

First Responder Exposure Risk Assessment Procedure

DEFINITIONS:

Appropriate Personal Protective Equipment (PPE):

- a) Face mask or N95 respirator, eye protection (face shield, goggles or safety glasses), gloves and gown – if no aerosol-generating procedures performed
- b) N95 Respirator, eye protection (face shield, goggles or safety glasses), gloves and gown – if an aerosol-generating procedure was performed

Encounter: If a first responder is wearing appropriate PPE for the situation the responder has had an **encounter** and they do not need a risk assessment or testing, regardless of the patient's COVID-19 status.

Exposure: a first responder is considered to have an **exposure** and should have a risk assessment completed when one of the following occur:

- a) Appropriate PPE was not worn on a suspected or confirmed COVID-19 patient, **OR**
- b) had a breach in their PPE, especially the mask, respirator or eye protection, **OR**
- c) the responder self-exposes themselves by inappropriately doffing the PPE.

First Responder: a first responder is defined as an employee or volunteer of emergency medical services, fire companies, ambulance providers and law enforcement agencies.

CONDUCTING A RISK ASSESSMENT ON AN EXPOSURE

When a first responder believes they have had an exposure to a suspected or confirmed patient with COVID-19, the responder should contact the agency's infection control Designated Officer who is to follow this procedure:

1. Please submit only those incidents where you believe the responder has had a true exposure (as defined above) for a risk assessment. When you submit the information, please indicate if you want the patient's COVID test results (if available).
2. All inquiries must be in writing. An email can be sent to oems@delaware.gov
3. Please document thoroughly:
 - a. Date of possible exposure
 - b. Name of the first responder(s)
 - c. Name of patient (law enforcement only – name will be determined from DEMRS for EMS)
 - d. Description of PPE worn by the first responder(s)
 - e. Thorough documentation of what occurred and why the responder believes they were exposed. (PPE breach, inappropriate use of PPE, self-exposure, etc.)
4. Once this information is received in the Office of Emergency Medical Services, staff will conduct a risk assessment to determine the need for testing based on CDC Risk Assessment Guidance for decision-making.
 - a. PPE use
 - b. Proximity and duration of exposure to the patient
 - c. Patient symptoms (coughing, etc.)
 - d. Patient wearing of a surgical mask
 - e. Aerosol generating procedures (AGP)
 - f. Patient test status confirmed through DPH Office of Infectious Disease and Epidemiology

First Responder Exposure Risk Assessment Procedure

5. If the risk assessment is determined to be **HIGH** or **MEDIUM** (based on CDC guidelines), OEMS staff will contact the agency's Designated Officer to arrange for responder testing.

Centers for Disease Control and Prevention [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic Responders
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
PPE: None	Medium	Self-Exclusion/Isolation	Exclude from work for 14 days after last exposure
PPE: Not wearing a facemask or respirator	Medium	Self-Exclusion/Isolation	Exclude from work for 14 days after last exposure
PPE: Not wearing eye protection	Low	Self with delegated supervision	None
PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
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)			
PPE: None	High	Self-Exclusion/Isolation	Exclude from work for 14 days after last exposure
PPE: Not wearing a facemask or respirator	High	Self-Exclusion/Isolation	Exclude from work for 14 days after last exposure
PPE: Not wearing eye protection ^b	Medium	Self-Exclusion/Isolation	Exclude from work for 14 days after last exposure
PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None

^aThe risk category for these rows would be elevated by one level if first responder had extensive body contact with the patients (e.g., rolling the patient).

^bThe risk category for these rows would be elevated by one level if first responder performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, responders who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

First Responder Exposure Risk Assessment Procedure

RISK ANALYSIS:

Once Delaware Office of EMS staff has conducted the risk assessment, the responder is placed into one of three levels of risk, which includes Return to Work Guidance. The following verbiage is used for consistency and is communicated to the responder and the agency's Infection Control Designated Officer via email.

LOW RISK

Based on the information provided in your email to the Delaware Office of Emergency Medical Services, and guidance from the Centers for Disease Control (CDC), we believe that the responder is at a **LOW** risk for contracting the COVID-19 coronavirus.

DPH is suggesting that all first responders self-monitor by checking their temperature twice a day and to report any trouble breathing or fever to the Division of Public Health 1-866-408-1899 or call their personal physician.

