



*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 4/10/2020**

#### **General Principles (Updated 4/10)**

- 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
  - 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. Homemade coverings to cover the face in public may slow the spread of disease - either through decreasing inadvertent touching of the face or asymptotically spreading 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. Due to current and predicted shortages in PPE, it is recommended that facial coverings be cloth facial coverings or masks and not surgical or procedural masks. In no cases should N95 masks be used for the purpose of facial covering as supplies are extremely limited and they should be reserved only for aerosolizing procedures.
  - e. 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>.
  - f. 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 (Updated 4/10)**

- 1) What constitutes an exposure to someone with COVID-19?
  - a. A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19 without appropriate PPE.
  - b. The timeframe for having contact with an individual includes the period of time of 48 hours **before** the individual became symptomatic.
- 2) A responder believes they have been exposed to someone with COVID-19:
  - 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 (Updated 4/10)**

- 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.
    - i. If the occupational health provider refuses to evaluate the responder, Command Staff should contact the respective discipline (Law Enforcement, Fire, or EMS) desk at the Monroe County Office of Emergency Management.
  - 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 (Updated 4/10)**

- 1) A responder has had a COVID-19 illness, either confirmed by testing or by a clinician indicating they were "presumptively positive" for COVID-19 based on symptoms. When can they return to work?
  - a. Responders may return to work if **ALL** of the following are met:
    - 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.
    - iv. They wear a mask or facial covering while at work for 14 days from symptom onset.
    - v. They limit travel only from home to work and back for 14 days from symptom onset. No stops to the grocery, pharmacy, etc.



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- 2) A responder had symptoms and their test came back negative. Can they return to work?
  - a. Yes, 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.
    - iv. They wear a mask or facial covering while at work for 14 days from symptom onset.
    - v. They limit travel only from home to work and back for 14 days from symptom onset. No stops to the grocery, pharmacy, etc.
  - b. Why is this the same recommendation as if I had a positive test?
    - i. Current testing runs the risk of a false-negative test (meaning the test is resulting negative, even though the individual has the virus). Out of an abundance of caution, and given the need to maintain our responder workforce, it makes sense to err on the side of caution particularly in someone that had symptoms, to help reduce the spread in case the test was a false negative. This recommendation may change as testing accuracy changes.

## **Responders and Their Families (Updated 4/10)**

- 1) A responder's housemate (family member, significant other, roommate, etc) whom they have routine close contact with is told they have COVID-19, either confirmed by testing or by a clinician indicating they were "presumptively positive" for COVID-19 based on symptoms. What should the responder do?
  - a. The responder should separate from the COVID-19+ individual as much as possible within the home during their housemate's infectious period. While often hard to do while living under the same roof, some homes make this feasible (separate bathrooms/floors/living areas, etc.). Otherwise, relocation to another residence is another option. (See Quarantine and Isolation, below)
  - b. The responder needs to quarantine for 14 days from the last date of exposure to the COVID-19+ individual:
    - i. If the responder is able to separate from the housemate, then the last date of exposure is the date they are no longer coming in contact with the housemate.
    - ii. If they continue to live in the same household and are unable to separate from the housemate, the last exposure won't occur until the COVID-19+ housemate is recovered (7 days post symptom onset with at least 3 days fever free without fever-reducing medication). Thus the quarantine could be for 21 days (or longer if the COVID-19+ person has a lasting fever).
  - c. The responder may come to work despite being under quarantine PROVIDED:
    - i. The responder remains asymptomatic.
    - ii. The responder wears a mask at all times they are not at home.
    - iii. They limit travel only from home to work and back while quarantined. No stops to the grocery, etc.



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- 2) A responder's housemate has a mild illness, but is neither confirmed by testing nor presumptively diagnosed by a clinician as being COVID-19+, what should my responder do?
  - a. If the housemate is ill with nonspecific symptoms (mild GI illness, unsure if allergies or something more, etc), then the responder may go to work as normal and does not require quarantine. The responder should keep their distance from their housemate during this time so they don't catch whatever the housemate may have. In addition, the housemate should be recommended to contact their primary care physician if their symptoms continue for 3 or more days or if symptoms get worse.
  - b. If the housemate later becomes COVID-19+ by testing or presumption, then follow directions above.
- 3) A responder's housemate was potentially exposed to COVID-19 and showing symptoms. The housemate was tested and is awaiting results. Should the responder be placed on quarantine while awaiting the housemate's COVID-19 results?
  - a. The responder should take the steps as outlined in item #2, above until results return.
  - b. If testing is negative, the responder should continue to try and keep their distance from the housemate while they are ill, but are not required to quarantine.
- 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.

## Information for Supervisors

- 1) I want to take temperatures of my personnel, which is the best device to use?
  - a. Taking a temperature in addition to symptom assessment prior to each shift and after every 12 hours of duty or end of duty cycle is ideal. Presence of fever is felt to be indicative of the highest potential for virus shedding (sharing) and therefore the most infectivity.
  - b. All thermometers have some level of inaccuracy. Thermometers for medical use (and not industrial, etc) are preferred as they are more accurate for the range of human body temperature.
  - c. Agencies should take a temperature using the most reliable device they can find that limits the chances of spread. For example, if one person is checking persons entering a building, then an infrared thermometer used by a single user for multiple tests is ideal as it limits the number of



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hands handling it. Some agencies have dispensed individual thermometers for the personal use of each member to limit cross contamination. Some are using temporal thermometers which are usually accurate. Regardless, if the device ends up being handled by each individual, whether touch or infrared - if its handled there needs to be a way to disinfect between uses.

- 2) 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).
  - 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 employer.
  - d. It is recommended that in volunteer agencies that any attendance, point system, response expectations, etc be lifted during this declared pandemic.
  
- 3) Additional guidance for employers of critical personnel (eg public safety) is available at:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

## Travel Considerations

- 1) I have a responder that just returned from a Level 2 or Level 3 country. Should they come to work?
  - a. Only individuals returning from a Level 3 Country should home quarantine for 14 days from the time leaving that country.
  - b. Domestic travel does not require quarantine, as the CDC does not place travel restrictions on intercity/interstate travel in the United States.
  - c. All travelers, just like all locals, must monitor for symptoms regardless of quarantine status.
  
- 2) I have a responder that just returned from a cruise. Should they come to work?
  - a. 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.



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- 3) So a responder has to quarantine if traveling out of country or on a cruise but not coming back from NYC, even if they are a healthcare provider?
  - a. The CDC, as of 4/9/2020 has not changed their recommendation of travel-associated quarantine regardless of the individual's occupation.
  - b. Additional domestic travel guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

## **Additional Information**

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