

Wake County Fire Services

Bloodborne Pathogens Exposure Control Plan



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Scope

The Wake County Fire Departments are committed to providing a safe and healthy work environment for its personnel. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist fire departments in implementing and ensuring compliance with the standard, thereby protecting their employees. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Definitions

Blood borne pathogens: Blood borne pathogens include, but are not limited to, the Human Immuno-deficiency Virus (HIV), which is the causative agent for Acquired Immune Deficiency Syndrome (AIDS), hepatitis B virus (HBV), and hepatitis C (HCV).

Engineering Controls: refer to controls that protect workers by removing hazardous conditions or by placing a barrier between the worker and the hazard. Examples include exhaust and ventilation systems, barrier, and guarding systems such as blade guards and sharps containment systems.

Exposed: refers to the person that has been exposed to blood or other potentially infectious materials.

Exposure Incident: refers a specific eye, mouth, other mucous membrane such as nasal membranes, non-intact skin, or contact with blood or other potentially infectious materials by a needle or other sharp that results from the performance of an employee's duties.

HbsAB: One of the serologic tests on a Hepatitis B Panel that would indicate antibodies to Hepatitis B indicating immunity.

HbsAG: One of the serologic tests on a Hepatitis B Panel that would indicate acute or chronic infection of Hepatitis B.

Hepatitis B: is a contagious liver disease and is usually spread when blood from a person infected with the Hepatitis B virus enters the body of someone who is not infected.

Hepatitis C: is a contagious liver disease and is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. The most common way that people become infected with the Hepatitis C virus is by sharing needles or other equipment to inject drugs.

Hepatitis C Antibody: an antibody to the hepatitis C virus which is present in the blood of a person with an active or chronic hepatitis C infection.

HIV: The human immunodeficiency virus (HIV) is a virus that attacks the immune system. People become infected with HIV through bodily fluids such as blood, semen, breast milk, joint and body cavity fluids, and vaginal fluids.

HIV Antibody: an antibody to the HIV virus which is present in the blood of a person with HIV disease.

Infectious Control Officer: The person or persons within the fire department who are responsible for managing the department infectious control program and for coordinating efforts surrounding the investigation of an exposure.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the exposed employee.

Universal Precautions: are a standard set of guidelines to prevent the transmission of bloodborne pathogens from exposure to blood and other potentially infectious materials (OPIM). OPIM is defined by the Occupational Safety and Health Administration (OSHA) as:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); a
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Work practice Controls: refer to how a procedure is done that promotes best practices to prevent injury or illness to the employee. They include appropriate procedures for

handwashing, sharps disposal, lab specimen handling, laundry handling, and contaminated material cleaning.

Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The fire departments shall have an infection control officer that assists with these determinations.

The following is a list of all job classifications within the Wake County Fire Departments that ***Are at Potential Risk*** for occupational exposure to bloodborne pathogens:

Job Title/Classification I /Category I-Regular /Significant Potential of Risk

First Responders

Firefighter 1

Firefighter 2

Firefighter 3

Driver/Operator

Officer 1 (Company Officer)

Officer 2 (Chief Officer)

The following is a list of all job classifications within the Wake County Fire Department that ***MAY have*** occupational exposure to bloodborne pathogens:

Job Title/Classification II /Category II-Regular /Some Minimal Risk

Executive Officer 1 (Assistant Chief)

Executive Officer 2 (Deputy Chief)

Executive Officer 3 (Fire Chief)

The following is a list of all job classifications within the Wake County Fire Department that have **No occupational risk** of exposure to bloodborne pathogens but are covered in this plan:

Job Title /Classification III/Category III- No Occupational Risk

Administrative Assistant

Administrative Assistant 2

Department Business Officer

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

EXPOSURE DETERMINATION by At Risk Tasks and Procedures

Task/Procedure	Job Classification	Exposure Determination
Airway	Category I	Category I
CPR	Category I	Category I
Phlebotomy	Category I	Category I
Decontamination of area or equipment	Category I	Category I
Extrication	Category I	Category I
Assistance with Injection or IV	Category I	Category II
Intubation	Category I	Category I
Delivery of newborn	Category I	Category I
Providing First Aid	Category I	Category I
Monitor	Category I	Category II
Oxygen	Category I	Category II
Suction	Category I	Category I
Trauma Management	Category I	Category I
Vital Signs	Category I	Category II

