





## FIRE PREVENTION & PROTECTION

**Q: If a fire detection device activates, how do you know? Who outside the hospital is aware it has activated?**

A: When the fire alarm activates, it sets off a hospital-wide audible visual alarm. Since Womack, Joel, Clark and Robinson have direct connections to the Fort Bragg Fire Department; an alarm is activated there also.

**Q: What would you do if you discovered a fire?**

A: Implement the "RACE" procedure.

R = Rescue

A = Alarm

C = Confine

E = Extinguish/Evacuate

**Q: When was your last fire drill? Did you encounter any problems?**

A: Fire drills should be conducted once per shift per quarter. Problems encountered during a drill should be discussed with all staff and fire drill procedures revised if necessary. Fire drill evaluation forms are sent to the Safety Office.

**Q: What type of training have you received in fire protection and prevention?**

A: All employees receive fire training at newcomer's orientation and during annual refresher training. Additional training is received during department/section in-services or as needed.

**Q: If you were calling the Fire Department to report a fire, what information would you tell them? Why?**

A: The Fire Department needs to know the exact location of the fire (building number, floor, wing, and room number), the extent of the fire, whether any people are trapped in the location of the fire, and whether there is oxygen or hazardous materials in the area. This information will be passed on to the responding fire crew so they will be better prepared to fight the fire when they arrive.

**Q: Are there any unique fire hazards in your area?**

A: Consider the amount of combustible material stored in the section, whether there are any sources of ignition, and other factors which could increase the risk of fire.

**Q: Do you hear the fire alarm in this area? What does it sound like? How do you know what area the fire is in? What is your alarm zone?**

A: The fire alarm should be audible in all work areas at Womack (if it is not, the Safety Office should be notified). The fire alarm is announced overhead as "Code Red", Building\_\_\_\_\_, \_\_\_\_\_ Floor, Zone\_\_\_\_\_. Each work section should have a list of the alarm zones and personnel trained in zone numbers for their area, and for the areas adjacent to, above, and below them. Alarms in outlying buildings vary.

**Q: Where is the nearest fire extinguisher? What kind of fires can you fight with it?**

A: In the hospital and most outlying buildings, fire extinguishers are located in cabinets in the corridor. Most extinguishers are dry chemical, which can be used on A, B, or C fires. Employees should be trained on which type of extinguisher is located in their area and what type of fires they are designed for.

**Q: How often are fire extinguishers inspected? Who inspects them?**

A: Extinguishers are inspected monthly and annually by Facilities Management.

**Q: What are the four different levels of evacuation?**

A: Level One is removal of patients from the room involved in fire and closing the door. Level Two is horizontal evacuation, moving patients from one smoke compartment in the building to another. Level Three is vertical evacuation, moving patients to another floor using the fire stairs. Level Four is complete building evacuation.

**Q: If there was a fire in this area, where would you evacuate to? Why?**

A: Horizontal evacuation is preferable to vertical since it is easier to move the patients. The patients' needs must be considered before moving them. If you have patients who require oxygen, ventilation, or other special medical care, they need to be evacuated to an area which can support those needs.

**Q: Where do you store patient evacuation equipment (litters, etc.)? Have you been trained to use this equipment?**

A: Areas where non-ambulatory patients receive care should maintain evacuation equipped and train employees in its use and storage location.

**Q: If a piece of electrical equipment begins to smoke, what should you do?**

A: Areas where non-ambulatory patients receive care should maintain evacuation equipment and train employees in its use and storage location.

**Q: Can you explain the concept of building compartmentalization?**

A: Womack is divided into compartments separated by fire /smoke walls. Most of these walls are located where there is a set of double, automatic closing doors held open with magnets. Within the fire compartments are smaller such as a patient room. Buildings are constructed this way to facilitate confining fire/smoke and to provide refuge areas.

**Q: If a piece of electrical equipment begins to smoke, what should you do?**

A: Implement the "RACE" procedure. If possible, unplug the piece of equipment or turn off the circuit breaker to the room.

**Q: What does the acronym "RACE" stand for?**

A: RESCUE – ALARM – CONFINE - EXTINGUISH/EVACUATE

**Q: What items may be stored in the corridor?**

A: Nothing is allowed to be stored in corridors in inpatient areas. In outlying clinics, non combustibile items such as waiting room chairs may be placed in the corridor but a clear path of at least 44" has to be maintained. The amount of equipment/furniture in the corridor should be minimized; ideally, nothing should be located in an egress corridor.

