

Local Guideline and Procedure



Health
Hunter New England
Local Health District

Freezing, storage and preparation of Expressed Breast milk with additives (formula room)

Sites where Local Guideline and Procedure applies	JHCH Formula Room
Target audience	Formula room staff
Description	Direction for staff on requirements to safely manage and prepare breast milk

[Hyperlink to Procedure](#)

Keywords	EBM – expressed breast milk, breast milk
Document registration number	JHCH 16.7
Replaces existing document?	No
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<ul style="list-style-type: none"> • Hunter New England Area Health Service Infection Control Manual – Acute Care, 2004 • NSW Health Policy Directive PD2006_12 Breastfeeding in NSW: Promotion, Protection and support • NSW Health Policy Directive PD2010_019 Breast milk – safe management http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_019.pdf • NSW Health Policy Directive 2014_036 Clinical Procedure Safety http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_036.pdf • NSW Health Policy Directive PD 2007_036 Infection Control Policy • JHCH_NICU_09.03 Expressed Breast Milk - Freezing, Storage and Checking of http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0004/123664/New_CPG_EBM_Freezing16thApril2014.pdf • NSW Health PD 2014_024 Patient Identification Band Policy 	
Prerequisites (if required)	Staff required to have completed mandatory training – 5 moments of hand hygiene,
Local Guideline and Procedure note	<p>This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patient's health record.</p> <p>If this document needs to be utilised in a Non Formula room Area please liaise with the IP&C Service to ensure the appropriateness of the information contained within the Guideline and Procedure.</p>
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Date authorised	JHCH Clinical Quality and Patient Care Committee
This document contains advice on therapeutics	No
Issue date	24/03/2015
Review date	24/03/2018

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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

RISK STATEMENT

In NSW Health facilities where storage of expressed breast milk (EBM) from multiple women occurs there is a risk of a baby accidentally receiving milk that is not from the biological mother. This has potential adverse health outcomes for the baby. This procedure aims to reduce the risk of babies receiving incorrect breast milk or contamination of breast milk during preparation.

Risk Category: Clinical Care & Patient Safety

OUTCOMES

1	All expressed breast milk with additives will be prepared in a clean and sterile environment using appropriate techniques and equipment
2	Expressed breast milk will be correctly labelled including the infants and mothers names, infants medical record number (MRN) and date of birth, the contents (e.g. EBM and additives), date and time removed from freezer and expiry date
3	Expressed milk will be checked using MRN, name and DOB by 2 formula room staff members when removing from freezer to defrost and during formula preparation when adding additives and decanting into bottles

GLOSSARY

Acronym or Term	Definition
DOB	Date of Birth
EBM	Expressed breast milk
MRN	Medical Record Number

PROCEDURE

This procedure requires mandatory compliance.

1. All Expressed breast milk with additives prepared in a clean and sterile environment using appropriate techniques and equipment
2. Expressed breast milk will be correctly labelled including the infants and mothers names, infants medical record number (MRN), the contents (e.g. EBM and additives), date and time removed from freezer and expiry date
3. Expressed breast milk will be checked using MRN, name and DOB by 2 formula room staff members when removing from freezer to defrost and during formula preparation when adding additives and decanting into bottles

STAFF PREPARATION

It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you.

EQUIPMENT REQUIREMENTS

- Alcohol based hand rub
- Personal Protective Equipment (gown, gloves, hairnet and protective eyewear?)
- Sterile equipment for appropriate preparation – whisks, jugs, bottles
- Weighing scales

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- Patient labels
- Formula preparation sheet with prescription

