| Initiated: 11/07/91 next (10/10/23) | MILWAUKEE FIRE DEPT<br>EMS GUIDELINE<br>Exposure Plan / Communicable Disease Exposure Reporting Policy | Approved by: |
|---|---|---|
| **Revised: 04/14/2025** | | Chief Aaron Lipski |
| Revision: 3 | | Dr. Benjamin Weston, MD, MPH<br>Medical Director |

## PURPOSE

Outlines the procedure for reporting possible exposure and initiating evaluation/ treatment for members who potentially may have been exposed to a communicable disease.

## CONTENTS

## INTRODUCTION

Evaluation and possible treatment for an exposure to a communicable disease should be initiated as soon as possible. In the case of a significant blood or body fluid exposure, evaluation by a healthcare provider should be initiated within four (4) hours ofthe exposure.

Company officers are responsible for the reporting of the possible exposure of any of their company members to a communicable disease through proper channels. All members are required to be familiar with the reporting policy.

The Milwaukee Fire Department has a contract with ***Froedtert Workforce Health*** for infection control services, designated in this document as the ***MFD Infection Control Officer (ICO)***.

Notification from the Milwaukee Health Department, any area health department or any area hospital of contact or potential exposure, is to be reported to Car 15 and the HSMGR immediately for evaluation. **It should be noted that not all contact warrants an exposure.**

General questions concerning communicable diseases may be directed to the MFD ICO at [redacted] [direct to [redacted]], or secondary [redacted] / choose option number 2 for specific instructions. If there is no answer, leave a message with a call-back number.

## NFPA 1581: STANDARD ON FIRE DEPARTMENT INFECTION CONTROL PROGRAM

The following excerpts from Chapter 4: Program Components of NFPA 1581: Standard on Fire Department Infection Control Program (2022 edition) are used to guide the department's actions for prevention, actions following an exposure, and recordkeeping regarding exposures to infectious diseases. The department continues to maintain member-confidentiality by utilizing third party providers to handle confidential information as situations dictate in compliance with current federal, state local regulations as well as NFPA guidance.

**4.5.1 Health Maintenance**
"A confidential health data base shall be established and maintained for each member as specified in NFPA 1500 and NFPA 1582, and in accordance with 29 CFR 1910.1020, Access to Employee Exposure and Medical Records."

**4.5.1.1 Data base shall include:**

(1) Any occupational exposures
(2) Vaccination status the department will accept records from Wisconsin Immunization Registry https://www.dhfswir.org/PR/clientSearch.do?language=en. Members' social security number can be used to perform this search, ensuring the department has the most up to date data

This database will be accessed by Car 15. Any questions regarding this database should be directed to this office:

**4.5.2.1** The following infectious disease immunizations or infectious disease screenings shall be provided as indicated:

(1) A tuberculosis screening program composed of the following:
    (a)*Baseline tuberculin testing by either of the following:
        1. i. A two-step tuberculin skin test according to the CDC procedures
        2. ii. A blood test for mycobacterium tuberculosis using interferon-gamma release assays (IGRAs)
    2. (b)* Subsequent tuberculin testing at a frequency determined by annual CDC risk assessment guidelines
(2) Hepatitis B virus vaccinations and titers, as specified in CDC guidelines
(3) Hepatitis C virus screens (baseline, following occupational exposure, and if requested by the fire department physician or member)
(4) HIV screens (baseline, following occupational exposure, and if requested by the fire department physician or member)
(5) Tetanus/diphtheria vaccine or tetanus/diphtheria/acellular pertussis (Tdap)
(6) Measles, mumps, rubella (MMR) vaccine
(7) Polio vaccine

(8) Hepatitis A vaccine offered to high-risk personnel [HazMat, urban search and rescue (USAR), and SCUBA] and other personnel with frequent or expected exposures to contaminated water
(9) Varicella vaccine offered to all nonimmune personnel (up-to-date blood test is required to demonstrate immunity)
(10) Influenza vaccine offered to all personnel annually
(11) Vaccines for emerging threats (e.g., SARS-CoV-2) offered to all personnel, as needed

**4.5.2.1.1** Immunizations listed in 4.5.2.1 are to be consistent with current CDC guidelines.
*Current CDC guidelines also recommend the following vaccinations to prevent disease for specified groups.*

*(1) Zoster (age 50 and older)*
*(2) Papillomavirus*
*(3) Pneumococcal (age> 65 or in special situations)*
*(4) Meningococcal (as appropriate for recommended populations and for situations of outbreak as they arise)*
*(5) RSV (age 60 and older in certain situations)*

**4.5.2.3** All members shall be immunized against infectious diseases as required by the authority having jurisdiction and by 29 CFR 1910.1030, Bloodborne Pathogens.
The Wisconsin Department of Health Services retains vaccination requirements in line with current CDC guidance.