**Q: Where is your prevention SOP kept?**

A: Non-administrative areas are required to develop a fire prevention SOP; staff members should be familiar with its requirements and where it is kept.

**Q: Which doors in this area may be propped open with a wedge?**

A: Propping doors open with a wedge or door stop are prohibited under fire codes.

**Q: What would you do if you noticed a smoke detector was dusty?**

A: Cleaning a detector that is still on-line with the fire computer will cause the detector to activate. Report the dusty detector to Facilities Management or the Safety Office who will arrange for the detector to be cleaned.

**Q: Where is the closest smoking-permitted area? Where are patients allowed to smoke?**

A: There are no smoking areas within Womack facilities. Smoking is only allowed outside, at least 50 feet from building entrances. At the main hospital, smoking is not permitted in courtyards, the 3<sup>d</sup> floor roof garden, or the 6<sup>th</sup> floor exercise patio.

**Q: Why is smoking restricted at Womack?**

A: To prevent adverse effects on a patient's treatment, to reduce the risks associated with passive smoke, and reduce the risk of fire. In addition, DOD and the JCAHO prohibit smoking in the building.

**Q: What part do you play in Womack's fire prevention and protection plan?**

A: All employees are responsible for insuring the fire safety of the building. Hazards should be reported and/or corrected; good housekeeping practices followed, and fire prevention policies and procedures adhered to.



## GENERAL SAFETY

**Q: Do you have any safety concerns specific to your area? Any special or unique hazards?**

A: Many areas of the hospital engage in unique operations which present special hazards. Toxic chemicals or medications, flammable substances, violent patients or visitors, and use of specialized equipment are examples of some hazards encountered in the health-care environment.

**Q: how do you protect yourself and your patients from these hazards?**

A: Policies and procedures are developed to address each specific risk. By following these policies and reporting unusual occurrences, risk of injury to staff and patients can be minimized. Employees receive training regarding hazards in the workplace and how to protect themselves and their patients.

**Q: What should you do if you notice an unsafe condition in your area?**

A: Correct the hazard if possible. Report it to your supervisor, the Safety Office, Facilities Management, and other appropriate services (such as medical maintenance). Implement interim safety measures to minimize the risk of injury until the safe condition is corrected.

**Q: What incidents do you report? Why? What injuries/incidents have occurred in your work section recently?**

A: Accidents involving injury to an employee, patient, or visitor, property damage incidents, and fires are all reportable. Even minor incidents need to be reported so they can be investigated and corrective action implemented if necessary.

**Q: Who does hazard surveys in your area? What do they look for?**

A: All employees should look for, and report, any hazardous condition in their work section. The Safety Office does semi-annual inspections of patient care areas and annual inspections of administrative areas. They look for environmental conditions which present hazards, review training documents, and assess employees' understanding of safety concepts. Industrial Hygiene, Environmental Science, Infection Control, and other services also conduct periodic surveys.

**Q: What safety training have you received?**

A: All employees receive safety training at newcomer's orientation and during annual refresher training. Safety topics are also covered during in-services in the work section on a periodic basis.

**Q: Where do you keep your safety SOP? How often is it updated? What is your role in developing departmental safety policies?**

A: All department/sections/services engaged in patient care or with unique operations are required to have a safety SOP. This SOP should be reviewed annually and employees should be familiar with its contents and location. Employees should bring safety concerns to their supervisor's attention so they can be addressed and included in the next SOP update.

**Q: Did you receive a safety orientation when you first came to work in this section? What topics were covered?**

A: Employees should receive an on-the-job safety briefing when they first start work. The topics covered will defer depending on the type of work performed and special/unique safety hazards in the work area.

**Q: If you wanted the Environment of Care FMT to consider a problem, concern, or suggestion, how should you do this? How often does the Environment of Care FMT meet?**

A: Items for Environment of Care FMT consideration should be sent through chain of command channels for review. The Environment of Care FMT meets monthly.

**Q: As an employee, what are your responsibilities in the area of safety?**

A: All employees are responsible for Safety. Following policies and procedures, wearing personal protective equipment when required, reporting safety hazards, and asking questions when unsure of procedures are some of the ways employees contribute to the safety program.

## ELECTRICAL SAFETY

**Q: Do you perform pre-use inspections of electrical equipment?**

A: All electrical equipment should be checked prior to each use. Make sure the equipment is in good working order, cords are not worn or frayed, and the equipment does not have any physical damage.