Task/Procedure	Job Classification	Exposure Determination
Care of Deceased	Category I	Category I
Handling of specimens	Category I	Category II
Assisting with combative patients	Category I	Category I

Methods of Compliance

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Methods

Universal precautions will be observed by fire personnel in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to fire department personnel. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

The Wake County EMS agency in coordination with partner agencies identifies the need for changes in engineering control, and work and clinical practices through ongoing EMS system improvement activities (Examples: Review of OSHA records, employee interviews, committee activities, etc.). They evaluate new procedures or new products regularly through the utilization of an employee engagement team and safety committee. The Wake County Senior Management Team ensures effective implementation of appropriate recommendations and that these recommendations are included in the continuing education that is offered to the fire department personnels.

Engineering controls and work practice controls will be used to prevent and minimize exposure to bloodborne pathogens. Wake County fire departments will follow the guidance of Wake County EMS as it relates to specific engineering controls and work practice controls. The engineering controls used by Wake County EMS are listed below:

- Specified purpose hypodermic needles
- Luer-lock syringes
- Retractable IV cannulation devices
- Sharps disposal containers
- TwinPak Needle System

Exposure Control Plan: Employees covered by the bloodborne pathogens' standard receive an explanation of this ECP during their initial departments' training period. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by accessing their departmental standards operating guidelines or policy folder. This plan will also be available by going to the Wake County Fire Services and Emergency Management website at: <https://www.wake.gov/departments-government/fire-services-emergency-management/fire-tax-district/fire-commission-documentation>

The fire department is responsible for reviewing and updating their departmental ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Contaminated sharps shall be discarded immediately or as soon as possible in containers that are closeable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Needle set or sharp should be inserted completely in the sharp's container. Sharps disposal containers are mounted inside each ambulance patient care compartment and a portable version can be located in the fire department medical bag. Sharps containers should be changed out when 2/3rds full.

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible

after incurring exposure. If handwashing facilities are not feasible, the employer is required to provide either an alcohol based antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water or alcohol-based hand sanitizer. If employees incur exposure to their skin or mucous membranes than those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated according to your departments Standard Operating Guidelines (SOG's) and/or policies as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment used by fire department personnel will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Training in the use of appropriate PPE for the tasks or procedures employees will perform will be conducted by the fire department infectious control officer or designee. The types of PPE available to employees are as follows:

- Nitrile Gloves
- Reflective Vest
- Full Turnout Gear Ensemble
- Full Face Shield
- Eye Protection
- N95 Mask
- Full-face respirator
- Cover Gown - Disposable
- Hearing Protection
- Hand Sanitizer

Employees are responsible for all issued PPE and the PPE that is carried on their apparatus.

All employees using PPE must observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM is possible to occur or is present and can pose a hazard to the eye, nose, or mouth.

- Wear gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Used single-use PPE may be disposed of in standard refuse container, unless appropriate for biohazard disposal.
- Fire/Rescue/Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface.
- If fire apparatus or other emergency vehicles or equipment require gross decontamination, all personnel shall follow your departments decontamination SOG and/or policy.

Task	Gloves	Eyewear/Mask/N95	Gown/Coveralls
Airway	X	X	Available
CPR	X	X	None

Drawing Blood	X	None	None
Decon Equipment	Utility	X	If splatter Or splash anticipated
Extrication	X	X	If splatter Or splash anticipated
Injection	None	None	None
Intubation	X	X	Available
Delivery	X	X	X
Handling Specimens	X	X	If splatter Or splash anticipated
IV Start	X	X	Available
Monitor	None	None/unless CD suspected	None
Oxygen	None	None	None
Suction	X	X	Available
Trauma	X	X	X
Vital Signs	None	None/unless CD suspected	None

Laundering of Contaminated Personal Protective Equipment

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

- All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.
- All personnel have access to washer/dryer appliances in the fire departments for laundering of contaminated uniform items. If you have questions about laundering uniforms or PPE than contact your departments’ Infectious Control Officer.
- All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.
- All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

Gloves: Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.