**4.5.2.4** The fire department physician shall ensure that all members are offered currently recommended immunizations at no cost to the members.
*This responsibility is retained by Health & Safety Manager under the authority of Fire Medical Officer*

**4.5.2.5*** Members who choose to decline immunizations offered by the department shall be required to sign a written declination.
*See F-111:MFD Vaccination Declination*

**4.5.2.5.1** The declination shall become part of the member's confidential health database.

**4.5.2.5.2** Members shall be allowed to recant a declination at any time and receive the offered immunizations.

# STATE OF WISCONSIN COMMUNICABLE DISEASES AND OTHER NOTIFIABLE CONDITIONS

## Current List of Reportable Diseases:

The state of Wisconsin currently recognizes over 100 diseases of urgent public health importance that shall be reported by telephone to the patient's local health officer or to the local health officer's designee upon identification of a case or suspected case, pursuant to s. DHS 145.04 (3) (a,b,c). A current list can be found here: https://www.dhs.wisconsin.gov/disease/diseasereporting.htm

**CATEGORY I:** The following diseases are of urgent public health importance and shall be reported by telephone to the patient's local health officer or to the local health officer's designee upon identification of a case or suspected case, pursuant to s. DHS 145.04 (3) (a). In addition to the immediate report, complete and fax, mail or electronically report an Acute and Communicable Diseases Case Report (DHS F-44151) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System, within 24 hours. Public health intervention is expected as indicated. See s. DHS 145.04 (3) (a).

| | |
|---|---|
| Anthrax [1,4,5]<br>Botulism *(Clostridium Botulinum)* including foodborne, infant, wound, and other [1,2,4,5]<br>Cholera *(Vibrio cholera)* (*Vibrio cholera*)[1,3,4]<br>COVID-19 [1,2,6,7]<br>Diphtheria *(Corynebacterium diphtheria)* [1,3,4,5]<br>*Haemophilus influenzae* invasive disease, (including epiglottitis)[1,2,3,5]<br>Hantavirus infection [1,2,4]<br>Hepatitis A [1,2,3,4,5]<br>Measles (rubeola) [1,2,3,4,5]<br>Meningococcal disease *(Neisseria meningitidis)*[1,2,3,4,5]<br>Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV) [2,3,4]<br>Monkeypox 1,2,3,4,5,6<br>Pertussis (whooping cough, caused by any *Bordetella* infection) [1,2,3,4,5]<br>Plague (*Yersinia pestis*) [1,4,5]<br>Polio virus infection (paralytic or nonparalytic)[1,4,5]<br>Primary Amebic Meningoencephalitis (PAM) (*Naegleria fowleri*)[2,4,5,6]<br>Rabies (human, animal)[1,4,5] | Ricin toxin [4,5]<br>Rubella [1,2,4,5]<br>Rubella (congenital syndrome) [1,2,5]<br>Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) [1,2,3,4]<br>Smallpox [4,5]<br>Tuberculosis [1,2,3,4,5]<br>Vancomycin-intermediate *Staphylococcus aureus* (VISA) and Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection[1,4,5]<br>Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujo, and Marburg viruses, and New World Arenaviruses)[1,2,3,4]<br>Yellow Fever [1,4]<br>Outbreaks, confirmed or suspected:<br>Foodborne or waterborne outbreaks<br>Occupationally-related diseases<br><br>Other acute illnesses Any detection of or illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications |

**CATEGORY II:** The following disease shall be reported to the state epidemiologist on a Wisconsin Human Immunodeficiency Virus (HIV) Infection Case Report Form (DHS F-44338) or by other means within 72 hours after identification of a known or suspected case. Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted: all CD4+ test results (CD4+ T-lymphocyte counts and percentages), both detectable and undetectable HIV viral load results, HIV genotypic results, and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive. See s. 252.15 (7) (b), Stats., and s. DHS 145.04 (3) (b).