**Q: What type of personal electrical appliances are employees allowed to bring into the facility? What types are prohibited? Why?**

A: The only equipment allowed to be brought in from the home are coffee makers, clocks/radios, and lamps (non-halogen). All items should be in good condition and UL listed. Items with open heating elements such as toasters, toaster ovens, hot plates, and space heaters are prohibited since they increase the risk of fire.

**Q: If a piece of patient-care equipment malfunctioned, what actions should you take?**

A: Discontinue use of the equipment immediately, leaving all dials/switches/gauges in the same position as when the malfunction occurred. Tag the equipment as inoperable and notify medical maintenance.

**Q: If you noticed an electrical receptacle is damaged or the cover plate is missing, what would you do?**

A: Don't use the receptacle and mark it so others know it is unsafe. Call Facilities Management (7-WORK) to have the receptacle repaired/replaced.



**Q: Which receptacles in this section are connected to emergency power? What items are required to be plugged into emergency power? What items should not be connected to emergency power?**

A: Emergency power outlets have red cover plates and/or red receptacle faces. In some areas, such as the OR or ICU, all the receptacles are connected to emergency power. Equipment which is critical to patient care or support should be plugged into an emergency power receptacle and non-essential equipment connected to the normal power supply.

**Q: What precautions do you take when using patient-care electrical equipment?**

A: Never use patient-care equipment which is in disrepair or doesn't work properly. Don't touch a patient and a piece of electrical equipment at the same time. Keep electrical equipment out of the reach of patients. Report any equipment problems immediately.

**Q: What type of training have you received on the use of electrical equipment? Where do you keep the user's manuals for equipment?**

A: All staff should receive training on electrical equipment before they use it. Medical Maintenance provides training, also, some manufacturers provide training after new equipment is installed. User's manuals for each type of equipment should be located in the work section.

**Q: What happens if there is a power failure in the hospital? Did you encounter any problems during the last power outage?**

A: If the power fails on Fort Bragg, Womack has generators which automatically start up and provide power system. Each section should also have a contingency plan addressing actions to take if the emergency power system fails. If any problems are encountered during a power outage, employees should be trained on what to do in the future.

**Q: When you close up your work area at night, what equipment do you turn off? What do you unplug?**

A: All non-essential equipment should be turned off at night. Items which provide a source of heat, such as coffee pots, should be unplugged.

**Q: Where are you allowed to use extension cords and multiple outlet adapters?**

A: Their use is not allowed in any Womack facility. Surge suppressor strips may be used for protection of computer equipment.

**Q: Do you know where the circuit breaker box is in your area?**

A: Employees should know the location of circuit breakers and be familiar with which breakers control certain areas as this information can be critical in the event of an electrical equipment malfunction.



## HAZARDOUS CHEMICALS AND MATERIALS

**Q: Are flammable liquids used in your section? Where are they stored?**

A: If large quantities of flammables are used in a work area, they must be stored in an approved cabinet. Flammables should never be stored in an egress corridor or near a fire exit.

**Q: What would you do if you had a mercury spill? Who would you notify?**

A: Any work section which uses mercury-containing instruments is required to keep a mercury spill kit. The kit contains instructions on how to clean up the spill. Logistics Quality Assurance, Safety, and Industrial Hygiene should be notified of the incident.

**Q: Where are your Material Safety Data Sheets Kept?**

A: All employees should know the location of the section Hazard Communication book. Logistics Quality Assurance and Safety also keep copies of MSDS's.

**Q: What hazardous materials do you work with? What type of hazards do they present? Do you know the proper disposal procedure for the chemicals?**

A: An inventory of all hazardous chemicals used in the section is found in the Hazard Communication or Safety book. This inventory should be updated annually and whenever a new chemical is brought into the workplace. Hazards, disposal procedures, first aid, manufacturer information, physical properties, and other details are located on the chemical's Material Safety Data Sheet.

**Q: Are you required to wear any personal protective equipment (PPE) when performing your job? What type?**

A: If PPE is required when working with a chemical, this information is included on the MSDS. Other requirements for the wearing of PPE depend upon the type of work performed and this information should be communicated to employees during their on-the-job safety orientation. The use of PPE may also be specified in an employee job description.

**Q: What do you do if your PPE becomes unserviceable or is damaged?**

A: If PPE needs to be replaced or fits improperly, the section supervisor should be informed. It is the employer's responsibility to provide replacement PPE when needed.

