



March 13th, 2020

Oregon EMS Directors, and Medical Directors

**Provisional Guidance: EMS Healthcare  
Exposure and Work Exclusion – Infection Prevention and Control for COVID-19**

If your EMS agency has transported a patient that eventually tests positive for COVID-19, your agency POC of record will be notified through the following process:

1. The hospital that sent the test as soon as the results become available (This is not required but is best practice) or;
2. When results become available in ORPHEUS your [local public health authority](#) (LPHA) or
3. When results become available in ORPHEUS OHA will crosscheck OR-EMIS and if match is found inform your [local public health authority](#) (LPHA) and EMS agency.

Bear in mind a patient transported by EMS may not develop symptoms requiring testing for days after hospitalization and getting a test result could take several more days.

**Work Exclusion and Monitoring Determinations**

Once a COVID-19 case has been confirmed, work exclusions and home monitoring plans should be implemented immediately. In general, staff with the following risk factors should be excluded from work and monitored for fever or respiratory symptoms:

- Providing patient care that did not include aerosol-generating procedures without a regular facemask or respirator and eye protection (goggles or face shield).
- Providing patient care that involves extensive contact with the patient and their immediate environment (e.g., Assisting to stretcher, removing clothing, etc.) without using gown and gloves in addition to facemask or respirator and eye protection
- Providing patient care that did include aerosol-generating procedures without all elements of full PPE requirements (respirator, eye protection, gown, and gloves).

EMS agencies could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after consultation with their occupational health program. The decision to allow continued work should be made on an individual basis, with a thorough risk assessment. The risk assessment should include the HCP's level of exposure, ability to reliably undergo daily active monitoring, and the constraints that HCP furlough would place on the facility's workforce. Re-assignment of the HCP to non-patient care duties during the monitoring period should be considered. These HCP should still undergo daily active monitoring prior to starting work. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

The following table provides considerations for sample HCP activities to aid in decision making regarding exclusion and monitoring plans. Examples are generally limited to those that involve patient care, as a key preemptive step is limiting the entry into rooms of patients with fever or respiratory symptoms to essential care.

**Table 1: Work Exclusion and Monitoring Plan Considerations for HCP Activities by PPE and Source Control Utilization**

Sample Activity	Personal Protective Equipment Used by HCP					Source Control	Work Restriction	Follow up and Monitoring Plan
	Respirator <sup>d</sup>	Regular Mask	Goggles or Face Shield	Gown	Gloves	Patient Masked		
Patient care with <u>no</u> aerosol-generating procedures <sup>e</sup>	+	-	+	+	+	-/+	None	HCP self-monitoring for 14 days after last exposure <sup>b</sup>
	-	+	+	+	+	-/+	None	HCP self-monitoring for 14 days after last exposure <sup>b</sup>
	-	+	+	-	-	-/+	None	HCP self-monitoring for 14 days after last exposure <sup>b</sup>
	+	-	-	-	-	+	None	HCP self-monitoring for 14 days after last exposure <sup>b</sup>
	-	+	-	-	-	+	None	HCP self-monitoring for 14 days after last exposure <sup>b</sup>
Patient care with aerosol-generating procedures (Appendix I)	+	-	+	+	+	N/A	None	HCP self-monitoring for 14 days after last exposure <sup>b</sup>
Patient care with <u>no</u> aerosol-generating procedures	-	-	-	-	-	-/+	Work exclusion <sup>f</sup>	Active monitoring for 14 days after last exposure <sup>c</sup>
	-	-	+	+	+	-/+	Work exclusion <sup>f</sup>	Active monitoring for 14 days after last exposure <sup>c</sup>
	+	-	-	+	+	-	Work exclusion <sup>f</sup>	Active monitoring for 14 days after last exposure <sup>c</sup>
	-	+	-	+	+	-	Work exclusion <sup>f</sup>	Active monitoring for 14 days after last exposure <sup>c</sup>
Patient care with aerosol-generating procedures (Appendix I)	Any variation that does not include the full recommended PPE (respirator, eye protection, gown, and gloves)					N/A	Work exclusion <sup>f</sup>	Active monitoring for 14 days after last exposure <sup>c</sup>

**Yellow:** low-risk exposure; **Red:** exposure that warrants active monitoring/potential work exclusion

+ designated PPE category used throughout the activity, assumes appropriate donning, doffing, and hand hygiene;

- designated PPE category not used;

+/- designated PPE category either used or not used, action steps not contingent on this item.

<sup>a</sup> Standard respiratory illness precautions: All HCP should stay home if ill.

<sup>b</sup> HCP self-monitoring: HCP perform self-monitoring for fever or respiratory symptoms for 14 days from last exposure under the supervision of an EMS Agencies occupational health or infection control program.

<sup>c</sup> Active monitoring: Daily communication to assess for the presence of fever or respiratory symptoms (cough, sore throat, or shortness of breath) conducted by an EMS Agencies occupational health or infection control program.

<sup>d</sup> Respirator: Refers to respiratory protection at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator, including NIOSH-approved powered air-purifying respirators (PAPRs).

<sup>e</sup> Provision of patient care that requires extensive direct contact with the patient and their immediate environment (e.g., Assisting to stretcher, removing clothing, etc.) should include use of gown, gloves, and appropriate hand hygiene. Failure to use gown and gloves in addition to specified PPE would elevate exposure risk and may warrant work exclusion and active monitoring.

<sup>f</sup> Work exclusion period should be 14 days from last exposure. EMS Agencies could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient continue to work after consultation with their occupational health program. The decision to allow continued work should be made on an individual basis, with a thorough risk assessment. See text for more discussion (“Work Exclusion and Monitoring Determinations.”).