PROCEDURE STEPS

1.0 Rationale

- 1.1 Health Care facilities with Hunter New England Local Health District are required to safely manage and store expressed breast milk (EBM) as per NSW Health Policy Directive PD2010_019.
- 1.2 The importance of babies receiving breast milk is well documented in the literature and supported by the NHMRC Infant feeding Guidelines: information for health workers (2012).
- 1.3 At times additional nutrients are required for infants with additional needs. These can be added to express breast milk from prescriptions written by paediatric dietitians.
- 1.4 Breast milk has the potential for the possible transmission of infectious pathogens if contaminated and/or given to the wrong infant. Transmission of disease by this route is low but not zero.
- 1.5 It is important to note that there is the potential for babies to receive incorrect breast milk in any clinical area where mothers and babies are separated and/or EBM is dispensed. Factors that may lead to babies receiving the incorrect or contaminated breast milk include separation of mothers and babies, inadequate identification processes, incorrect processes in preparation of EBM and additives.

Storage of Expressed Breast milk for preparation with additives in Formula room

Area health services are required to safely manage and store expressed breast milk as infants must only be fed expressed breast milk from their birth mother (PD2010_019)

Frozen breast milk can be stored in a freezer or removed from the freezer and stored in a 4°C fridge and used within 48hours

Labelling Expressed Breast milk containers

Formula room will not accept EBM that has not been appropriately labelled with

- The Infant's medical record number
- The infants name or 'infant of' mothers name
- The infants date of birth
- Date and time expressed

Formula room staff need to be aware of babies with similar or the same names and follow the system for managing this occurrence

Any incorrectly labelled EBM should be referred back to the formula room and nursing staff for correction and an IIMS report completed

Storage of Expressed Breast milk in formula room

- Each infant should have an allocated and labelled storage container for the EBM containers in the fridge/ freezer
- A member of staff should check the EBM is correctly labelled when collected before bringing to the formula room
- Frozen EBM should be rotated using the older dated milk first before the newer dated milk
- EBM frozen for longer than 6 months should not be used

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- If there are two infants with a similar name formula room staff need to ensure a 'same or similar' name sticker is placed on the storage basket / container of both infants and on the sign off sheets. Avoid grouping the EBM containers of infants with the same or similar names together

Defrosting EBM for formula preparation

Thaw frozen breast milk by moving it from the freezer to the fridge for slow thawing. Two formula room staff must document date and time EBM is removed from the freezer to the fridge on the sign off sheet next to the freezer.

EBM is considered thawed if, upon gentle shaking, the container has no ice within. Do not open container until milk is ready to use

Once thawed EBM should be discarded once use by date has expired (i.e. 48hours after taken from the freezer).

Do not use partially defrosted expressed milk for a feed, as some of the nutrients will be missing

Never refreeze expressed breast milk.

Preparation of EBM with additives

Prepare labels for bottles, bags must include:

- The Infant's medical record number
- The infants or 'Infant of' mothers name
- The infants date of birth
- Infants ward
- Contents of EBM and additives
- Date and time of defrosting (when removed from freezer to fridge)
- Date and time of expiry (48hours after defrosting date and time)

Steps of preparation are:

1. Wipe down bench thoroughly with 70% isopropyl wipes
2. Cut bench roll and place on bench
3. Collect the following in readiness for feed preparation: sterile packages of sterile utensils (bowls, jug, strainer and whisks – at least one per patient), desired quantities of sterile bottles, caps, discs, weighing scales, additives
4. Check expiry dates and integrity of all sterile items, discard if expired, stored incorrectly or integrity breached
5. Factors which compromise sterile stock- moisture/condensation, incorrect temperature, excessive exposure to sunlight, vermin and insects, inappropriate packaging, incomplete sealing, (sharp objects or rough handling, use of elastic bands all compromise packaging) and incorrect handling during during transportation
6. Close door of the room and display the following notice:” FORMULA PREPARATION IN PROGRESS. DO NOT ENTER. PLEASE KNOCK IF URGENT”
7. Hand hygiene is to be performed immediately before commencing the task
8. Put on clean gown, cap and non-sterile gloves. Protective eyewear is also necessary when handling EBM. Collect and don personal protective equipment (PPE) including non sterile gloves, gown, cap and protective eyewear/facesheild, for handling of EBM
9. Use separate equipment for each patient and don clean non sterile gloves for each patient. Hand hygiene needs to be performed before and after each EBM contact (after a body fluid exposure risk) and before new gloves are donned