**Q: What information is required on a chemical label?**

A: All hazardous chemicals must be labeled with the name of the chemical, manufacturer's name, and any hazards or warnings associated with use of the chemical. If a chemical is transferred, the new container must also be labeled with this information.

**Q: When was your last hazard communicating training? Who is responsible for the program in your section?**

A: Hazard communication training is required when an employee first starts work, as part of the on-the-job safety orientation, and whenever a new chemical is brought into the section. Refresher training is also required on an annual basis. Each section should have a designated and trained hazard communication representative.

**Q: Is there an eye lavage in your work section? How often is it checked to make sure it is working properly?**

A: Eye lavages are required wherever there is a possibility of chemical contamination to the eyes. The lavage should be run for 3-5 minutes once a week to flush out the system and ensure it is operating correctly.

**Q: Is there an emergency shower in your section? How often is it checked to make sure it is working properly?**

A: Emergency showers are required wherever there is a possibility of large-scale chemical contamination to the body. The showers are also run weekly.

**Q: Where do you dispose of used sharps?**

A: Used sharps are put into a wall-mounted container which should be located in every area where sharps are routinely used. If a sharps container is not readily available, one should be installed. When a sharps container becomes  $\frac{3}{4}$  full, it is removed from the wall, sealed, and boxed up for housekeeping to remove.

**Q: Where are you allowed to eat/drink in this section?**

A: Employees are only allowed to eat and drink in areas where there is no possible contamination by blood borne pathogens or hazardous chemicals. Sections generally have a break area or room set aside for this purpose.

#### MISCELLANEOUS

**Q: What kind of training have you had regarding compressed gases?**

A: Any employee who uses compressed gases must be trained in safe handling, storage, and use of the cylinders.

**Q: Where do you store your compressed gasses? What precautions do you take when storing and transporting cylinders?**

A: Compressed gases are kept in a locked storeroom or closet. They should be stored in an upright position, with cylinders segregated by type, and secured in a manner which prevents them from tipping over. Whenever cylinders are transported, they must be secured to the cart or gurney.

**Q: How do you know the oxygen at Womack is not contaminated?**

A: The piped oxygen passes through a purity monitor from the LOX tank. If the purity falls below permissible levels, an alarm is activated and the system is switched over to the reserve oxygen. Each cylinder of oxygen is checked for purity in logistics with the percentage of purity noted on the warning tag (DD Form 1191) attached to the cylinder.

**Q: If the oxygen system failed, what would you do?**

A: All patient care areas should have contingency plans addressing medical gas system failures. Included in the plan should be designation of persons authorized to give the order to switch over from piped oxygen to cylinder oxygen, who to notify of the problem, etc.

**Q: What safety equipment is required on patient transport items such as gurneys and wheelchairs?**

A: Patient transport equipment must have safety straps and brakes to keep the unit from moving when unattended. These items should be checked for proper operation every time a wheelchair or gurney is used. If the safety equipment is missing or inoperable, discontinue use of the unit and report it to Medical Maintenance.

