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 **Dayton MMRS Public Health - GMVEMSC**

**Dayton & Montgomery County**

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

All employees must keep six feet between yourself and others as much as possible. Cloth face coverings do not substitute for social distancing. This document, when combined with COVID-19 Bulletin 7A, is intended to provide for the protection of public safety personnel, and reduce the need for quarantining such personnel.

**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. Does anyone in the employee’s household 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? If symptomatic household member is completely isolated or has a definitive diagnosis from a physician that excludes COVID, answer no.
3. Check employee temperature: does the employee have a temperature greater than 100.4?

If Yes to any of the above, deny entry, notify supervisor, and provide employee with **Isolation Procedures** information (separate handout) and have them contact their family physician.

**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 6 feet) of a person with confirmed COVID-19 for more than 15 minutes?
	1. Answer no if the employee was wearing PPE, however cloth masks are not considered PPE.
3. If employee is a healthcare worker, was an aerosol-generating procedure performed without full PPE including eye protection and a respirator (N-95 or higher)?
4. Was an employee who is a healthcare worker not wearing eye protection with a COVID-19 patient who is not wearing a cloth face covering or facemask?

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.

Personnel who have been in close contact while wearing PPE are not considered to have an exposure.

Any employee who develops fever or symptoms consistent with COVID-19 must immediately contact their supervisor and physician to arrange for medical evaluation and testing.

**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, AND 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).

The test-based strategy for return to work applies only to persons who have laboratory-confirmed COVID-19 and have not had any symptoms. Persons who have already tested positive may discontinue isolation after negative results of FDA-approved SARS-CoV-2 RNA tests (not antibody tests) using at least two consecutive respiratory specimens collected more than 24 hours apart (total of two negative specimens).

**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 three days of no fever (without using fever-reducing medications) 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 must be 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 facemask (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 facemask, 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 and notify their supervisor prior to leaving work.
* Each such 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