- Disposable gloves used by fire department personnel are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Fire/Rescue/Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.
- Fire/Rescue/Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks: in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonable be anticipated.

Decontamination and Sanitization: Facilities and equipment will be cleaned and decontaminated based on your departments standard operating guidelines (SOG's) and/or policies.

- Decontamination will be performed with your department-approved disinfectant or with a 1:100 solution of bleach in water. Environmental Protection Agency (EPA) approved disinfectants can be found at: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> Follow the manufactures guidance for contact time required.
- All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

- All bins, pails, cans, and similar receptacle shall be inspected and decontaminated on a regularly scheduled basis based on your departments standard operating guidelines (SOG's) and/or policies.
- Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: glass is picked up using a broom and dustpan and disposed of in a regulated sharps container.

Regulated Waste Disposal: All contaminated sharps shall be discarded as soon as feasible in sharps containers. Sharps disposal containers are mounted inside each ambulance patient care compartment and a portable version can be located in the fire department medical bag.

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located inside each ambulance patient care compartment and at the fire station.

Communications of Hazards to Employees

Hazard Communication

The fire department shall ensure that all OSHA required labels and signs are placed in the appropriate work areas, in accordance with 29 CFR 1910.1030(g)(1). Further, the fire departments shall ensure that all affected employees participate in a training program that complies with 29 CFR 1910.1030(g)(2). Personnel shall also have access to the safety data sheets within their workspace.

Hepatitis B Vaccination

Hepatitis B Vaccination

The fire departments will provide training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series,
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

If an employee chooses to decline vaccination, the employee must sign a declination form.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard.

- Employees who decline may request and obtain the vaccination at a later date at no cost.
- Documentation of refusal of the vaccination is kept in the fire departments medical related personnel file.

Post-Exposure Incident Evaluation and Follow-Up

***** Should an exposure incident occur, personnel should contact their supervisor. The supervisor shall utilize the diagram in Appendix C to guide follow-on actions. *****

If the employee incurs an exposure incident, it should be reported to their supervisor as soon as possible. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. Should the employee have a potential encounter with any other communicable disease such as TB, chicken pox, measles, mumps, rubella, meningitis, etc. they should report to their supervisor who will call the Wake County On-call Occupational Health Nurse.

Follow-up with a designated health care provider will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Services.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: Wake County Occupational Health Nurse in concert with selected health care provider assigned to care for Wake County Affiliated Fire Departments.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of the fire department. Written opinions will be obtained in the following instances:

- 1) When the employee is sent to obtain the Hepatitis B vaccine.
- 2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- 1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
- 2) That the employee has been informed of the results of the evaluation, and

- 3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information)

Training and Education

Training for all employees will be conducted to initial assignment to tasks where occupational exposure may occur. This training is the responsibility of the fire departments. Training for employees will include the following an explanation of:

- 1) The OSHA standard for Bloodborne Pathogens
- 2) Epidemiology and symptomatology of bloodborne diseases
- 3) Modes of transmission of bloodborne pathogens
- 4) This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc)
- 5) Procedures which might cause exposure to blood or other potentially infectious materials at this facility
- 6) Control methods which will be used at the fire department to control exposure to blood or other potentially infectious materials.
- 7) Personal protective equipment available at the fire department and who should be contacted concerning

- 8) Post Exposure evaluation and follow-up
- 9) Signs and labels used at the facility
- 10) Hepatitis B vaccine program at the facility
- 11) Fire departments should also have access to a licensed healthcare provider for further questions.
- 12) Employee and or supervisor should be prepared to provide the following information to the occupational health nurse on call:

Name
DOB
Cell phone number
Provide details for care

Source Name
DOB
County of residence
Address
Hospital of care

Recordkeeping

In accordance with 29 CFR 1910.1030(h)(1) and 29 CFR 1910.1020, the fire department employee shall forward all medical records generated secondary to occupational exposure to the employees designated medical provider handling the exposure case.