Anaplasmosis,2,5
Arboviral disease including, but not limited to, disease caused by California serogroup, Chikungunya, Dengue, Eastern Equine Encephalitis, Powassan, St. Louis Encephalitis, West Nile, Western Equine Encephalitis, and Zika viruses)1,2,4
Babesiosis 1,2,4,5
Blastomycosis 2
Borreliosis (other than Lyme disease which is reportable as a distinct disease) 2,4,6
Brucellosis 1,2,4
Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE) 1,2
Campylobacteriosis (Campylobacter infection) (*Campylobacter* infection) 1,2,3,4
Chancroid (Haemophilus ducreyi) (*Haemophilus ducreyi*)1,2
*Chlamydia trachomatis infection* *1*,2,4,5
Coccidioidomycosis (Valley Fever) 1,2,4
Cryptosporidiosis (Cryptosporidium infection)(*Cryptosporidium infection*) 1,2,3,4
Cyclosporiasis (Cyclospora infection) 1,2
Ehrlichiosis 1,2,5
Environmental and occupational lung diseases:
Asbestosis 6
Silicosis1,6
Chemical pneumonitis6
Occupational lung diseases caused by bio-dusts and bio-aerosols6
E. coli infection, (caused by Shiga toxin-producing E. coli (STEC))1,2,3,4
E. coli infection (caused by enteropathogenic (EPEC), enteroinvasive (EIEC), or enterotoxigenic E. coli (ETEC)) 2,3,4
Free-living amebae infection (including Acanthamoeba disease (including keratitis) and Balamuthia mandrillaris disease)2,4
Giardiasis 1,2,3,4
Gonorrhea (*Neisseria gonorrhoeae*)1,2,4,5
Hemolytic uremic syndrome 1,2,3,4
Hepatitis B 1,2,3,4,5
Hepatitis C 1,2
Hepatitis D 2,3,4,
Hepatitis E
Histoplasmosis 2
Influenza-associated hospitalization 2
Influenza-associated pediatric death 1,2,4
Influenza A virus infection, novel subtypes 1,2
Kawasaki disease 2
Latent Tuberculosis infection (LTBI) 2,5
Legionellosis 1,2,4,5
Leprosy (Hansen's disease) 1,2,3,4,5
Leptospirosis 1,2,4
Listeriosis 1,2,4
Lyme disease 1,2
Lymphocytic choriomeningitis virus (LCMV) infection 4
Malaria (Plasmodium infection) 1,2,4,5
Meningitis, bacterial (other than Haemophilus influenzae, meningococcal or streptococcal, which are reportable as distinct diseases) 2
Mumps 1,2,4,5
Mycobacterial disease (nontuberculous)
Pelvic inflammatory disease 2
Psittacosis 1,2,4
Q Fever (Coxiella burnetii) 1,2
Rheumatic fever newly diagnosed and meeting the Jones criteria
Rickettsiosis other than spotted fever rickettsiosis which is reportable as a distinct disease)2,4,6
Salmonellosis 1,2,3,4
Shigellosis (Shigella infection) 1,2,3,4
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)1,2,4,5
Streptococcal disease (all invasive disease caused by Groups A and B Streptococci
Streptococcus pneumoniae invasive disease (invasive pneumococcal)1
Syphilis (Treponema pallidum) 1,2,4,5,6
Tetanus 1,2,5
Toxic shock syndrome 1,2
Toxic substance related diseases:
Blue-green algae (Cyanobacteria) and Cyanotoxin poisoning 2,4,6
Carbon monoxide poisoning1
Infant methemoglobinemia,6
Lead (Pb) intoxication (specify Pb levels)1,6
Lead poisoning in children 1,6
Lead poisoning in adults 1,6
Metal poisonings other than lead (Pb) 6
Pesticide poisonings1,6
Toxoplasmosis
Transmissible spongiform encephalopathy (Creutzfeldt-Jakob Disease (CJD), human TSE)
Trichinosis 1,2,4
Tularemia (Francisella tularensis) 1,2,4,5
Typhoid fever (Salmonella Typhi) 1,2,3,4
Varicella (chickenpox) 1,3,5
Vibriosis (non-cholera Vibrio infection) 1,2,3,4
Yersiniosis2,3,4
Zika virus infection 1,2

