

IDHS RESOURCE ON EXPOSURE TO CORONAVIRUS COVID-19 FOR EMERGENCY RESPONDERS

March 20, 2020



- This resource addresses the two common questions:
 - What constitutes an EMS provider exposure?
 - What is the appropriate reaction?
- The guidelines are taken directly from current CDC guidance and recommendations.
- If an individual provider has questions or concerns on a specific case, please contact your local health department and consult with your individual EMS medical director.



- For the purposes of this guidance, HCP provider is interpreted to be the same as EMS provider.
- HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have *no identifiable risk*.)



Low Risk Exposure

Brief interactions with COVID-19 patients

Prolonged close contact with COVID-19 patients wearing a face mask and the HCP wearing a face mask. Use of a respirator for treatment of COVID-19 patients

Medium Risk Exposure

Prolonged close contact with facemasked COVID-19 patients where HCP mouth and nose were exposed to potentially infectious material

Treatments with aerosolgenerating procedures on a COVID-19 patient where gloves, gown, and face mask were used but no respirator

High Risk Exposure

HCP with prolonged close contact with COVID-10 patient without a face mask

Treatments with aerosolgenerating procedures on a COVID-19 patient where HCP eyes, nose or mouth were not protected



Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None



Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

SUMMARY



- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision.
- HCP with no direct patient contact and no entry into active patient
 management areas who adhere to routine safety precautions do not
 have a risk of exposure to COVID-19 (i.e., they have no identifiable risk.)
- www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

SUMMARY



- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
- EMS providers who are exposed to potential COVID patients with recommended PPE in place do not need quarantine. They will continue to work unless they develop symptoms (fever/cough/SOB) at which time they will abstain from duty and seek medical evaluation.

SUMMARY



- Consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work.
- HCP should wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.



THIS RESOURCE IS BEING OFFERED FOR ADDITIONAL INFORMATION FOR EMERGENCY RESPONDERS

Please continue to monitor ISDH and CDC for additional and changing guidance:

- ISDH: https://www.in.gov/isdh/28470.htm
- CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html