



Guidance for Risk Assessment and Public Health Management of First Responders with Potential Exposure to Patients with Coronavirus Disease (COVID-19)

Community transmission of COVID-19 in the United States has been widely reported in San Mateo County. The challenge for First Responders is that there is no way to determine in the prehospital environment whether a patient exhibiting flu-like symptoms is COVID-19 positive. Because of this, all individuals displaying signs and symptoms of flu-like illness are being treated as COVID-19 positive until proven otherwise. This guidance discusses practical steps that employers should take to ensure the health of First Responders (e.g., EMTs, paramedics, fire personnel and law enforcement) and patients during this pandemic.

DEFINITIONS

1. Active Monitoring: The employer's occupational medicine provider or primary care physician assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms
2. Close Contact: Being within 6 feet (2 meters) or less of a person who is EMS Screened Positive or known to be COVID-19 positive.
3. EMS Screened Positive: Any 9-1-1 call triaged by Public Safety Communications Center (PSC) where flu-like symptoms are identified via the caller interrogation process. This may include both cold/flu or known COVID-19 persons.
4. Illness onset: Date symptoms begin, or first positive test occurred, whichever is earlier.
5. Mandated Illness Reporting: Requirement of a First Responder to immediately report any signs and/or symptoms to their employer. Employee's occupational medicine provider or primary physician will determine if further testing is required.
6. Prolonged Period of Time: More than 5 minutes.
7. Recovery: Resolution of fever without the use of fever-reducing medications with progressive improvement or resolution of other symptoms
8. Self-Monitoring: First Responders monitor themselves for fever and respiratory symptoms (e.g., cough, shortness of breath, sore throat). Immediately report any concerns to a supervisor. Daily check-ins with supervisor shall occur.
9. Self-Monitoring with Delegated Supervision: First Responders required to perform self-monitoring with oversight by the employer's designated infection control officer.



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10. Signs and Symptoms: Fever of >100.0 or chills, cough, no taste or smell, body aches, shortness of breath or sudden onset of respiratory distress, or unexplained gastrointestinal disturbances (i.e. nausea, vomiting, abdominal pain or diarrhea).

NOTE: When used in this document, definitions as defined above are italicized (i.e. "*Signs and Symptoms*").

GENERAL EMPLOYEE HEALTH MONITORING

All first responder agencies in San Mateo County should plan and implement vigilant general employee monitoring practices, which include:

- A. Requiring all First Responders to regularly monitor themselves for *Signs and Symptoms*.
- B. First Responders shall NOT report to work when ill with *Signs and Symptoms*.
- C. Active screening and evaluation of First Responders for illness should include employee temperature screening immediately prior to each shift. Findings should be documented and maintained in logs at each agency.
- D. First Responders are required to report suspected exposures to COVID-19 cases in accordance with their employer's exposure notification requirements.

EXPOSURE RISK LEVELS

Risk levels are classified using the following criteria:

- A. High Risk
 1. First responder NOT wearing face mask or respirator who has had *Prolonged Period of Time* in close contact with *EMS Screened Positive* patient NOT wearing a face mask.
 2. First responder NOT wearing face mask or respirator or eye protection who is present in a room when an *EMS Screened Positive* patient is receiving continuous positive airway pressure (CPAP), cardiopulmonary resuscitation (CPR), or aerosols.
- B. Medium Risk
 1. First responder NOT wearing face mask or respirator who had *Prolonged Period of Time* with *EMS Screened Positive* patient who WAS wearing a facemask.
 2. First Responder NOT wearing eye protection who had prolonged close contact with *EMS Screened Positive* patient NOT wearing a facemask.
 3. First Responder wearing face mask or respirator without gown and/or gloves who is present in a room when an *EMS Screened Positive* patient is receiving CPAP, CPR, or aerosols.
- C. Low Risk
 1. First Responder with brief interaction with an *EMS Screened Positive* patient
 2. First responder WAS wearing face mask or respirator AND *EMS Screened Positive* patient WAS wearing a facemask.



A First Responder who develops *Signs and Symptoms* as described in this guidance must immediately report the illness to their supervisor for guidance and evaluation by an occupational medicine provider or primary care physician.