**CATEGORY III:** The following disease shall be reported to the state epidemiologist on a Wisconsin Human Immunodeficiency Virus (HIV) Infection Case Report Form (DHS F-44338) or by other means within 72 hours after identification of a known or suspected case. Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted: all CD4+ test results (CD4+ T-lymphocyte counts and percentages), both detectable and undetectable HIV viral load results, HIV genotypic results, and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive. See s. 252.15 (7) (b), Stats., and s. DHS 145.04 (3) (b).

Human immunodeficiency virus (HIV) infection (AIDS has been reclassified as HIV Stage III)1,2,4

**Key:**

1. Infectious disease or other condition designated as notifiable at the national level.
2. Required Wisconsin or CDC follow-up form completed by public health agency.
3. High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, daycare or healthcare.
4. Source investigation by local or state health department is needed.
5. Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.
6. Coordination between local and state health departments is recommended for follow-up.

## SIGNIFICANT EXPOSURE TO BLOOD AND/OR BODY FLUIDS

Examples of bodily fluids include, but are not limited to, blood, sweat, urine, saliva, feces, amniotic fluid and breastmilk.

*DEFINITION*

The following statutory definition of a significant blood or body fluid exposure is to beused in determining if a member has experienced a significant exposure.

Under Wisconsin Statures s.252.15(1)(em), "significantly exposed" means sustained a contact which carries a potential for a transmission of HIV, by one or more of the following:

- Transmission, into a body orifice or onto mucous membrane, of blood;semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal,pericardial or amniotic fluid; or other body fluid that is **visibly contaminated with blood**.
- Exchange, during the accidental or intentional infliction of a penetratingwound, including a needle puncture, of blood, etc.
- Exchange, into an eye, open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood, etc.
- Other routes of exposure, defined as significant in rules that may be promulgated by the department. The department in promulgating the rules shall consider all potential routes of transmission of HIV identified by the Centers for Disease Control of the federal public health service.

The Centers for Disease Control and Prevention (MMWR June 29, 2001) definesa significant blood or body fluid exposure as:

> "A percutaneous injury (e.g., a needle stick or cut with a sharp object), or contact of mucous membrane or non-intact skin (e.g., when the exposed skin is chapped, abraded, or afflicted with dermatitis) with blood, tissue, orother body fluids that are potentially infectious."

NOTE: **Intact skin contact with saliva or sweat which is not visibly contaminated with blood is not considered a significant blood or body fluid exposure.**

## *PREVENTION*

To prevent contact with blood or other potentially infectious material members should follow body substance isolation procedures (BSI). ***BSI is the best method for the prevention of a significant blood or body fluid exposure.*** Body substance isolation assumes that all blood and body fluids are infectious and thus require the appropriate precautions whenever blood or body fluid exposure can be anticipated. Appropriate BSIprecautions to be taken include, but are not limited to:

1. Gloves and eye protection are to be worn prior to patient contact. Wash hands and forearms well after removing gloves.
2. Eye protection is to be worn at all times during patient contact.
3. Disposable gowns are to be worn if soiling of clothing is likely.
4. Cover any break in your skin to avoid possible contamination.
5. An N-95 mask is to be worn whenever there is potential for blood splash or exposure to respiratory secretions.
6. Turnout gear and heavy gloves (while assisting in extrication).
7. Firefighting clothing soiled by blood or body fluids should be taken out of serviceand properly cleaned as per directive “Structural Firefighting Ensemble Policy and Procedures.”
8. Work clothing soiled by blood or body fluids should be taken out of service andproperly cleaned as per manufacturer’s instructions.
9. Non-disposable medical care equipment soiled or contaminated by blood or body fluids should be properly cleaned and disinfected.

## *PROCEDURE*

Any member who has experienced a significant exposure to blood or body fluids, as previously defined, is to follow the procedure listed below:

1. Wash affected area with copious amounts of soapy water, (if eye splash, flush for 15 minutes).
2. Report exposure to immediate supervisor.
3. Report exposure to Car 15 at [redacted].
4. Follow instructions on the “**CONTACT/EXPOSURE CHECKLIST**” section as applicable.
5. Refer to “**SIGNIFICANT EXPOSURE TO BLOOD OR BODY FLUIDS OF A PATIENT**” section for instructions on handling exposures to patients.
6. It is **HIGHLY RECOMMENDED** that exposed members go to Froedtert for workplace exposures involving blood and body fluids.