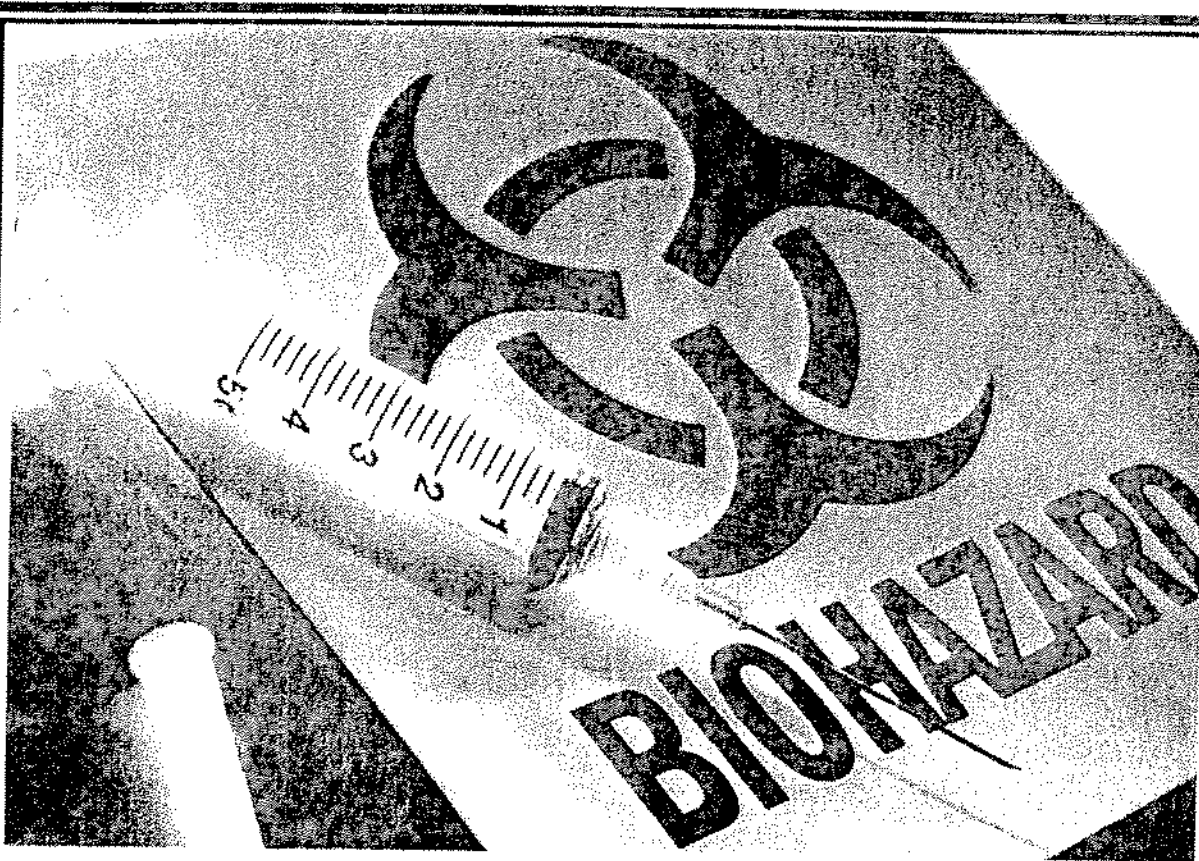
**Q: what would you do if a patient locked themselves in a bathroom?**

A: All bathrooms in patient care areas are equipped with locks which can be opened from the outside without a special key. Some locks have a vertical slot or round opening into which a key or other long flat object can be inserted and turned to open the door. Others have a thumb-turn release mechanism on the exterior door handle. Staff should be trained on how to open these locks before the need to help a patient arises.

**Q: What rooms are required to have nurse call systems? How often do you check to make sure they are operating properly?**

A: Patient bathrooms and sleeping areas must be equipped with nurse call systems. Each section should have a policy on how often each "button" will be checked (at least monthly). Service orders should be turned in on any broken nurse call system.





***Infection Control  
Information***





## INFECTION CONTROL

### STAFF:

Infection Control Nurse: Beverly Smith RN: 907-8181 pg# 1053

NCOIC: 907-6-B-U-G (7-6284) pg# 1052

Location: WELLNESS Clinic

Monday - Friday

### GOALS / ACTIONS

Strive to make WAMC as safe as possible

Minimize potential for disease transmission to patients, staff and visitors

Strive to make WAMC as safe as possible

Minimize potential for disease transmission via

- Immunizations
- Barrier techniques
- Aseptic techniques

IC compliance thru

- Adhere to Standard Precautions (SP)
- Establish written IC policy

### REQUIREMENTS

WAMC is responsible to comply and enforce all federal, state, and local regulations that affect its operations and employees

- Includes the Occupational Safety and Health Administration's (OSHA) BBP Standard

All personnel

- Must be included in exposure determination
- Hepatitis B vaccine required for all medical personnel
- Must be given annual BBP training

### OSHA 1991: BBP Prevention in a Health Care Facility

Occupational Exposure Control Plan: MEDCEN MEMO 40-39, Copy on ward / intranet

Describes WAMC responsibility to **Prevent and or Reduce the Risk** of exposure to a bloodborne diseases: i.e., Hep B / C, HIV. Risk based on Job Description

WAMC personnel may be exposed via

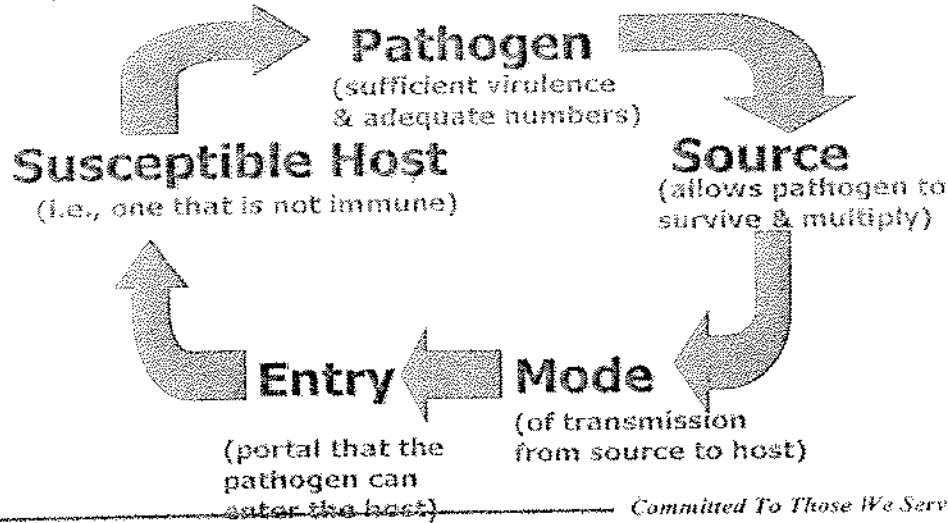
- Direct contact (through cuts and abrasions)
- Aerosols created during medical procedures
  - Inhaled or ingested
- Patients can be at risk due to potential cross-contamination between personnel/ medical equipment



# CHAIN OF INFECTION



- All links must be connected for infection to take place



## STANDARD PRECAUTIONS

- CDC Definition: ALL body fluids, secretions, excretions, non intact skin, mucous membranes
- Must be observed at all times
- Used by all personnel to prevent cross-contamination
- All patients are treated as if they could transmit a bloodborne pathogen (BBP) disease
  - Examples include hepatitis B, hepatitis C, and human immunodeficiency virus (HIV)

## PPE: PERSONAL PROTECTIVE EQUIPMENT

- Gloves
- Masks, Goggles
- Gowns / Lab coats
  - Shoe covers / Hair covers
- Know how to use it, where its located in your work area.
- Proper procedure to put on / remove PPE

## GLOVES

- Disposable gloves (LATEX FREE)
  - Use when there is potential for direct hand contact with contaminated items
  - Should be changed and disposed of appropriately after completion of procedure
  - Hands should be washed before gloving and after removing gloves
  - All patient rooms / exam rooms have wall mounted glove dispensers

### **Goggles / Eye Protectors**

- Must be used when there is potential for splashes, spray, spatter, or aerosols.
- **MUST** be worn in Operative Suites
- Glasses if covers entire eye and has a side shield
- 2005: Exposure Events: 3/8 splashes to the eyes / face I&D abscess, drawing cord blood. **PREVENTABLE**

### **CDC Hand Hygiene**

#### **JCAHO / NPSG #7**

#### **Reduce the risk of health care-acquired infections**

Comply with current CDC hand-hygiene guidelines use of Hand Sanitizer

- Hand hygiene compliance > 90% ( 94-98%)
- **NO** artificial fingernails, tips, or extenders
- 2 rings allowed
- Watch/Medic Alert bracelets only

#### **PURELL SANITIZER**

- Waterless alcohol hand disinfectant
- Contains 63% alcohol
- Kills 99% germs
- Faster/more effective than soap and water
- Use: **NON** soiled hands

#### **PURELL: WHEN TO USE?**

- Before/after patient contact
- After removing gloves
- Before/after procedure
- After touching pt equipment / surfaces

**Sanitizer dispensers wall mounted in all patient rooms, procedure / treatment rooms**

#### **CONTACT PRECAUTIONS**

- Gloves **REQUIRED** while providing patient care, handling equipment.
- Gowns worn, if possible uniform contamination
- Remove gloves/gowns prior to leaving care area
  - Scabies, Impetigo, MRSA, VRE, Salmonella

#### **DROPLET PRECAUTIONS**

- Mask to be worn when within 3 feet of patient
- Germs transmitted through droplets from oral-nasal secretions during coughing, sneezing or talking
- Illnesses such as; Bacterial pneumonia, Bacterial meningitis, RSV
- Mask usually discontinued after patient has been on appropriate antibiotic treatment for more than 24 hrs.
- Private room not always necessary