RECOMMENDATIONS FOR MONITORING BASED ON EXPOSURE RISK

A. High and Medium Risk

A First Responder without symptoms is not restricted from work. A First Responder in the high- or medium-risk category shall undergo *Active Monitoring* AND *Self-Monitoring with Delegated Supervision* until 14 days after the last potential exposure. Requirements shall include:

1. Temperature screenings before and after every shift. If the shift lasts longer than 16 hours, a temperature screening as close to halfway through the shift as possible shall occur.
2. If the First Responder develops *Signs and Symptoms*, they shall immediately self-isolate by separating from others and notify their supervisor to arrange consultation and referral to an occupational medicine provider or primary care physician for further evaluation.

B. Low Risk

A First Responder without symptoms is not restricted from work. A First Responder in the low-risk category shall perform *Self-Monitoring with Delegated Supervision* until 14 days after the last potential exposure. Requirements shall include:

1. Temperature screening twice daily and remain alert for *Signs and Symptoms*. They should ensure they are free of symptoms before leaving home to report for work.
2. If the First Responder develops *Signs and Symptoms*, they shall immediately self-isolate by separating from others and notify their supervisor to arrange consultation and referral to an occupational medicine provider or primary care physician for further evaluation.

C. No Identifiable Risk

A First Responder without symptoms is not restricted from work. A First Responder who falls into this category shall perform Self-Monitoring daily.

COVID-19 TESTING

- A. If ill, First Responders shall refer to their primary care physician, occupational healthcare provider or department's Designated Infection Control Officer (DICO) for testing options.



RETURN TO WORK CRITERIA FOR COVID-19 TESTED POSITIVE OR SUSPECTED (DICO GUIDELINES)

- A. Test-based strategy. Exclude from work until:
1. Resolution of fever without the use of fever-reducing medications;
 2. Improvement in respiratory symptoms (e.g., cough, shortness of breath); and
 3. Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.
- B. Symptom-based strategy. Exclude from work until:
1. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
 2. At least 10 days have passed *since symptoms first appeared*
- C. For positive tests only, no symptoms. Exclude from work until:
1. Time-based strategy: 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
 2. Test-based strategy: Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

RETURN TO WORK PRACTICES AND WORK RESTRICTIONS

- A. After returning to work, First Responder should:
1. Wear a facemask for source control at all times while in a healthcare environment until all symptoms are resolved or at baseline. A facemask instead of a cloth face covering should be used by HCP for source control during this time period. After that time, a face cloth or covering vs a mask is indicated.
 3. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 10 days after *illness onset* as feasible.
 4. Adhere to hand hygiene, respiratory hygiene, and cough etiquette.
 5. Self-monitor for *Signs and Symptoms* and seeks re-evaluation from their primary care physician or occupational health if respiratory symptoms recur or worsen.



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DEPARTMENT COMMUNICATIONS REGARDING EMPLOYEES TESTING POSITIVE

The County cannot provide legal advice to individual jurisdictions regarding whether violations of medical privacy laws has occurred or what are best practice to follow them. Please consult with your jurisdiction's attorney for specific situations. As a resource, however, the US Health and Human Services Agency provides guidance about application of the Health Insurance Portability and Accountability Act ("HIPAA") in emergency situations such as the COVID 19 pandemic, particularly with respect to first responders. You can find links to applicable guidance here: <https://www.hhs.gov/about/news/2020/03/24/ocr-issues-guidance-to-help-ensure-first-responders-and-others-receive-protected-health-information-about-individuals-exposed-to-covid-19.html>

Further, the Agency has authored guidance titled COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities: <https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf>. This guidance offers the following two bullet points for when PHI may be disclosed which may be relevant to your situation:

- A. *When first responders may be at risk of infection.* A covered entity may disclose PHI to a first responder who may have been exposed to COVID-19 or may otherwise be at risk of contracting or spreading COVID-19, if the covered entity is authorized by law, such as state law, to notify persons as necessary in the conduct of a public health intervention or investigation. For example, HIPAA permits a covered county health department, in accordance with a state law, to disclose PHI to a police officer or other person who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. 45 CFR 164.512(b)(1)(iv).
- B. *When the disclosure of PHI to first responders is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.* A covered entity may disclose PHI to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat, which may include the target of the threat. For example, HIPAA permits a covered entity, consistent with applicable law and standards of ethical conduct, to disclose PHI about individuals who have tested positive for COVID-19 to fire department personnel, child welfare workers, mental health crisis services personnel, or others charged with protecting the health or safety of the public if the covered entity believes in good faith that the disclosure of the information is necessary to prevent or minimize the threat of imminent exposure to such personnel in the discharge of their duties. 45 CFR 164.512(j)(1).