## EXPOSURE TO RESPIRATORY BORNE DISEASES

Respiratory diseases vary in type and severity. The most common currently being the SARS-CoV-2, but diseases such as COMYCOBACTERIUM TUBERCULOSIS (MTB), pertussis and influenza still pose a threat to the public and coworkers because of their transmissibility.

*DEFINITION*

*Mycobacterium tuberculosis* (MTB) is a bacterium that is most frequently associated with pulmonary infections; however, can also affect other body systems (e.g., kidneys, bones). Thebacteria are transmitted primarily via the airborne route, which means that someone with active disease can spread the disease by coughing or sneezing. It can take several weeks or months for someone infected with MTB to develop active disease.

Symptoms of active TB are:

- Night sweats
- Unexplained loss of weight or appetite
- Fever
- Joint pain
- Persistent cough that may or may not produce sputum (sometimes bloody)
- Extreme lethargy

Note: If a patient informs members that s/he has been diagnosed as having MTB, members should further interview the patient and determine if the patient was diagnosed with active disease (which is communicable) or with a latent TB infection (a latent TB infection is not communicable). In most cases, if the patienthas completed antibiotic treatment or their healthcare provider did not insist on medications, then the patient has a latent MTB infection and not active TB disease.

*COVID-19 (SARS-CoV-2*) is a viral infection that spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. Those most likely to get infected are people who are closer than 6 feet from the infected person.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

Symptoms: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*PREVENTION*

An N-95 mask, available on all units, will filter out the TB bacteria and the COVID 19 virus and prevent the user from contracting TB. The N-95 mask is to be worn as directed by the Fire Medical Officer who recommends that if a member will be indoors, in an unventilated space, in a situation where exposure is more likely, an N-95 mask is to be worn continuously.

*PROCEDURE*

Any member who has experienced a close or prolonged unprotected exposure to the respiratory secretions of an individual suspected of having active SARS-CoV-2 or MTB is to follow the procedure listed below:

1. Report exposure to immediate supervisor.
2. Contact Car 15 at [redacted] to navigate the exposure.
3. Refer to the Contact/Exposure Checklist if member can't reach Car 15.

## EXPOSURE TO MENINGOCOCCAL (MENINGITIS) DISEASE

*DEFINITION*

Meningococcal disease or meningitis is an infection of a person's spinal cord and the fluid that surrounds the brain. Meningitis can be caused by either a viral or bacterial infection. Knowing whether the infection is caused by a virus or bacterium is very important since the severity of the illness and the treatment differ. Viral meningitis is generally less severe and resolves by itself without any specific treatment. Bacterialmeningitis can be much more severe and can result in brain damage. There are different types of bacterial meningitis. A common type is Neisseria meningitis.

The signs and symptoms of meningitis are:

- High fever
- Severe headache
- Stiff neck
- Nausea and/or vomiting
- Discomfort when looking at bright lights
- Confusion
- Sleepiness

These signs and symptoms usually develop 3-4 days after an exposure.

Meningitis is spread through contact with an infected person's respiratory or throat secretions (i.e. coughing, kissing). Fortunately, meningitis is not as contagious as the common cold. It is spread through droplet contamination, and not through casual contact or being in the same room with an ill individual. It takes being in close contact (within 3 feet) of an infected person for a prolonged period of time (> 30 minutes).

**NOTE: Exposure to <u>viral</u> meningitis does not require any special treatment or prophylaxis.**

*PREVENTION*

The following steps can help in preventing becoming infected with meningitis:

1. Wear an N-95 mask when coming into close contact with an individual exhibiting the signs or symptoms of meningitis. If possible, have the affected individual wear an O2 re-breather (with high flow O2) or surgical mask also in order to minimize the amount of droplets being coughed into the air.

2. Isolate the individual's airway and respiratory secretions during resuscitation, either through intubation or using a bag valve mask.

