



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 definitive way to determine in the prehospital environment whether a patient is COVID-19 positive. Even known COVID-19 test results are representative of a sample obtained at a specific point in time and may not be representative of their current status. Because of this, all individuals are being treated as COVID-19 positive. 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. These recommendations are consistent with new CDC guidance released in July 2020.

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 EMD Screened Positive or known to be COVID-19 positive.
3. **EMD 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 15 minutes. Any duration is considered prolonged if aerosol-generating procedure is occurring.
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.
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).

11. Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
12. Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.
13. Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.
14. Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
15. Source Control: Use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Facemasks and cloth face coverings should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
16. Cloth face covering: Textile (cloth) covers that are intended for source control. **They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is [available](#).
17. Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.
18. Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare. Refer to the Appendix for a summary of different types of respirators.

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.
- E. First Responders are required to wear masks in common living areas and when riding in vehicles with other individuals.

EXPOSURE

- A. Exposed First Responders:
First responder who had *Prolonged Period of Time* with *close contact* to a patient, family member, visitor, or Health Care Practitioner with confirmed COVID-19 and any of these Personal Protective Equipment examples:
 1. First responder NOT wearing *facemask* or *respirator*.
 2. First Responder NOT wearing eye protection if the person with COVID-19 was not wearing a *cloth face covering* or *facemask*.
 3. First Responder not wearing all recommended PPE (i.e., gown, gloves, eye protection, *respirator*) while performing an aerosol-generating (i.e., CPAP, CPR, aerosols) procedure.
 4. When the exposure is a suspected case COVID-19 or PUI (Person Under Investigation) when testing has not yet occurred or if results are pending. Work restrictions described in the Exposed First Responder shall be followed until test results. If test results are delayed more than 72 hours or patient is positive for COVID-19, then the work restrictions described shall be applied.
- B. Low Risk Exposure First Responders:
First Responder other than those with exposure risk described above.

A First Responder with travel or community exposures shall inform their DICO for guidance on need for work restrictions.

RECOMMENDATIONS FOR MONITORING BASED ON EXPOSURE RISK

- A. Exposed First Responders
First Responder shall be excluded from work for 14 days after the last exposure. Requirements while at home shall include:
 1. Monitoring themselves for *Signs and Symptoms*.
 2. If the First Responder develops *Signs and Symptoms*, they shall immediately contact their DICO to arrange for medical evaluation and testing.



B. Low Risk Exposure First Responders

First Responder is not restricted from work. While at work, they shall:

1. Follow all recommended infection prevention and control practices, including wearing a *facemask* for source control while at work, monitoring themselves for *signs and symptoms* and not reporting to work when ill, and undergoing active screening for *signs and symptoms* at the beginning of their shift.
2. Any First Responder who develops *Signs and Symptoms* shall immediately self-isolate by separating from others and notify their DICO to arrange for medical evaluation and testing.

COVID-19 TESTING

A. Testing can be considered in these situations:

1. First Responder has *Signs and Symptoms* consistent with COVID-19.
2. First Responder is asymptomatic with known exposure to COVID-19.
3. First Responder diagnosed with COVID-19 infection to determine when they are no longer infectious (For rare situations).

RETURN TO WORK CRITERIA FOR COVID-19 POSITIVE FIRST RESPONDERS (DICO GUIDELINES)

First Responder with *mild to moderate* illness who is not severely immunocompromised:

A. Symptom-based strategy. This is the preferred method by the CDC. Exclude from work until:

1. At least 10 days have passed since *signs and symptoms* first appeared; and
2. At least 24 hours have passed since last fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., *Signs and Symptoms*)

B. Test-based strategy. (*Not recommended as COVID-19 patients stop shedding active virus after 9 days, but testing could still be positive from inactive virus for more than 30 days and testing is limited.*) Exclude from work until:

1. Resolution of fever without the use of fever-reducing medications; and
2. Improvement in symptoms (e.g., *Signs and symptoms*); 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).

First Responder with *severe to critical* illness or who is severely immunocompromised:

A. Symptom-based strategy. This is the preferred method by the CDC. Exclude from work until:

1. At least 20 days have passed *since symptoms first appeared*
2. At least 24 hours have passed since *last* fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., *Signs and Symptoms*)

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 completely resolved or at baseline. A *facemask* instead of a *cloth face covering*



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shall be used by First Responders for source control while in the facility. After this time period, these First Responders should revert to their facility policy regarding universal source control during the pandemic.

2. Self-monitor for symptoms and seek re-evaluation from DICO if symptoms recur or worsen.
3. Adhere to hand hygiene, respiratory hygiene, and cough etiquette.

DEPARTMENT COMMUNICATIONS REGARDING EMPLOYEES TESTING POSITIVE

The County cannot provide legal advice to individual jurisdictions regarding whether violations of medical privacy law have occurred or what are best practices 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).