



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Interim Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

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

Exposure Assessment / Employee Health

Last Updated 3/25/2020 2:30 PM

Exposure Assessment

1. All personnel must 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
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.
3. If symptoms occur, personnel should not report to work, or if at work immediately stop, notify their supervisor, self-isolate at home away from household members to whatever extent possible, and if symptoms are severe or worsening see their healthcare provider.
 - a. Those who are ill should be isolated for two reasons – once you have symptoms you are most likely to spread disease to others and staying home with supportive care allows most people to recover.
4. Personnel are not to return to work until ALL of the following occur:
 - a. They have been at least **72 hours** fever-free without the use of fever reducing medications (acetaminophen or ibuprofen).
 - b. Any symptoms have improved (this does not require complete symptom resolution).
 - c. At least seven (7) days have passed since symptoms first appeared.
5. Any personnel who were self-quarantined prior to 3/20/2020 due to occupational exposure, regardless of the nature of that exposure, may be released from that self-quarantine provided they have been asymptomatic or have met all the criteria in item 4, above.



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Interim Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

This guidance has changed because sustained transmission of COVID-19 is present in our community. In this context, all responders, including our families, should consider themselves as possibly exposed to COVID-19 and should therefore self-monitor for symptoms (as above) at least daily. Public safety (including fire, EMS, law enforcement) and health personnel are at risk for unrecognized exposure within the community and at work, and therefore should self-monitor for symptoms at least twice daily.

With sustained community exposures already occurring, quarantining asymptomatic responders and healthcare providers critical to the response infrastructure to prevent exposure to others (defined as containment) is of little value because the likelihood is that you and everyone around you, have already been exposed during every day activities over the last few weeks.

Instead of quarantining to limit exposures between asymptomatic responders who are likely to already have been exposed, we need to isolate symptomatic people who are most likely to spread disease. For this reason, the NYS DOH now advises healthcare facilities to allow asymptomatic workers to continue to work even after exposure to a confirmed positive COVID-19 patient. We will follow similar guidance to assure readiness and service of our public safety and health care community. This guidance has been approved by the Monroe County Public Health Commissioner.

Asymptomatic public safety and health workers can continue to work with twice daily symptom checks as above. This recommendation applies even to high risk exposures defined as no PPE or a PPE breach when in close contact to a positive patient during an aerosol generating procedure (CPR, intubation, nebulization).

This does not, in any way, suggest that PPE is non-essential. PPE remains critical to reduce our exposure and spread to our most vulnerable populations when performing our work duties.

Frequently Asked Questions

- 1) What constitutes an exposure to someone with COVID-19?
 - a. As COVID-19 is now throughout our community, the definition of an occupational “exposure” is moot. However, transmission is highest if a responder:
 - i. Does not have appropriate PPE and being within approximately 6 feet, of a person confirmed with 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 room); or
 - ii. Does not have appropriate PPE and having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
 - b. Close contact is NOT being more than a few minutes in the patient’s room without having direct contact with the patient or their secretions/excretions regardless of wearing PPE or not.



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Interim Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- 2) What is the expected follow-up and notification chain by a hospital or the Monroe County Department of Public Health (MCDPH) if a patient is found to be COVID-19 positive?
 - a. As of 3/20/2020, if a patient is found COVID-19 positive, a hospital will notify the Monroe County Department of Public Health. MCDPH will contact the EMS Medical Director who will contact the agency to alert the crew that they did have contact with a COVID-19 positive patient.
 - b. Agencies should identify a primary Point of Contact and determine internally within the agency what notifications need to be made within the agency.
 - c. The agency should identify and notify the staff, reminding them to self-monitor for symptoms and fever as above. Quarantine is no longer necessary.
 - d. There are no notifications required beyond your Agency, County, State, CDC.
 - e. It is highly likely that as the number of COVID-19 positive cases increases, that reporting positive cases will cease as it does not change the monitoring of public safety and health care staffs.
- 3) Are there any considerations for testing of public safety personnel?
 - a. Rapidly testing public safety personnel that are symptomatic from COVID-19 is still being developed. The significant limitation in testing supplies is the barrier.
- 4) What is the difference between quarantine and isolation?
 - a. Put simply, quarantine is separating a person who has been exposed but not ill. Isolation is separating a person who is ill, whether confirmed by testing or not.
- 5) Where can someone be isolated?
 - a. An individual can be isolated in nearly any location where they can sleep, use a bathroom, and eat while avoiding direct, close contact with other, non-ill persons.
 - b. You can have more than one person in the same isolation space provided the persons can have separate bedrooms, separate bathrooms if possible (or to clean after use if they are sharing), and to never be in the same room at the same time.
- 6) I have been exposed to someone with COVID-19 but I don't have any symptoms.
 - a. Can I be tested?
 - i. No. The only indication for testing is if and when there are symptoms and testing is limited only to severe cases where the test result will change management.
 - b. Can I 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.
- 7) I have been exposed, and I have symptoms. I had a test and it came back negative. Can I return to work?
 - a. Only if the responder has met ALL of the following:
 - i. They have been at least 72 hours fever-free without the use of fever reducing medications (acetaminophen or ibuprofen).
 - ii. Any symptoms have improved (this does not require complete symptom resolution).
 - iii. At least seven (7) days have passed since symptoms first appeared.



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Interim Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- 8) I have been exposed, and I have symptoms. I had a test and it came back positive. Can I return to work?
- a. Only if the responder has met ALL of the following:
 - i. They have been at least 72 hours fever-free without the use of fever reducing medications (acetaminophen or ibuprofen).
 - ii. Any symptoms have improved (this does not require complete symptom resolution).
 - iii. At least seven (7) days have passed since symptoms first appeared.