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10. Take labelled EBM out of refrigerator. 2 staff member to check that the correct EBM is being used for the prescription
11. Weigh out additives as per dietitian prescription and combine with prescribed amount of EBM. If additional EBM has been defrosted, use all of EBM and adjust additives as per dietitian instructions
12. Decant prepared EBM into sterile bottles as per prescription
13. Label bottle of EBM with MRN sticker, in line with labelling of bodily fluid guidelines. Both staff members involved in preparation to verify the correct label is placed on prepared EBM
14. Place EBM in refrigerator until delivered to wards
15. Clean workspace between preparations with 70% isopropyl wipes , perform hand hygiene and don clean gloves
16. EBM will be prepared at the end of the regular formula preparation to ensure if there is no contamination of other specialized products e.g. metabolic or allergy formula
17. EBM will be delivered directly to the ward formula refrigerator from the Formula room refrigerator

- Formula room must be free of additional staff or visitors during preparation
- Staff with herpes simplex virus (cold sores), upper respiratory tract infections or skin conditions to hands which cannot be covered with occlusive dressings must not prepare formula
- Refer to PD2011_005:PCP 2 and PD2001_036: PCP 2 Health Care worker Restrictions: Precautions for Preventing Transmission of Infectious Diseases

Management of Incidents regarding EBM (incorrect labelling, storage, preparation)

- All incidents are to be reported to the Dietitian in Charge of formula room immediately
- Where the formula has been delivered to the ward, the NUM also needs to be notified
- Remove the incorrect EBM and discuss with NUM/ Formula room supervisor/ Paediatric dietitian (correct alternative)
- Should incorrect EBM have been administered to infant – Protocol JHCH_NICU_09.03 Expressed Breast Milk - Freezing, Storage and Checking of (http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0004/123664/New_CPG_EBM_Freezing16thApril2014.pdf) will be implemented and will include notifying Medical officer, infection control and family with appropriate support and counselling to family
- Document in IIMS errors including patients who receive the incorrect milk (SAC 2), incorrect labelling, storage or incorrectly prepared milk (SAC 3 or 4).

IMPLEMENTATION AND MONITORING COMPLIANCE

All staff managing EBM in the formula room must comply with this procedure and receive education at regular intervals.

A copy of this protocol will be included in orientation and training for new staff.

Procedure will be provided to all staff who will be required to sign to ensure they have read and aware of the procedure

APPENDICES

1. Clinical Audit Tool

REFERENCES

- NHMRC Infant feeding Guidelines: information for health workers (2012)
- Circular 99/95 Control of Foodborne listeriosis in health care institutions
- NSW Health Safety Advocate Newsletter Issue 7 July 2004 Safe management of Breast milk

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

CONSULTATION:

IPS – Chris West, Jeff Deane & Michelle Kennedy

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APPROVAL:

CPGAG- 16th February 2015

JHCH CQ&PCC- 24th March 2015

Clinical Audit Tool – (National Standard 1: 1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored)

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source	Frequency	Position Responsible
1	<i>Percentage of infants who have EBM and additives correctly prepared and labelled</i>	<i>None.</i>	<i>Label correct (3 patient identifiers, correct calories, contents and defrost and expiry dates and times – Yes/no 2 signatures on defrost record sheet – Yes / no Both staff members checking correct EBM and label during formula preparation - Yes/ no (Standard = 100%)</i>	<i>Audit of labels and formula preparation</i>	<i>6 monthly</i>	<i>Dietician in charge of Formula Room</i>
2						
3						
4						
5						

Reference: Electronic audit tool - National Institute for Health and Clinical Excellence (NICE): www.nice.org.uk/nicemedia/live/10996/56372/56372.xls