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 **Dayton MMRS Public Health - GMVEMSC**

**Dayton & Montgomery County**

**COVID-19 Bulletin 13B: Personnel Exposures**

Keep at least six feet between yourself and others as much as possible. Cloth face coverings are not a substitute for social distancing. This document combined with COVID-19 Bulletin 7B is intended to provide for the protection of public safety personnel and reduce the need for quarantining such personnel.

Screen all employees for current illness before or on arrival to work. Employees who have signs and symptoms of illness must not report to work. Employees who develop signs and symptoms while at work should immediately stop work, put on a surgical (isolation) mask, inform their supervisor, and go home to self-isolate.

Screening locations should have supplies for cough etiquette and hygiene.

**Employee Entry Screening/Determine Need for Isolation:**

1. Does the employee have fever, a new cough or a change in a chronic cough, difficulty breathing/shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat or loss of taste or smell?
2. Check employee temperature: does the employee have a temperature greater than 100.4?
3. Has the employee had a positive COVID-19 test in the last ten days?
4. Has the employee had **close contact** (close contact is within six feet of a person for a cumulative time of fifteen minutes over a 24 hour period) in the last 14 days with a person who tested positive for COVID-19 other than while in all appropriate PPE?

If Yes to any of the above, deny entry, notify supervisor, and provide employee with isolation procedures information and have them contact their family physician.

Employees should report out-of-state travel to their supervisor. Ohio recommends that people entering Ohio after travel to states reporting positive testing rates of 15% or higher for COVID-19 self-quarantine for 14 days, depending on the risk levels associated with the employee’s trip and activities.

**Exposures: Determine Need for Quarantine**

1. Did the employee have unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19?
2. Was the employee in close contact (within six feet) with a person with confirmed COVID-19 for more than 15 minutes *for a cumulative time of fifteen minutes* over a 24-hour period)?
	1. Answer no if employee was wearing PPE. Cloth masks are **not** PPE.
3. Was an aerosol-generating procedure performed without full PPE including eye protection and a respirator (N-95 or PAPR)?
4. Was an employee not wearing eye protection with a COVID-19 patient who is not wearing a surgical/isolation mask?

If Yes to any of the above, exclude from work for 14 days after last exposure, and provide Quarantine Procedures information (separate handout). Advise employee to monitor themselves for fever or symptoms consistent with COVID-19.

Close contact while wearing PPE is not considered to be an exposure.

If an employee has been around a person who is in quarantine, or around someone who was identified as a close contact to a person with COVID-19, they should monitor for symptoms of COVID-19. They do not need to self-quarantine.

**Criteria for Return to Work following Isolation Precautions**

Employees placed in isolation for symptoms of or confirmed COVID-19 may return to work after at least 10 days have passed since symptoms first appeared, or since the date of a positive test (not the date of test result), AND have had at least 24 hours with no fever (without use of fever-reducing medications) **and** symptoms (e.g., cough, shortness of breath) are improving.

The test-based strategy is no longer recommended by CDC. In most cases, it results in excluding personnel from work longer than necessary, because the test can detect viral RNA when a person is no longer infectious.

Minimizing Disease Spread in Stations and Vehicles

Wear PPE when in proximity to others. COVID-19 is a deadly illness which can easily spread between partners.

Viral spread during meals or when people are talking loudly is a significant concern. Consider seating arrangements that limit exposure, or alternating meal times.

**Agencies with Healthcare (EMS) Staffing Shortages**

When an employee has been exposed based on the criteria above, Quarantine is recommended.

 A symptomatic employee **must** be off duty in “Isolation” for 10 days, with 24 hours of no fever (without using fever-reducing medications) and improving symptoms before returning.

CDC has provided guidance for mitigating staffing shortages caused by quarantine at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.  Whether to use such staff mitigation strategies is determined by the employing agency, not by Public Health.

Should an agency determine that they must return personnel to duty under the Crisis Capacity Strategies in the CDC guidance, we recommend close attention to components of the guidance including the following:

* Each such employee should be screened prior to starting work daily, and again at mid-shift.
* Each such employee should wear a surgical mask (i.e., an isolation mask, not a cloth mask) at all times while at work (unless in a room alone) for 14 days after the exposure event and wear an N95 or higher-level respirator and other PPE during all patient care activities.  If they must remove their surgical mask, for example, in order to eat or drink, they should separate themselves from others, and avoid congregating with others in the station and elsewhere to the degree feasible.
* If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, notify their supervisor, and leave work.
* Each employee who otherwise would have been in quarantine should minimize contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until full [Return to Work Criteria](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html) have been met.  For example, such employees should not be in the patient compartment of an ambulance with severely immunocompromised patients.

Attached for your convenience are two optional flow charts with explanations on the reverse side.  One is for public safety personnel; the second can be used by your jurisdiction if you choose for other employees.  These are adaptations of documents developed for the City of Dayton.