## **AIRBORNE PRECAUTIONS:**

### **(non TB)**

- Gloves must be worn prior to entry for (Varicella, Measles, Shingles )
- HCW may need to wear a cover gown
- Negative pressure room, Door closed
- May cohort varicella patients
- HCW who have NOT had varicella / vaccination do not enter room, if possible

## **AIRBORNE PRECAUTIONS:**

### **R/O or ( + ) TB**

- Must wear N95 mask prior to entering room
- Must have private, Negative pressure room with DOOR CLOSED
- 3 morning sputum specimens sent on consecutive days
- NOTIFY INFECTION CONTROL PRIOR TO DISCONTINUING PRECAUTIONS

### **Signs and Symptoms of TB**

- Persistent cough > 3 weeks
- Lethargy, weakness, fatigue
- Fever
- Weight loss / Anorexia
- Hemoptysis (Bloody Sputum)
- Night Sweats

**2006 Fort Bragg rated as Low risk: 1 confirmed case**

## **SHARP SAFETY PROGRAM**

- Sharp Containers
- IV safety Catheters
- Safety Syringes / Needles
- Butterflies / Vacutainers\* (*1 time use only*)
- Lancets
- Capillary Tubes
- Needleless IV tubing
- March 2006 Hospital wide training / assessment completed
- **DO NOT RECAP**
- **ACTIVATE SAFETY DEVICE**

### **RMW: Regulated medical Waste:**

- Potential infected material: sharps, equipment, cultures/ lab specimens, dressings
- Label Red/orange
- Red bags, specimen bags, freezers/refrig, sharp containers, Laundry bags

### **Automatic Box Conveyor**

- "ABC CART" is an interhospital transport device that may be used to send specimens, paperwork, etc. to another programmed point in the hospital.
- "LAB SPECIMEN" carts only; Labs must be placed in a zip lock baggie.
  - Urine, Blood specimens only
- NO: Blood bags, ABCs, 24hr urines, Biopsy specimens, CNS fluid

## Linen

- Hospital supplied surgical scrubs will NOT be worn outside WAMC or taken home.
- Laundry facility: Scrubs / hospital linen
- ALL linen handled as if contaminated
- Do NOT throw linen soiled with blood in RED trash containers

## EMPLOYEE INJURY:

Perform first aid, wash area

Report injury to supervisor. After duty hours contact Nursing Supervisor

Report to the Emergency Dept for evaluation / treatment.

Contract employees:

Notify your agency for follow up medical care

**INFECTION CONTROL IS EVERYONE'S RESPONSIBILITY**



# NEEDLESTICK/BLOODBORNE PATHOGEN EXPOSURE

March 2010

## IF YOU HAVE A BLOODBORNE PATHOGEN EXPOSURE:

1. **First Aid:**
  - a. Clean the site
  - b. Scrub puncture site
  - c. Wash splash site
2. **Report** the exposure to your supervisor.
3. **Report** to WAMC-ED for evaluation, treatment, and counseling.  
Get lab tests: HIV, HBsAb, HBsAg, HBcAb, and hepatitis C Ab
4. **Follow-up** medical care: The Emergency Department usually recommends a follow-up appointment in the Occupational Health Clinic (396-5224) in one business day. The employee and source person's test results are given and follow-up testing may be required in 6 weeks, 3 months, 6 months, and 12 months if appropriate. Contract employees are given the baseline test results and instructed to notify his/her employer regarding follow-up testing.
5. **Source person**, if known, should be tested for HIV & hepatitis B/C on day of incident.
  - a. Notify source person of incident
  - b. Get lab tests: HIV, HBsAb, HBsAg, HBcAb, and hepatitis C antibody
6. **Documentation:**
  - a. Safety Report (Form 2113) & BBP Exposure (WAMC Form OP 445) in ED packet  
Complete **Safety Report** and **Bloodborne Pathogen Exposure Investigation Report**, and take both reports to Occupational Health Clinic (396-5224) one business day after the WAMC-ED visit.
  - b. Incident Report - DA 4106  
If patient safety problem is a concern, complete DA Form 4106 and submit the form to Risk Management (907-8673)
  - c. Claim for Worker Compensation benefits
    - Federal employee — OWCP form CA-1 should be completed and filed with CPAC if federal employee is unable to work or gets an infection.
    - Contract employee ---- Employer or employer's worker compensation is responsible for follow-up testing, lost time, and infection, if any, unless the contract between hospital and contractor specifies otherwise.