*PROCEDURE*

Any member who has experienced a close or prolonged exposure to the respiratory secretions of an individual suspected of having bacterial meningitis is to follow the procedure below.

1. Report exposure to immediate supervisor.
2. Contact Car 15 at [redacted] to navigate the exposure.
3. Refer to the Contact/Exposure Checklist if member can't reach Car 15.

# EXPOSURE TO METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)

## *DEFINITION*

*Staphylococcus aureus*, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Approximately 25-30% of the population has the bacteria present in or on their bodies but is not sick. MRSA is not a "super-bug" and is not more likely to cause serious infection than "regular staph;" however, it is resistant to more types of antibiotics used to treat a staph infection. (Methicillin-resistant *staphylococcus aureus*) MRSA is a sub-type of staph bacteria that is resistant to many of the more common antibiotics (methicillin, penicillin, and amoxicillin). While 25-30% of the population has staph present in or on their bodies, approximately 1% are infected with MRSA. Staph infections, including MRSA, appear as skin infections that may look like a pimple or boil that can be red, swollen, painful, or have pus or other drainage. Factors that have been associated with MRSA skin infections are close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items or surfaces, crowded living conditions, and poor personal hygiene.

## *PREVENTION*

The best way to avoid acquiring MRSA is to practice body substance isolation. In addition to BSI:

1. Keep hands clean by washing frequently with soap and water or an alcohol-based hand sanitizer.

2. Keep cuts and scrapes clean and covered with a bandage until healed. If a bandage becomes dirty, remove it, rewash the area, and apply a clean bandage.

3. Avoid direct contact with other people's wounds and/or bandages by practicing body substance isolation.

4. Avoid sharing personal hygiene items like towels or razors.

5. Follow policies regarding decontamination of equipment and routine cleaning of quarters.

*PROCEDURE*

Any member(s) who has experienced an unprotected exposure to MRSA (source patient body secretions on unprotected/non-intact skin) is to follow the procedure listedbelow:

1. Report exposure to immediate supervisor.
2. Contact Car 15 [redacted] to navigate the exposure.
3. Refer to the Contact/Exposure Checklist if member can't reach Car 15.

# EXPOSURE TO OTHER COMMUNICABLE DISEASES

## *DEFINITION*

There are other infective biological agents which an MFD member may come into contact with during the normal course of employment. Individual disease definitions and symptoms can be found using the following websites or contacts:

United States Centers for Disease Control and Preventionhttp://www.cdc.gov/az.do

Wisconsin Department of Health Services

https://www.dhs.wisconsin.gov/

MFD Infection Control Officer (ICO) (phone numbers in *PROCEDURE* below)

MFD Health and Safety Manager (MFDHSM)

## *PREVENTION*

To prevent exposure to potentially infectious patients or material, follow BSI.

## *PROCEDURE*

1. Report exposure to immediate supervisor.
2. Contact Car 15 [redacted] to navigate the exposure.
3. Refer to the Contact/Exposure checklist if member can't reach Car 15.

## SIGNIFICANT EXPOSURE TO BLOOD OR BODY FLUIDS OF A PATIENT

Any member who has experienced a significant exposure to blood or body fluids is to follow the procedure listed below:

**Notification**: Explain to the patient that an exposure occurred and that per our post-exposure policy it would be very helpful if they could provide a blood sample. This would ensure that the necessary post-exposure procedures are followed. If appropriate, seek the patient's permission to be transported to Froedtert.

If the source patient refuses, does not consent or is unable to consent (is not alert and oriented), yet will be transported to a healthcare facility, notify Car 15 with the patient's disposition for follow-up by ICO.

**If the source patient is conscious, alert, and consents to having blood drawn at the scene:**

- A paramedic will draw two tubes of blood (red tops). The source patient's name and date of birth must be written on the tube's label.
- The exposed member is to take the patient's blood tubes to Froedtert Hospital for an exposure evaluation by an emergency department physician.

**If the source patient does not, or is unable to consent, yet is transported to a healthcare facility:**

- The exposed member is to notify the transporting unit of the potential exposure and request source patient testing on arrival at the healthcare facility.
- The exposed member is to report to Froedtert Hospital for an exposure evaluation by an emergency department physician.

