



LIVINGSTON COUNTY
EMERGENCY MEDICAL SERVICES
Office of the EMS Medical Director

3360 Gypsy Lane
Mt. Morris, New York 14510
Phone (585) 243-7596 | Fax (585) 243-7187

Karen H. Dewar, RN, EMT
Director

Aaron Farney, MD
EMS Medical Director

To: All Livingston County First Responders & EMS Personnel
From: Aaron Farney, MD *Aaron Farney MD*
Date: **April 6th, 2020 2:00 PM**
Re: COVID-19 exposures, return to service, & role of the local health department

To all Livingston County first responders & EMS personnel,

A few processes surrounding exposures to COVID-19, whether confirmed or suspected, need to be clarified. First, understand that as COVID-19 is now endemic in our community, many of us have been unknowingly exposed, whether at work, or while off duty during daily essential activities (e.g. grocery shopping). Understanding this point is key. For those who have not yet been exposed, the degree of separation is roughly one.

It is neither practical nor necessary for every person who has potentially been exposed to COVID-19 to quarantine for 14 days. The New York State Department of Health and the Bureau of EMS have issued guidance for healthcare and EMS personnel with confirmed or suspected COVID-19 exposure. This letter serves to clarify local post-exposure processes and the role of the county health department. These processes have been developed in conjunction with the Livingston County Public Health Director.

Allow me to stress the absolute necessity of following PPE guidelines. *PPE remains critically important to slow the spread of COVID-19 and keep our public safety personnel safe.*

Definition of Exposure

The CDC defines exposure to COVID-19 as *being within six feet of a confirmed COVID-19 infected person for at least 5 minutes without appropriate PPE or having unprotected direct contact with infectious secretions (no PPE).*

What is NOT an exposure:

- Brief encounters less than a few minutes and at a distance > 6 feet
- Contact with a positive COVID-19 patient while wearing appropriate PPE
- Contact with a person who has interacted with another person with known or suspected COVID-19

Going forward, there should be *zero* true exposures to COVID-19 within our public safety community. At this point, I have made the PPE requirements sufficiently clear (COVID-19 Interim Guidance,

countywide conference calls and associated slides, as well as regional and CDC guidance). However, an occasional PPE breach may occur. If a true exposure does happen, the following processes are in place.

Definition of an EMS Agency and EMS Personnel

For all intents and purposes, an EMS agency should be defined as any public safety agency (EMS, fire department, law enforcement, or other) rendering medical care to patients in any capacity as part of the 911 system. Furthermore, EMS personnel should be defined as any personnel rendering any care to suspected COVID-19 patients, including all first responders (fire, law, etc.). Any reference to EMS agencies or personnel cited in this document should follow these definitions.

Quarantine and Isolation Definitions

Quarantine is the name for the separating exposed but asymptomatic persons from others. Isolation is the process of separating ill persons from others.

Post-Exposure - Asymptomatic

In accordance with *New York State Bureau of EMS Policy Statement 20-04: COVID-19 EMS Provider Exposure*, healthcare facilities and EMS agencies may allow healthcare personnel, including EMS personnel, who have been exposed to COVID-19, to continue to work in healthcare and/or EMS so long as the exposed personnel remain asymptomatic (no fever, cough, sore throat, body aches, or respiratory symptoms), and submit to the following:

- *Self-monitor* for fever and symptoms twice daily
- Conduct *temperature monitoring and symptom checks* at beginning of each scheduled shift and at least every 12 hours thereafter while on duty
- Wear a facemask while working until 14 days after the last *high-risk* exposure (no PPE, sustained close contact with confirmed COVID-19)

This means that the agency must check the provider's temperature at start-of-shift, whether volunteer or paid. If the agency has no scheduled shifts (e.g. volunteer fire department), then the exposed provider must check their own temperature at home twice daily and record it in a log. Any temperature > 100.4 degrees is a fever. Additionally, the exposed provider must wear a facemask for 14 days post-exposure when on duty.

Currently, there is no role for testing asymptomatic EMS personnel for COVID-19.

Asymptomatic exposed public safety personnel should maintain self-quarantine at home when not at work for a duration of 14 days following the last high-risk exposure.

