected healthcare providers
- Licensing or other regulatory agencies, if appropriate

4) Qualitative assessment of breach

If possible, classify breach as Category A or B:

- Category A involves a gross error or demonstrated high-risk practice
- Category B involves a breach with lower likelihood of blood exposure

5) Decision regarding patient notification & testing

If **Category A**,
Patient notification &
testing is warranted

If **Category B**,
Consider the following factors in the decision:

- Potential risk of transmission
- Public concern
- Duty to warn vs. harm of notification

6) Communications & logistical issues

- Develop communication materials
- Consider post-exposure prophylaxis if appropriate
- Determine who will conduct testing, obtain consent, and/or perform counseling, if appropriate
- Determine if follow-up testing needed
- Facilitate public inquiry and communication
- Address media and legal issues

* (assumes no known cases of bloodborne pathogen transmission as a result of the breach)