**If the source patient is DOA or a non-resuscitated PNB:**

- ALS personnel must contact an EMS Communications On Line Medical Control (OLMC) physician; explain that a significant blood or body fluid exposure may have occurred to a member, and request permission to draw a blood sample.
- The paramedic is to draw two tubes of blood (red tops). The deceased source patient's name, date of birth, and "CADAVER" must be written on the tube's label.
- The paramedic must document the blood draw site and reason for the blood draw on the run report.
- The exposed member is to take the blood tubes to *Froedtert Hospital for an exposure evaluation by an emergency department physician.

**In all cases the exposed member must notify Car 15, who will perform next steps.**

- Date and time of exposure
- Source patient's name, date of birth, and telephone number
- Healthcare facility the source patient was transported to, if applicable
- Exposed member(s) name and telephone number
- Transport destination of exposed member(s)

**The exposed member should receive a telephone call from the ICO within 24 hours of initial evaluation.**

* Under State of Wisconsin workers compensation regulations, the exposed member has the right to choose his or her own healthcare provider. Any member who suspects he or she may have received a significant blood or body fluid exposure may be evaluated at the healthcare facility of choice. The MFD has established communication and testing procedures with Froedtert Workforce Health. Members who wish to receive evaluation at another facility are responsible for informing the MFD ICO to initiate their follow up.

Members whose exposure is certified by an EMS Communications On Line Medical Control (OLMC) physician (in cases of PNB, DOA patients) must report to Froedtert for evaluation.

## CONTACT/EXPOSURE CHECKLIST

The Contact/Exposure Checklist is to be **kept on all MED units** and completed for a ***Confirmed Exposure*** which includes:

- ***Exchange, during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood, etc.***
- ***Exchange, into an eye, open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood, etc.***
- ***Other routes of exposure, defined as significant in rules that may be promulgated by the department. The department in promulgating the rules shall consider all potential routes of transmission of HIV identified by the Centers for Disease Control of the federal public health service.***
- ***Airway droplets without PPE (non-PPE COVID exposure does not require contacting the ICO)***
- ***Transmission, into a body orifice or mucous membrane, of blood; semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid or other body fluid that is visibly contaminated with blood.***

*PROCEDURE*

1. Wash affected area with copious amounts of soapy water, (if eye splash, flush for 15 minutes).
2. Report exposure to immediate supervisor.
3. Contact Car 15 at [redacted] to navigate the exposure.
4. Refer to the Contact/Exposure checklist if member can't reach Car 15.
5. Members whose exposure is certified by an Online Medical Control (OLMC) physician (in cases of PNB, DOA patients) must report to Froedtert for evaluation with approval from Car 15. If exposure is skin puncture, Car 15 is to contact OLMC for permission to retrieve blood sample from cadaver prior to transferring corpse to the Medical Examiner.

6. The Company Officer is to notify the Battalion Chief to remove the apparatus from service and make the necessary staffing adjustments to arrange for transport of the exposed member.

7. The Firefighting Deputy may contact Health & Safety Manager for supplemental guidance.

8. Car 15 is to email MFDHSM@milwaukee.gov the following information:
   - Exposed member(s) name
   - Type of exposure
   - Time and body part of exposure

9. The Company officer is to complete an F-149.

10. The company officer and the affected member are to begin the injury reporting process per directive ***CORVEL CORP MANAGING CITY OF MILW EMPLOYEE WORKERS COMPENSATION CLAIMS. (REMEMBER TO REQUEST INITIAL TREATMENT GUIDE (ITG) BEFORE HANGING UP.)***

11. Car 15 is to notify Froedtert Workforce Health Infection Control Officer (ICO) at [redacted] [direct to [redacted]], or secondary [redacted] / choose option number 2 for specific instructions.

    If the ICO is not available, leave a message with the following information:

    - Date and time of exposure
    - Source patient's name, date of birth, and telephone number
    - Healthcare facility the source patient was transported to if applicable
    - Exposed member(s) name and telephone number
    - Transport destination of exposed member(s)

Note: During business hours (M-F, 0800-1700), the ICO is typically available to answer questions about potential exposures. After hours and on weekends, Froedtert has written policies to exposures, draw samples and initiate prophylaxis if indicated. The ICO will follow-up on off-business-hours exposures the next business day.