Responder/Employee Health

- 1) What symptoms should my responders be looking for?
 - a. All responders should be self-monitoring for fever, cough, sore throat, or body aches.
 - b. Departments are to have employees check their temperature prior to duty and at end of shift or after 12 hours of duty time. Temperatures greater than 100.4°F (38°C) are abnormal and the employee should return home and reassess for additional symptoms. They should not return until they meet ALL of the following:
 - i. They have been at least **72 hours** fever-free without the use of fever reducing medications (acetaminophen or ibuprofen).
 - ii. Any symptoms have improved (this does not require complete symptom resolution).
 - iii. At least seven (7) days have passed since symptoms first appeared.
 - c. A resource for temperature and self-screen is available at <https://mlrems.org/GetFile.aspx?fileID=25950>
- 2) If one of my responders is exhibiting symptoms of COVID-19, what do I do?
 - a. Have the responder stay at home, or if at work, go home.
 - b. Have the responder call their supervisor or follow internal agency reporting processes.
 - c. Have the responder contact their healthcare provider (personal or through occupational health) for assessment and guidance if symptoms are worsening.
 - d. Do not allow the responder to report for work until they meet ALL of the following:
 - i. They have been at least **72 hours** fever-free without the use of fever reducing medications (acetaminophen or ibuprofen).
 - ii. Any symptoms have improved (this does not require complete symptom resolution).
 - iii. At least seven (7) days have passed since symptoms first appeared.
- 3) A responder's family member is potentially exposed to COVID-19 and showing symptoms. The family member was tested and awaiting results. Should the responder be placed on quarantine regardless of the family member's COVID-19 results?
 - a. There is no need to quarantine the responder regardless of the test results. As long as the responder has no symptoms (fever, chills, cough, cold, runny nose, sore throat, etc.) and no fever, they may work.



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Interim Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- 4) A responder has a family member with common cold symptoms. Their family member is not tested. Can the responder come to work?
 - a. Yes, as long as the responder has no symptoms (fever, chills, cough, cold, runny nose, sore throat, etc.) and no fever, they may work.

- 5) A responder has mild symptoms of the common cold.
 - a. Can they get tested for COVID-19?
 - i. At this time, not as a matter of routine. Testing is being reserved for individuals with severe disease or risk factors for decompensation. As testing availability improves, this may change.
 - b. Their symptoms then resolve. Can they come to work?
 - b. Yes, provided they meet ALL of the following:
 1. They have been at least **72 hours** fever-free without the use of fever reducing medications (acetaminophen or ibuprofen).
 2. Any symptoms have improved (this does not require complete symptom resolution).
 3. At least seven (7) days have passed since symptoms first appeared.

- 6) I have a responder that just returned from a Level 2 or Level 3 country. Should they come to work?
 - a. At this time, only individuals returning from a Level 3 Country should home quarantine for 14 days from the time leaving that country.
 - b. Domestic travel, at this time, does not require quarantine.
 - c. All travelers, just like all locals, must monitor for symptoms regardless of quarantine status.

- 7) I have a responder that just returned from a cruise. Should they come to work?
 - a. As of 3/16/2020, the CDC has indicated cruises, regardless of ports of call, are essentially a Level 3 Country.
 - b. As a result, responders should home quarantine for 14 days from the time of disembarkation.
 - c. We recognize this is in direct contrast to the above issued guidance, however the CDC, as of 3/20/2020 8am has not changed their recommendation regardless of the individual's occupation. We expect this to change soon.

- 8) Are there any responders that should not work/respond?
 - a. This is the personal choice of the responder, however this is a clinical recommendation.
 - b. We know that COVID-19 has much more severe impact on the following populations:
 - i. Older adults, define as you wish: >80 is highest risk, >65 high risk, etc.
 - ii. Those that have diabetes, are pregnant, have pre-existing cardiac or respiratory disease, and those that are potentially immunocompromised due to pre-existing disease (e.g. HIV) or treatment (e.g. chemotherapy).



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

Timothy Kohlmeier
Interim Public Safety Director

Jeremy Cushman, MD, MS, EMT-P
EMS Medical Director

- c. We recommend that those in the high risk groups minimize their potential for exposure by limiting certain types of responses (e.g. EMS calls), or changing to different job tasks (non-contact or distanced interaction roles). Again, this is a personal decision by the responder in concert with their Agency.
 - d. It is recommended that in volunteer agencies that any attendance, point system, response expectations, etc be lifted during this declared pandemic.
- 9) Dr. Cushman mentioned filing a single exposure report for the Agency, what does that entail? **(NEW 3/25)**
- a. As each agency is different, some of the processes may be unique to that agency.
 - b. Overall, consider the following:
 - i. Create a single exposure report using the usual agency exposure reporting process to indicate that all active personnel operating at the agency during the County state of emergency declared on 3/14/2020 at 9am until rescinded, in response to the COVID-19 Pandemic, are likely to have been exposed at some point during the declared emergency to patients with COVID-19.
 - ii. Attach a roster of active personnel during this declared emergency to that exposure report (may require updating depending on how long this lasts).
 - iii. File away. Advise agency personnel that an exposure report has been filed for the duration of this incident, and so exposure reports moving forward are only necessary for non-COVID-19 exposures (e.g. bloodborne exposure, chemical exposure, etc).

Additional Information

These FAQs, all associated documents, and links to CDC resources can also be found at:

<https://www.mlrems.org/provider/covid-response/>