



*Department of Public Safety*  
*Office of the EMS Medical Director*

Monroe County, New York

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## **COVID-19 FAQ's for EMS/Fire/Law Enforcement**

### **Personnel Health, Exposure/Testing, and Return to Work**

**Last Updated 7/16/2020**

#### **General Principles**

- 1) All personnel should continue to self-monitor twice a day (temperature and symptoms) and undergo temperature monitoring and symptom checks at the beginning of each shift and at least every 12 hours. Individuals must not come to work, or be allowed to continue to work, if:
  - a. They have a temperature of 100.4°F (38°C) or greater. If a thermometer is not available, then a subjective feeling of fever is acceptable and defined as “feeling hot compared to room temperature or your forehead feeling hot when touched by the BACK of your hand.”
  - b. They have any symptom, defined as the following:
    - i. Subjective fever or chills
    - ii. Body aches
    - iii. Cough
    - iv. Shortness of breath
    - v. Sore throat
  - c. A resource for temperature and self-screen is available at <https://mlrems.org/GetFile.aspx?fileID=25965>.
- 2) Any personnel with abnormal temperature or symptoms as above, not attributable to a previously recognized condition (e.g. seasonal allergies, asthma, etc.), should immediately stop work and isolate at home; if at home, they should not report to work.
  - a. Personnel should notify their supervisor, and self-isolate at home away from household members to whatever extent possible.
- 3) Facial coverings are encouraged in workplaces where social distancing is not possible.
  - a. Facial coverings slow the spread of disease - through decreasing inadvertent touching of the face and presenting asymptomatic spread of disease. This is referred to as a “Face Covering” and is to be distinguished from “Universal Masking.” The latter is the universal application of a face mask when operating in a patient care environment where social distancing and other measures may not be possible.
  - b. Given the proximity of personnel to each other in buildings and offices, it is encouraged that personnel working as a result of this pandemic wear facial coverings out in public or in any environment in which a person cannot maintain social distancing from another.
  - c. Facial coverings are not for a clinical setting, where responders should follow published PPE guidance for patient contact.



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- d. CDC guidance on the creation and use of cloth facial coverings is available at:  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
  - e. Proper hand sanitizing/hand washing during doffing and donning of either face coverings or surgical/N95 masks in the clinical setting remains essential to reduce the risk for inadvertent facial contact resulting in virus transmission.
- 4) This is an extremely challenging time for all responders and their families.
- a. Agency leadership is encouraged to engage their EAP, internal support structures, or peer support teams.
  - b. An outstanding message from a fellow responder and clinical psychologist can be found at  
<https://www.mlrems.org/GetFile.aspx?fileID=25973>.
  - c. The Monroe County Peer Support Team is available at [www.mcpeersupport.org](http://www.mcpeersupport.org) or 585-310-1661.
  - d. The National Suicide Prevention Lifeline is 1-800-273-8255.
  - e. NO ONE is alone – we will get through this together.

## Exposure and Contact Tracing

- 1) What constitutes an exposure to someone with COVID-19?
  - a. See the latest CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
  - b. A potential exposure means being a household contact or having prolonged close contact within 6 feet of an individual with confirmed or suspected COVID-19 without appropriate PPE for 15 or more minutes.
  - c. The timeframe for having contact includes the period of time of 48 hours **before** the individual became symptomatic or tested positive.
- 2) A responder believes they have been exposed to someone with COVID-19 during the course of their work:
  - a. Can they be cleared for duty?
    - i. Yes. No assessment is required. The responder must monitor twice daily for fever and symptoms and not report for work if either develop (see General Principles, above).
  - b. Can they be tested?
    - i. Testing at the time of exposure is highly likely to result in a negative test result, thus it provides a false sense of security. The only indication for testing at this time is if and when the responder has symptoms and based on the availability of testing.
  - c. Can the person that exposed the responder be tested?
    - i. Generally, no, as there is no ability to compel a test and it does not change the course of action after the potential exposure. Testing is done based on the clinical presentation, not the potential for exposure. The responder will need to self-monitor and follow the General Principles, above.



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- 3) Will I or my agency be notified if I have been in contact with an individual who tests COVID-19 positive?
  - a. Contact tracing, or tracking the potential contacts of an individual who tests positive for COVID-19, will not as a matter of routine result in notification of responders involved in the individuals' care. This is due to the overwhelming number of cases and the fact that it will not change the guidance provided to the responder which is to self-monitor and follow the General Principles, above.
  - b. A responder may be notified by a household contact or the County Health Department if the household contact tests positive. Cases of household contact are handled differently as there is an assumption of close and prolonged exposure to a COVID-19+ individual.

## Evaluation and Testing of Responders

- 1) Evaluation of responders:
  - a. If the responder believes their illness was due to a workplace exposure, and desires an evaluation or believes they should be tested, the responder should follow their agency procedures for being seen by their occupational health provider.
  - b. If the responder believes their illness was due to a community contact (eg interaction with another ill friend or family member prior to the onset of their symptoms), and desires an evaluation or believes they should be tested, the responder should contact their Primary Care Provider for any care guidance.
- 2) Are there any considerations for testing of public safety personnel?
  - a. Testing of public safety personnel should occur as clinically indicated through the occupational health provider or primary care provider as outlined above. There is no central means for rapidly testing public safety personnel that are symptomatic from COVID-19.

## Returning to Work

- 1) Returning to work should be determined by the occupational health provider of the agency in concern with the most recent NYS guidance available at <https://coronavirus.health.ny.gov/home>.

## Travel Considerations

- 1) Returning to work after travel should be determined by the occupational health provider of the agency in concern with the most recent NYS guidance available at <https://coronavirus.health.ny.gov/home>.

## Additional Information

These FAQs, all associated documents, and links to CDC resources can also be found at:  
<https://www.mlrems.org/provider/covid-response/>