## EXPOSURE FOLLOW-UP

The exposed member should receive a telephone call from the MFD ICO within 24-hours (or next business day) of initial evaluation.

If after 24 hours, or the next business day, whichever is appropriate, the exposed member has not been contacted, the member is to call the MFD ICO at [redacted] [direct to [redacted]], or secondary [redacted] / choose option number 2 for specific instructions not otherwise covered in this document, and Health & Safety Manager at [redacted] (this voicemail is checked daily).

Follow-up and recommended treatment will be coordinated by the MFDICO. Members are to remain compliant with any testing, prophylaxis, or symptom monitoring instructions provided by treating provider.

The fee(s) for the source patient's testing will be paid by the City. The fee for the exposed member's evaluation and treatment will be covered by the City's Workers Compensation insurance. Remember to follow the injury reporting guidance covered in directive ***INJURY LEAVE INTERNAL MFD REPORTING REQUIREMENTS*** to ensure proper documentation of exposure incidents.

Member(s) may be compensated with 181-pay for off duty testing and follow-up, or request that testing occur while on duty through the chain-of-command.

## QUARANTINE AND ISOLATION PROCEDURES FOR COMMUNICABLE DISEASES

Both quarantine and isolation are used to reduce the risk of spreading infectious disease(s) within the MFD. These procedures have been proven to be effective in reducing, although not totally eliminating, the risk posed by communicable diseases in the workplace. The Centers for Disease Control and Prevention (CDC) differentiates these terms as below:

- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
- **Isolation** separates sick people with a contagious disease from people who are not sick.

Certain communicable diseases dictate the removal of exposed individuals from the workplace and the department follows the guidance put forth by the CDC, Wisconsin DHS, The Milwaukee Health Department as well as the surrounding health departments where MFD members may have residence.

Members placed into quarantine or isolation are ordered to follow the instructions provided until said quarantine or isolation period expires. Symptom monitoring and exclusion from other social contacts are an essential step in safeguarding the health of both the member and the individuals they have worked or come into contact with.

Symptomatic reporting and supplemental testing shall be completed in accordance with local guidance, department orders and established recommendations.

# MILWAUKEE FIRE DEPARTMENT
## F111: MFD VACCINATION DECLINATION

**The following vaccines are available to MFD personnel at no expense. Some are required for sworn employment, and some are required by clinical settings, which may be a requirement of member's training, licensure, and therefore, subsequently, MFD employment.**

Vaccines indicated in NFPA 1581.4.5.2.1

- Hepatitis A vaccine (offered to high-risk personnel [HazMat, urban search and rescue (USAR), and SCUBA] and other personnel with frequent or expected exposures to contaminated water)
- Hepatitis B virus vaccinations and titers, as specified in CDC guidelines
- Influenza vaccine
- (MMR) Measles, mumps, rubella vaccine
- Polio vaccine
- Papillomavirus
- (Tdap) Tetanus/diphtheria vaccine or tetanus/diphtheria/acellular pertussis
- Varicella vaccine offered to all non-immune personnel (for personnel who did not have chickenpox as a child)

Vaccines for *emerging threats*

- SARS-CoV-2 (as needed)

Vaccines for specified groups or situations

- Zoster (age >50)
- Pneumococcal (age> 65 or in special situations)
- Meningococcal (as appropriate for recommended populations and for situations of outbreak as they arise)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at a high risk of acquiring the above-listed infections. I acknowledge that I have been given the opportunity to be vaccinated with any/all the above-listed vaccines, at no charge to me; however, I decline the vaccinations I have marked above, at this time. I understand that by declining a vaccine, I continue to be at risk of acquiring a serious disease. If in the future, as I continue to have occupational exposure to blood or other potentially infectious materials, I want to be vaccinated with any of the above-listed vaccines, I can receive them free of charge.

I further understand that declining any vaccine offered through the Milwaukee Fire Department does not alleviate my responsibility to meet any vaccination requirements for performing work within another organization, such as a clinical setting.

I further understand that I have the opportunity to receive counseling from the department's physician regarding any of the above-listed vaccinations and acknowledge that I have completed the related infectious disease education provided by the department.

I further understand that declining a vaccination may have an impact, in accordance with guidance from the Centers for Disease Control and Prevention, on whether I must quarantine following an exposure to disease.

Signed:_____ Dated:_____