Post-Exposure - Symptomatic

Any exposed EMS personnel who become symptomatic must stop work immediately and isolate at home. Symptoms are defined as presence of fever (whether measured or not), new cough, sore throat, body aches, or shortness of breath not attributable to an underlying condition (e.g. seasonal allergies or asthma). Isolation means staying at home and keeping a safe distance (> 6 feet) from any household members to the extent possible.

Those who are under age 65, relatively healthy, and who have mild illness should simply stay at home. Those over age 65 or with significant medical co-morbidities (e.g. diabetes, asthma, COPD, heart disease), should contact their primary care provider for guidance on potential testing and care. Those who are moderately to severely ill should seek medical attention.

Return to Public Safety/EMS Work

Any exposed symptomatic EMS personnel must isolate at home for at least 7 days after onset of symptoms. Additionally, they must be fever free for 72 hours without the use of fever-reducing medication (e.g. ibuprofen, acetaminophen). Finally, they must have improving symptoms. Upon return to work, they must wear a facemask until 14 days after illness onset if any persistent symptoms (e.g. mild cough).

Any exposed EMS personnel who are symptomatic and test negative should still abide by the requirements above.

Any EMS personnel who test positive (whether symptoms or not) must maintain isolation for at least 7 days after the date of the positive test, in addition to the above requirements which still hold true.

Notification of Positive Tests

Testing entities (clinics, labs, hospitals) are required to notify the jurisdictional health department where the patient resides of any positive test results. If the Livingston County Health Department receives notification that a county resident tests positive for COVID-19, the health department will notify the County EMS Office to determine if the patient was transported by EMS. The EMS Office will then follow-up with respective agency leaders to (1) notify them of the positive result and (2) to ascertain PPE utilization and determine if any exposure occurred, in conjunction with health department. Agencies leaders should then notify respective involved responders and remind them to self-monitor for fever and symptoms. Any results or follow-up is considered quality assurance information and should be kept *strictly confidential*.

This process is subject to modification; as the number of positive results increase, notifications of all cases may not be feasible. Furthermore, notification does not change practice, as everyone should be utilizing appropriate PPE on all calls, practicing daily self-monitoring, and conducting pre-shift fever/illness screening.

Role of the Livingston County Health Department

Ultimately, the Livingston County Health Department is the authority having jurisdiction over post-exposure processes and requirements within the county. If the health department imposes a quarantine or isolation measure, or any other requirements on exposed personnel, those must be followed.

Agencies leaders and public safety personnel should not call the Livingston County Health Department seeking specific patient follow-up or test results. Any agencies or personnel with COVID-19 related questions, whether related to exposures or otherwise, should contact the Livingston County EMS Office.

Contacting Employers

EMS personnel should not contact their non-EMS employers to inform them of potential COVID-19 exposures sustained while on EMS duties. First of all, this is a breach of patient confidentiality. Secondly, your private employer may very well impose their own more restrictive processes and require you to stay home. There is nothing the EMS Office nor the Health Department can do to assist personnel in returning to work with a private employer if the Health Department was not responsible for a quarantine.

In the event of a confirmed true exposure, personnel and private employers should refer to the guidance document “Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection,” issued by the New York State Department of Health on March 28th.

Referenced Documents

1. New York State Bureau of Emergency Medical Services and Trauma Systems Policy Statement 20-04: COVID-19 EMS Provider Exposure. Dated March 20th, 2020.
2. New York State Department of Health Advisory: “Updated Protocols for Personnel in Healthcare and other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection.” Dated March 31st, 2020.
3. New York State Department of Health Advisory: “Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection.” Dated March 28th, 2020.

Additional COVID-19 References

Monroe-Livingston EMS

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

New York State Bureau of EMS

<https://www.health.ny.gov/professionals/ems/policy/policy.htm>

Livingston County Department of Health

<https://www.livingstoncounty.us/1207/COVID-19>

New York State Dept. of Health:

<https://coronavirus.health.ny.gov/information-healthcare-providers>

CDC Interim Guidance for EMS & Risk Assessment

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

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