COVID-19 Exposure Guidelines

EMPLOYEE EXPOSURE TO KNOWN POSITIVE COVID-19 PATIENT **This guidance has been reviewed and approved by the Marin EMS Agency and the Marin County Public Health Officer**

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19* *This includes any length of time if unprotected and performing an aerosolgenerating procedure	 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 HCP/Employee from work for 14 days after last exposure If post-exposure testing is available, HCP should be tested approximately 4-5 days after exposure. May consider return to work after 10 days if HCP without symptoms and a negative test result. 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 their Supervisor and DICO to arrange for medical evaluation and testing.
Unclear Severity of Exposure* *More information needed to determine level of exposure	Missing or breach of portions of the required PPE	Consult with Agency DICO or EOC Fire Branch* *DICO or EOC Fire Branch may consult with Public Health and/or EMS for follow-up.
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 Supervisor and DICO to arrange for medical evaluation and testing.

Definitions

- A. Prolonged Data are 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. However, **any duration** should be considered prolonged if the exposure occurred during performance of an <u>aerosol generating procedure</u>.
- B. Close contact Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

"Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect First Responders having close contact with patients infected with COVID-19."

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

DICO/Fire Branch (415-499-7235)

	Employee follows chain of command to report exposure.
	Only HCP with prolonged, close contact with a patient who has tested positive for COVID-19 and without proper PPE are considered to have an at-risk exposure. Other people exposed to these HCP are considered to have a NO RISK exposure if this contact is within 48 hours and the HCP is asymptomatic.
	If personnel have a high-risk exposure to a patient who has not been confirmed positive for COVID-19, they should notify their supervisor, and ultimately the EOC Fire Branch to ensure follow-up with results.
	When source patient testing results are available, the testing entity (hospital or public health) must inform the exposed employee of the results.
	If BC/DICO or responding personnel have not heard testing results within 48 hours, they should call, in the following order: Fire Branch, hospital EMS Liaison, hospital infection control officer, MHOAC (via Comm Center).
	Schedule follow up w/Occupational Medicine or employee pre-designated physician as per normal protocol
	Return to Work Guidance:
r em	aployees with confirmed COVID-19, or suspected CVOID-19 that was not confirmed by lab testing, return to

work guidance is provided by the CDC in an update on July 17, 2020. The update is here:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Hospital Responsibilities

If, at any point, a transported patient is identified to require COVID-19 testing, the ED is required to immediately notify the crew and/or their chain of command. This should happen prior to departure from the ED. If it does not, ED MD or ED Charge Nurse or EMS Liaison shall call Comm Center (415-499-7235) with any POSITIVE test results to determine how to contact responding/transporting unit(s). If transporting/responding crews or BC/DICO have any concerns about EMS patients who may be tested in ED, they should call the ED directly within 2 hours after offload and ask to speak to treating personnel.

Phone #s:

a. MarinHealth Medical Center: 415-925-7203(ED) or 415-827-3006 (Test Results)

b. Kaiser San Rafael
c. Novato Community Hospital
d. Comm Center
e. Public Health
f. MHOAC
g. Fire Branch Commander
415-444-2415 (ED)
415-209-1350 (ED)
415-499-7235
415-473-4163
6211 Comm Center

Home Care Isolation Instructions

For those First Responders Being Home Isolated

Regardless of whether symptoms are present, home isolation means separating as much as possible from other people sharing the living space.

- The home isolated individual (HI) should stay in their own bedroom and, if possible, use a bathroom that is not shared with others.
- If there's only one bathroom, set up a bathroom rotation in which the HI uses the bathroom last and then disinfects it thoroughly.
- If the HI needs to come out of their room for any reason, they should wash their hands for at least 20 seconds with warm soap and water* and wear a mask. if soap/water not available, use an alcohol-based hand sanitizer with at least 60% alcohol
- Clean and disinfect commonly touched surfaces frequently. This includes countertops, doorknobs, light switches, and bathroom surfaces.

For all persons in the home, including the HI:

- Items should not be shared between others in the home and the HI. This includes dishes, drinking glasses, silverware, towels, phones, and remote controls.
- If possible, use a dishwasher to clean and dry dishes and silverware used by the HI. If this is not possible, wash them by hand using detergent and warm water. Dry them thoroughly, using a separate dishtowel.

As long as all members of the household are following these home isolation and hygiene guidelines closely, the OTHER persons in the home can continue to participate in normal activities outside of the home during the quarantine period and they should simply follow the same social distancing recommendations.

- Take care of yourself!
- Hydration: drink plenty of fluids and maintain a healthy and balanced diet
- Recommend Tylenol as first-line for pain or fever, ibuprofen as second choice
- Keep a normal sleep schedule and aim for at least 7 hours a night

The home isolated individual should stay home unless medical care is needed and should vigilantly self-monitor

- o If you develop emergency warning signs for worsening COVID-19 get medical attention immediately. In adults, emergency warning signs:
- Difficulty breathing or shortness of breath
- o Persistent pain or pressure in the chest
- Stroke symptoms
- o New confusion or inability to arouse
- o Bluish lips or face
- This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning