



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

Community transmission of COVID-19 in the United States has been reported in multiple areas, including San Mateo County. The challenge for First Responders is that, absent a known positive test result at time of contact, there is no definitive way to determine in the prehospital environment whether a person exhibiting flu-like symptoms is COVID-19 positive. Because of this, all individuals displaying signs or symptoms of flu-like illness should be assumed to be COVID-19 positive until proven otherwise. This guidance outlines practical steps that First Responder agencies and personnel should take to ensure the health of First Responders (e.g., EMTs, paramedics, fire personnel and law enforcement) and persons during this pandemic.

### **DEFINITIONS**

1. Active Monitoring: The employer's occupational medicine provider assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms. Notification of exposure and monitoring to San Mateo County Public Health is required.
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 COVID-19 persons.
4. Mandated Illness Reporting: Requirement of a First Responder to immediately report any signs and/or symptoms to their employer. Employer's occupational medicine provider must report the illness to San Mateo County Public Health within 24 hours of evaluation.
5. Prolonged Period of Time: More than 5 minutes.
6. 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.
7. Self-Monitoring with Delegated Supervision: First Responders required to perform self-monitoring with oversight by their employer's occupational medicine provider.



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8. Signs and Symptoms: Fever of > 100.3°F or chills, cough, shortness of breath, 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 fever and/or symptoms of respiratory illness.
- B. When ill with symptoms of fever or respiratory illness, First Responders shall NOT report to work.
- C. Develop a plan for more active screening and evaluation of ill First Responders. This should include or screening employee temperatures prior to each shift
- D. Require First Responders 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 have had *Prolonged Period of Time* close contact with an *EMS Screened Positive* person NOT wearing a face mask; or
  2. First responder NOT wearing face mask, respirator, and eye protection who is present in a room when an *EMS Screened Positive* person is receiving continuous positive airway pressure (CPAP), CPR, or aerosols.
- B. Medium Risk
  1. First Responder NOT wearing face mask or respirator who had *Prolonged Period of Time* close contact with an *EMS Screened Positive* person who was wearing a facemask;
  2. First Responder NOT wearing eye protection who had prolonged close contact with *EMS Screened Positive* person NOT wearing a facemask; or
  3. First Responder wearing face mask or respirator without gown and/or gloves who is present in a room when an *EMS Screened Positive* person is receiving CPAP, CPR, or aerosols.
- C. Low Risk
  1. First Responder with brief interactions with an *EMS Screened Positive* person; or



2. First Responder was wearing face mask or respirator and *EMS Screened Positive* person was wearing a facemask.

A First Responder who develops signs or symptoms as described in this guidance must immediately report such to their supervisor for guidance and evaluation by an occupational medicine provider prior to returning to work.

#### 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*. 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 a fever measured at  $> 100.3^{\circ}\text{F}$  or experiences chills OR respiratory symptoms (e.g., cough, shortness of breath, sore throat), they shall immediately self-isolate by separating from others and notify their supervisor to arrange consultation and referral to an occupational medicine provider for further evaluation. The occupational medicine provider shall be the entity that authorizes a return to work for a symptomatic First Responder.

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 respiratory symptoms (e.g., cough, shortness of breath, sore throat). They should ensure they are free of symptoms before leaving home to report for work.
2. If the First Responder develops a fever measured at  $> 100.3^{\circ}\text{F}$  or experiences chills OR respiratory symptoms (e.g., cough, shortness of breath, sore throat), they shall immediately self-isolate by separating from others and notify their supervisor to arrange consultation and referral to an occupational medicine provider for further evaluation. The occupational medicine provider shall be the entity that authorizes a return to work for a symptomatic First Responder.

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.

Table 1: Epidemiologic Risk Classification<sup>1</sup> for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 ( <i>until 14 days after last potential exposure</i> )	Work Restrictions for Asymptomatic HCP
<b>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</b>			
HCP PPE: None	Medium	Active	None per Governor
HCP PPE: Not wearing a facemask or respirator	Medium	Active	None per Governor
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves <sup>a</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
<b>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</b>			
HCP PPE: None	High	Active	None per Governor
HCP PPE: Not wearing a facemask or respirator	High	Active	None per Governor
HCP PPE: Not wearing eye protection <sup>b</sup>	Medium	Active	None per Governor
HCP PPE: Not wearing gown or gloves <sup>a,b</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) <sup>b</sup>	Low	Self with delegated supervision	None
<b>Present in a room when an EMS Screened Positive patient is receiving CPAP, CPR, or Aerosols (i.e., no source control)</b>			
HCP PPE: Not wearing a facemask or respirator OR eye protection	High	Active	None per Governor
HCP PPE: Wearing a facemask or respirator AND eye protection	Medium	Active	None per Governor
HCP PPE: Wearing all recommended PPE.	Medium	Active	None per Governor

HCP=healthcare personnel; PPE=personal protective equipment

<sup>a</sup>The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

<sup>b</sup>The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.