All training records are retained for three years in accordance with 29 CFR 1910.1030(h)(2) and are subject to review by the Fire Department Infectious Control Officer or designee.

Training sessions will be conducted by the fire departments Infection Control Officer, by Wake Tech Community College, the Wake County EMS Office of Professional Development, and/or a person who is knowledgeable in the subject matter that is covered in training. Outlines and training resources will be shared with employees at the time of the class. Ensuring training is conducted and performed is the responsibility of the fire department.

Employee medical and training records shall be made available in accordance with applicable law. All employees will receive annual refresher training that is to be conducted within one year of the employee's previous training.

Appendices

Appendix A

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have

occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

Appendix B

Health Care Professionals

Written Opinion for Post-Exposure Evaluation

- Employee Name: _____
- Date of Incident: _____
- Date of Office Visit: _____
- Health Care Facility Address: _____
- Health Care Facility Telephone: _____

As required under the Bloodborne Pathogen Standard:

_____ The employee named above has been informed of the results of the post-exposure health evaluation.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not _____ indicated.

Signature of health care provider: _____ Date: _____

Printed or typed name of health care provider:

This form is to be returned to the employer, and a copy provided to the employee within 15 days.

Employer Name: _____

Title: _____

Address: _____

Appendix C

Wake County Government Fire Dept/Supervisor Bloodborne Pathogens Post Exposure Action Algorithm

SUPERVISOR DETERMINE EXPOSURE

Was the Employee exposed to any of the following by puncture, contamination of an open wound or to eyes, nose, or mouth:
Blood or body tissue, or these other body fluids- semen, vaginal, cerebrospinal, peritoneal, synovial, amniotic, or pleural body fluid or another body fluid with visible blood in it?

YES: ←

→ NO:

Yes- Wash the affected area or if nose, eyes, or mouth by flushing for 15 minutes with water and notify your supervisor immediately.
Call Wake County Occupational Health at 919-368-8090 and leave a detailed message with a call back cell number. Do not wait for a call back - Choose the following scenario/directives that applies to you. On call nurse will call you back from above number.

No- For any other exposure, wash the affected area and complete your departments incident report. If concerned about other forms of communicable disease exposure call Wake County Occupational Health- (919-368-8090).

SCENARIOS AND DIRECTIVES: Choose the one that applies to your situation:

Source Individual: Is going to the hospital for treatment.

Exposed employee shall go to the same hospital as the source patient and request treatment in the Emergency Department for a work-related bloodborne pathogens exposure. Both the source and the exposed employee will be tested at the hospital. Exposed Fire department employees should advise the health care provider that this is a worker's comp claim and to bill the

Source Individual: Not going to the hospital for treatment.

Explain to the source that one of our employees has had a bloodborne pathogens exposure while caring for them and we need to perform some testing to determine what type of treatment, if any, the employee will need.

Call 911/EMS and ask for "ELAB" to Collect the blood samples on the source and deliver them to WakeMed Raleigh medical laboratory with the necessary information form and consent form.

Special Cases:

No or Unknown source with injury:

Employee is to seek treatment at nearest Fire Occupational Health Provider or WakeMed ED or other ED of choice if after hours. Exposed Fire department employees should advise the health care provider that this is a worker's comp claim and to bill the fire department directly.

Source refuses to consent to testing:

Explain that the Wake County Public Health Director can order mandatory testing under the law GS 130A-144 and GS 130A-148. If the source continues to refuse document demographic information (Name, DOB, Address, Phone Number) and contact the Wake County Health Director at 919-212-7000.

Source expires at time of exposure:

Notify designated infection control officer and contact the Wake County Health Director at 919-212-7000. Employee is to seek treatment at nearest Fire Occupational Health provider for assessment, counsel, and treatment, if after