## Recommended Instructions for HCP Potentially Exposed to COVID-19

The following are topic areas to guide education for potentially exposed HCP:

- **Discuss why these steps are being taken:** If work exclusion and active monitoring are necessary, convey using non-punitive language why work exclusions are essential to prevent healthcare-associated infections. Explain that the purpose of ongoing home monitoring is to ensure that HCP do not develop symptoms of COVID-19 in the 14 days after the last exposure. For those with low-risk exposures, convey the importance of self-monitoring for fever or respiratory symptoms.
- **Discuss the plan for work exclusion and monitoring:** Discuss EMS agencies processes for work exclusion, active monitoring and self-monitoring.
- **Educate on appropriate monitoring for symptoms:** Instruct HCP on how to monitor for fever or respiratory symptoms. Stress that HCP should not come to work while ill. Ensure that excluded HCP have thermometers and, if supply allows, consider providing regular masks for use should they become symptomatic.
- **Educate on social distancing:** For those with exposures that necessitate work exclusion and active monitoring, educate on the need to avoid congregate settings, the sharing of personal household items, and any airplane travel for 14 days after the last exposure.
- **Develop plan for what the HCP will do if they become symptomatic:** Educate HCP to self-isolate in their home should they become symptomatic. Mildly symptomatic HCP are not required to seek care solely for the purposes of COVID-19 testing, but they should do so if they require medical evaluation or intervention. If seeking care, the HCP should first call their doctor or local hospital to inform that they are being monitored for COVID-19 and will need follow-up medical care and testing.

Please contact us with any questions or visit: [healthoregon.org/coronavirus](https://healthoregon.org/coronavirus)

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## **Appendix I**

Aerosol-generating procedures\* include, but are not limited to:

- Intubation, extubation and related procedures such as manual ventilation (BVM) and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
- High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
- Induction of sputum
- Medication administration via continuous nebulizer

\*Note: this list is not exhaustive. Please discuss activities not described with your infection prevention

## Appendix II

### Local Public Health Authority Contact Numbers



#### LOCAL PUBLIC HEALTH AUTHORITY NUMBERS IN OREGON

(updated Feb 2020)

County	General	CD Nurse	CD Fax	Env Health	Animal Bites	After Hours CD
Baker	541-523-8211	General	541-523-8242	General	General	541-523-6415
Benton	541-766-6835	General	541-766-6197	541-766-6841	EH	541-766-6835
Clackamas	503-655-8411	503-655-8411	503-742-5389	503-655-8411	CD	503-655-8411
Clatsop	503-325-8500	General	503-325-8678	General	General	503-791-6646
Columbia	503-397-7247	971-757-4003	503-893-3121	503-397-7247	EH	503-397-7247
				Env Health & Animal Bite Fax 888-204-8568		
Coos	541-266-6700	541-266-6700	541-888-8726	541-266-6720	541-266-6720	541-266-6700
Crook	541-447-5165	General	541-447-3093	541-447-8155	General	541-447-5165
Curry	541-425-7545	541-373-8118	541-425-5557	541-251-7074	EH	541-425-7545
Deschutes	541-322-7400	541-322-7418	541-322-7618	541-388-6566	EH	541-322-7400
Douglas	541-440-3571	541-440-3684	541-464-3914	541-317-3114	EH	541-440-3571
Gilliam*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Grant	541-575-0429	General	541-575-3604	General	General	541-575-0429
Harney	541-573-2271	541-573-2271	541-573-8388	541-575-0429	EH	541-573-2271
Hood River	541-386-1115	541-387-7110	541-386-9181	541-387-6885	541-387-7110	541-386-1115
Jackson	541-774-8209	General	541-774-7954	541-774-8206	General	541-774-8209
Jefferson	541-475-4456	General	541-475-0132	General	General	541-475-4456
Josephine	541-474-5325	General	541-474-5353	General	General	541-474-5325
Klamath	541-882-8846	541-882-8846	541-850-5392	541-882-8846	General	541-891-2015
Lake	541-947-6045	General	541-947-4563	General	General	541-947-6045
Lane	541-682-4041	General	541-682-2455	541-682-4480	EH	541-682-4041
Lincoln	541-265-4112	General	541-265-4191	541-265-4127	EH	541-265-4112
Linn	541-967-3888	541-967-3888 x2488	541-924-6911	541-967-3821	EH	541-967-3888
Malheur	541-889-7279	541-889-7279	541-889-8468	541-473-5186	EH	541-889-7279
Marion	503-588-5342	503-588-5621	503-566-2920	503-588-5346	EH	503-588-5342
Morrow	541-676-5421	General	541-676-5652	541-278-6394	General	541-676-5421
Multnomah	503-988-3674	503-988-3406	503-988-3407	503-988-3400	CD	503-988-3406
Polk	503-623-8175	General	503-831-3499	503-623-9237 x1442	EH	503-932-4686
Sherman*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Tillamook	503-842-3900	503-842-3912	503-842-3983	503-842-3902	EH	503-842-3900
Umatilla	541-278-5432	General	541-278-5433	General	General	541-314-1634
Union	541-962-8800	541-910-7209	541-963-0520	General	541-910-7209	541-962-8800
Wallowa	971-673-1111	971-673-1111	971-673-1100	971-673-0440	541-426-3131	971-673-1111
Wasco*	541-506-2600	General	541-506-2601	971-673-0440	General	541-506-2600
Washington	503-846-3594	503-846-3594	503-846-3644	503-846-8722	503-846-3594	503-412-2442
Wheeler	541-763-2725	General	541-763-2850	General	General	541-763-2725
Yamhill	503-434-7525	503-434-4715	503-434-7549	General	CD	503-434-7525

\*operated jointly as North Central Public Health District