East Central Illinois EMS

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Title: COVID-19 Exposure and/or Illness

Original Policy Date: 03/23/2020
Current Effective Date: 03/23/2020
Last Review Date: 10/09/2020
Next Required Review Date:

I. PURPOSE

To assist with assessment of risk, monitoring, and work restriction decisions for EMS providers with potential or confirmed exposure to SARS-CoV-2/COVID-19. This is based closely on the CDC recommendations and OSF Healthcare System policies and procedures.

II. DEFINITION

Close Contact:

a) Being within approximately 6 feet (2 meters), of a person with SARS-CoV-2/COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room)
b) Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Prolonged Exposure: Data is insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of **15 minutes or more** as prolonged.

III. POLICY

A. Higher-risk exposures generally involve exposure of EMS provider's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these EMS providers were present in the room for an aerosol-generating procedure.

B. This guidance applies to EMS providers with potential exposure in a healthcare setting to patients, visitors, or other healthcare providers with confirmed COVID-19. Exposures can also be from a person under investigation (PUI) who is awaiting testing. Work restrictions described in this guidance might be applied to EMS providers exposed to a PUI if test results for the PUI are not expected to return with 48 to 72 hours. Therefore, a record of EMS providers exposed to PUIs should be maintained. If test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.

Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19	• HCP not wearing a respirator or facemask • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	• Exclude from work for 14 days after last exposure • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact (e.g., occupational health program) to arrange for medical evaluation and testing
HCP other than those with exposure risk described above	N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Source: CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

Return to Work Criteria for EMS Provider with Confirmed or Suspected COVID-19:

A. **Symptom-based strategy**
   1. Exclude from work until:
      a. At least 10 days have passed since symptoms first appeared **and**
      b. At least 24 hours have passes since last fever without the use of fever-reducing medications **and**
      c. Symptoms (e.g., cough, shortness of breath) have improved

B. **Test-based strategy** *(in consultation with local infectious disease experts)***:**
   In some instances, a test-based strategy could be considered to allow healthcare providers to return to work earlier than if the symptom-based strategy were used. However, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some healthcare providers (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the healthcare provider being infectious for more than 20 days.

   1. Exclude from work until:
      a. Resolution of fever without the use of fever-reducing medications **and**
      b. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
      c. Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

*Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

**Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised or severe to critical illness).

Return to Work Practices and Work Restrictions:

After returning to work, EMS providers should:

1. Wear a facemask for source control at all times while on duty until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these EMS providers for source control during this time period while on duty. After this time period, these EMS providers should revert to standard practice regarding universal source control during the pandemic.
   a. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
   b. Of note, N95 or other respirators with an exhaust valve might not provide source control.

2. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Crisis Capacity Strategies to Mitigate Staffing Shortages:

A. When staffing shortages are occurring, EMS agencies, in collaboration with the East Central Illinois EMS System, may need to implement crisis capacity strategies to continue to provide patient care.

B. When there are no longer enough staff to provide safe patient care:
   1. Implement approved mutual-aid agreements with agencies with adequate staffing.
   2. If not already done, allow asymptomatic EMS providers who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected to continue to work.
      a. These providers should still report temperature and absence of symptoms each day before starting work. These providers should wear a facemask (for source control) while at work for 14 days after the exposure event. A facemask instead of a cloth face covering should be used by these EMS providers for source control during this time period while on duty.
   2. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19
   3. Of note, N95 or other respirators with an exhaust valve might not provide source control.

- If EMS providers develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If EMS providers are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all *Return to Work Criteria*.

IV. REFERENCES

A. Centers for Disease Control and Prevention. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). Accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

B. Centers for Disease Control and Prevention. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. Accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

C. Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages. Accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

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EMS Medical Director Date

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EMS System Coordinator Date

NOTE: Policies with original signatures are on file in the EMS office.