Responders do not have any work restrictions unless they become symptomatic.

MEDIUM RISK

Based on the information provided in your email to the Delaware Office of Emergency Medical Services, and guidance from the Centers for Disease Control (CDC), we believe that the responder is at a **MEDIUM** risk for contracting the COVID-19 coronavirus.

First Responders in the medium-risk category should be recommended to remain at home or in a comparable setting, and not permitted to return to work for 14 days.

- Practice social distancing
- Self-monitoring.

If they develop any fever (measured temperature $\geq 100^{\circ}\text{F}$ or subjective fever) OR other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, myalgias) they should immediately self-isolate (separate themselves from others) and notify DPH Office of Infectious Disease and Epidemiology (OIDE) at 1-888-295-5156 and their employer promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

Facilities could consider allowing asymptomatic first responders 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 responders should still report temperature and absence of symptoms each day prior to starting work. Exposed responder will wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If the responder develops even mild symptoms consistent with COVID-19, they must cease patient care activities, and notify their supervisor or occupational health services prior to leaving work.

First Responder Exposure Risk Assessment Procedure

HIGH RISK

Based on the information provided in your email to the Delaware Office of Emergency Medical Services, and guidance from the Centers for Disease Control (CDC), we believe that the responder is at a **HIGH** risk for contracting the COVID-19 coronavirus.

First Responders in the high-risk category should directed to quarantine (voluntary or under public health orders) in a location to be determined by public health authorities for 14 days.

- No public activities.
- Daily active monitoring, if possible based on local priorities
- Controlled travel

If they develop any fever (measured temperature $\geq 100^{\circ}\text{F}$ or subjective fever) OR other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, myalgias) they should DPH OIDE at 1-888-295-5156 and their healthcare facility promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

Facilities could consider allowing asymptomatic first responders 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 responders should still report temperature and absence of symptoms each day prior to starting work. Exposed responder will wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If the responder develops even mild symptoms consistent with COVID-19, they must cease patient care activities, and notify their supervisor or occupational health services prior to leaving work.

TESTING PROCEDURES:

COVID-19 testing is now available for healthcare workers, first responders, and other essential workers who have had a high and medium risk assessment.

The type of test will be determined by whether the person is symptomatic or asymptomatic.

Symptomatic persons should use the following procedure:

Persons should be alert for fever, body aches or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, providers should self-isolate, notify their immediate supervisor of symptoms and initiate the process to test.

A physician order/prescription is needed in order to be tested for COVID-19. This can be obtained in the following ways:

1. Contact your primary care physician (PCP)
2. If unable to obtain an order from your PCP, contact the Delaware Public Health Call Center at 1-866-408-1899:
 - a. 8:00 a.m. – 4:30 pm M-F
 - b. 10:00 a.m. – 4:00 p.m. Saturdays

First Responder Exposure Risk Assessment Procedure

- c. If **it is an emergency** and immediate status must be known, the Designated Officer may call one of the following numbers after hours:
 - Diane Hainsworth: 302-690-2919
 - Britany Huss: 302-670-5411
- d. Medical staff can assist you with obtaining an order to test and provide information on testing center locations.

ASYMPTOMATIC persons should use the following the same procedure mentioned above for requesting a risk assessment.

If the risk assessment is determined to be **HIGH** or **MEDIUM** (based on CDC guidelines), the provider may meet criteria for the rapid antibody test. There needs to be at minimum 7 days since the exposure and remaining asymptomatic. Contact OEMS staff to arrange for rapid, point-of-care testing to be conducted at the appropriate county or state agency.

RETURN TO WORK (for those who have tested positive) :

Exclude from work until (non-test based strategy)

- At least 3 days (72 hours) have passed since recovery
 - defined as resolution of fever without the use of fever-reducing medications
 - **and** improvement in respiratory symptoms (e.g., cough, shortness of breath);
 - **and**, at least 7 days have passed since symptoms first appeared

After returning to work, provider should:

- A. Always wear a facemask for source control until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- B. A facemask instead of a cloth face covering should be used for source control during this time period while working.
- C. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated.
- D. **Of note**, N95 or other respirators with an exhaust valve might not provide source control.
- E. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- F. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen