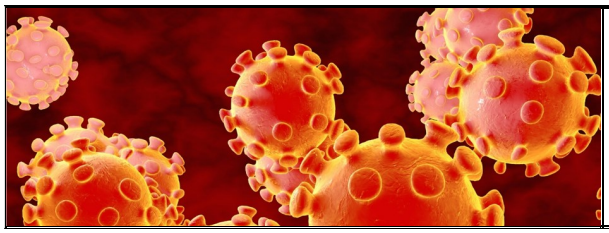

# Coronavirus Disease 2019

## Guidance for Monitoring EMS Personnel

**This webpage is specifically intended for the medical community.**
**Click here to visit DPH's COVID-19 webpage for the general public.**

On this Page

Updated 12-22-20



### Summary of Recent Changes

*Significant changes to this guidance include the following:*

12/22/20

- Emphasizes that vaccinated EMS personnel must continue to follow all infection prevention and control recommendations.
- Clarifies that COVID-19 vaccine does not cause a positive viral test.
- Includes that afebrile EMS personnel who develop typical vaccine-associated symptoms within 2 days of receiving a COVID-19 vaccination may be permitted to continue to work if they meet specific criteria as outlined in the LAC DPH Guidance, Post Vaccination Assessment of Symptomatic Healthcare Personnel

12/10/20

- Reduces the quarantine period for EMS personnel to 10 days after exposure.
- Includes an option to reduce the quarantine period for EMS personnel who are close contacts to a household confirmed case when facilities are experiencing staffing shortages.

11/19/20

- Clarification that it is the role of EMS provider agencies to assess personnel with possible symptoms of COVID-19 to determine if a medical evaluation and/or COVID-19 testing is needed prior to allowing return to work.

- Recommendation that medical-grade surgical/procedure masks or respirators be used instead of cloth face coverings for universal source control of EMS personnel.
- Addition that EMS personnel with close-contact to a confirmed COVID-19 case in the community must quarantine at home and be excluded from work for the duration of their quarantine.
- Addition of guidance for return to work for EMS personnel with symptoms of possible COVID-19.

## Key Points

- Emergency Medical Services (EMS) provider agencies are responsible for developing and executing an agency plan to monitor and evaluate EMS personnel for symptoms of possible COVID-19 illness. EMS personnel deemed to have COVID-19 compatible symptoms should not work until the diagnosis has been excluded or they are not considered infectious.
- All EMS personnel should self-monitor twice daily for symptoms, including once prior to starting work, with oversight from the EMS Provider Agency.
- EMS personnel should wear a medical-grade surgical/procedure mask or respirator for universal source control at all times while they are in a healthcare facility, work, and in the field .
- EMS personnel who are a close contact to a confirmed COVID-19 case in the community or who have a high-risk occupational COVID-19 exposure should be excluded from work for 10 days from last exposure.

## Background

Given the continued community spread of COVID-19, EMS personnel may be exposed to COVID-19 in the community or at home and increase the risk of transmission to patients or other co-workers. Exposures encountered by EMS personnel at work are unlike those that might occur in the community because EMS agencies follow infection control prevention and control procedures and EMS personnel use personal protective equipment (PPE) per strict standards. Due to their often extensive and close contact with vulnerable individuals, EMS personnel with symptoms of possible COVID-19 illness and those with community or high-risk occupational exposures should be managed more conservatively.

These guidelines have evolved as a result of greater experience, the availability of published data on COVID-19, continued evidence of community transmission of COVID-19 including asymptomatic and pre-symptomatic transmission, and established infection control principles.

In addition to following these monitoring guidelines, EMS provider agencies are expected to protect their staff and patients by following CDC and Cal/OSHA COVID-19 infection prevention guidance including universal use of PPE for patient care, use of N95 respirators for the care of suspect or confirmed COVID-19 cases, and routine respirator fit testing. For more information see:

- CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities (8-6-20) https://dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf

## Recommendations

### Vaccinated Personnel

- Currently available COVID-19 vaccines have been shown to be effective at preventing symptomatic COVID-19 disease and severe illness. However, evidence is currently lacking on the duration of this protection and the vaccine effectiveness at preventing transmission.
- EMS personnel who have received COVID-19 vaccination (either one or two doses) must continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS CoV-2.
- EMS personnel who have received COVID-19 vaccination (either one or two doses) must continue the daily monitoring, source control, and quarantine recommendations as outlined below.

- Positive viral (molecular or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not affect the results of these tests.

### Source Control

- EMS personnel should wear medical-grade surgical/procedure masks or respirators for universal source control at all times while they are at work and in the field. Medical-grade masks or respirators are strongly preferred for EMS personnel interacting with patients as non-medical face coverings do not offer reliable protection in higher risk clinical settings. Extended use and reuse of masks and respirators should be done based on principles set forth in prior CDC PPE optimization guidance.

### Symptom Monitoring

- All EMS personnel should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for symptoms of possible COVID-19.
- EMS personnel with symptoms of possible COVID-19 should stay home from work and contact their place of work to arrange for medical evaluation and/or testing as soon as possible.
- Prior to the start of working their shifts, the EMS Provider Agency should screen all personnel for symptoms consistent with COVID-19 including a temperature check. The Agency should develop and implement screening systems that cause the least amount of delays and disruption as possible (e.g., staff self-report, single use disposable thermometers or thermal scanners, etc.). This monitoring may be done by station supervisors and does not require nurses.
- EMS personnel who develop symptoms suggestive of COVID-19 while at work should keep their mask/respirator on, notify their supervisor to arrange leaving the workplace and obtaining medical evaluation and COVID-19 testing as appropriate.
- EMS personnel with any symptoms suggestive of COVID-19 should be tested for COVID-19.
- Afebrile EMS personnel who develop typical vaccine-associated symptoms (e.g., headache, chills, myalgias, arthralgias) within 2 days of receiving a COVID-19 vaccination may be permitted to continue to work as long as they meet specific criteria as outlined in the Post Vaccination Assessment of Symptomatic Healthcare Personnel. Note: cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell ARE NOT consistent with COVID-19 vaccination.

### Workplace Exposures

- EMS personnel with high risk exposures to COVID-19 must follow quarantine orders and instructions (see *Definition of High-Risk Exposure* below). They should be instructed to monitor themselves daily for symptoms consistent with COVID-19 and to immediately contact their EMS provider agency if symptoms develop. They can return to work after 10 days if they never developed symptoms. Exceptions for staffing shortages may be made (see *Considerations for Staffing Shortages*).
- EMS personnel with other healthcare exposures have no work restrictions and should continue to follow all recommended infection prevention and control practices including universal source control, and continue the monitoring as outlined in this guidance.

### Community Exposures

- EMS personnel that are a close contact to a confirmed COVID-19 case outside of work (i.e. community exposure) must notify the EMS provider agency. They should be excluded from work and must follow quarantine orders and instructions. They should be instructed to monitor themselves daily for symptoms consistent with COVID-19 and may return to work after 10 from their last close contact with the case. Exceptions for staffing shortages may be made (see Considerations for Staffing Shortages).

## Definition of High-Risk Exposure

The following healthcare exposures to a confirmed infectious COVID-19 case* are considered high-risk:

1. EMS personnel who performed or were present in the room during a high-risk respiratory aerosol-generating procedure (AGP) (i.e., intubation [King or direct laryngoscopy], bag mask ventilation, chest compressions, suctioning, CPAP, or nebulized treatments) where the confirmed case patient was not masked and where the EMS personnel was missing some element of PPE (either eye protection or a respirator). This includes EMS personnel that wore all other recommended PPE but who wore a facemask instead of a respirator during an AGP.
2. EMS personnel who had prolonged close contact (i.e. they were within 6 feet for a cumulative total of 15 minutes or more in a 24-hour period and/or they had direct unprotected contact with infectious secretions/excretions) with a confirmed case:
    - while not wearing a respirator or facemask.
    - while not wearing eye protection if the case was not wearing a facemask or cloth face covering.

*COVID-19 cases are considered to be infectious beginning 2 days prior to symptom onset (or initial positive viral test if case is asymptomatic) until the time they meet criteria for discontinuing transmission based-precautions.

## Testing Recommendations

EMS personnel with any signs or symptoms of COVID-19 should be prioritized for SARS-CoV-2 diagnostic testing (and other respiratory viral testing, such as influenza as indicated), even if the symptoms are mild. Positive viral tests (molecular or antigen tests) in vaccinated personnel should not be attributed to the COVID-19 vaccine as vaccination does not affect the results of these tests.

Currently, the CDC does not generally recommend testing asymptomatic HCP who had occupational exposures (see CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2). The CDC does recommend testing close contacts if quarantine is to be discontinued early, see *Facilities Experiencing Staffing Shortages* below. Re-testing for return to work clearance is not recommended, see *EMS Personnel with Confirmed COVID-19 Return-To-Work Protocol* below.

## Return to Work for Symptomatic EMS Personnel

EMS Provider Agencies should have a plan to evaluate EMS personnel with symptoms of possible COVID-19 illness. It is recommended that symptomatic personnel be evaluated by a clinician. SARS-CoV-2 diagnostic viral testing is recommended for personnel with even mild symptoms of possible COVID-19 infection. Symptomatic personnel with compatible symptoms and no clear alternate diagnosis should be told to isolate at home pending clinical evaluation and testing.

- A single negative SARS-CoV-2 RT-PCR result is adequate to exclude COVID-19 in symptomatic staff with lower epidemiologic risk and/or lower clinical suspicion. A negative test result from a lower sensitivity assay (e.g. antigen tests and some molecular tests), however, should be considered presumptive and confirmation with RT-PCR is recommended.
- Two negative RT-PCR tests at least 24 hours apart are recommended to exclude COVID-19 in EMS personnel with higher clinical suspicion and/or higher epidemiologic risk.

For EMS personnel who had symptoms of possible COVID-19 and had it ruled out, either with negative PCR test(s) and/or with a clinical assessment that COVID-19 is not suspected (e.g. clear alternate diagnosis), then return to work decisions should be based on their other suspected or confirmed diagnoses.

See CDC Return to Work: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

### EMS Personnel with Confirmed COVID-19 Return-to-Work Protocol

*EMS personnel with mild to moderate illness who are not severely immunocompromised* can return to work:

- At least 10 days after symptom onset **AND**
- At least 24 hours since last fever without fever-reducing medication **AND**
- Improvement in symptoms.

*Asymptomatic EMS personnel* who are not severely immunocompromised should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms. If they develop symptoms, follow above guidance.

*Symptomatic EMS personnel with severe or critical illness or who are severely immunocompromised* can return to work:

- At least 20 days after symptom onset **AND**
- At least 24 hours since last fever without fever-reducing medication **AND**
- Improvement in symptoms.

Note: Asymptomatic personnel who are severely immunocompromised, should wait to return to work until 20 days since first positive viral diagnostic test.

For current definitions of COVID-19 illness severity and severely immunocompromised see CDC Return to Work for Healthcare Personnel with SARS-CoV-2 Infection

*Return to Work Practices and Work Restrictions*

EMS personnel with confirmed COVID-19 do not need medical or LAC DPH clearance to return to work. Testing of laboratory-confirmed cases is not recommended for return to work due to the prolonged detection of SARS-CoV-2 RNA without direct correlation to viral culture. Refer to the CDC Return to Work for Healthcare Personnel with SARS-CoV-2 Infection for more information on the limitations of using a test-based strategy : https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

## Considerations for Staffing Shortages

EMS Provider agencies must be prepared for staffing shortages and have plans and processes in place to mitigate them. Every effort should be made to limit exposure to both patients and co-workers. Refer to the CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages for protocols on contingency and crisis strategies for mitigating staffing shortages.

### EMS Personnel in Quarantine for High Risk Workplace or Community Non-Household Exposures

EMS Provider agencies experiencing staffing shortages of essential EMS personnel may allow the following EMS personnel to return to work during their quarantine period **as long as they remain asymptomatic**:

- Those with high risk workplace exposures to SARS CoV-2
- Those with close contact exposure to a non-household* confirmed COVID-19 case

These personnel must observe strict infection control procedures including source control at all times (facemask or respirator required) while working. They must adhere to full home quarantine when not doing their essential work. They must continue regular daily symptom monitoring and if symptoms occur within 14 days of the exposure, they must be immediately excluded from work and told to isolate at home pending clinical evaluation and testing.

*Personnel who are close contacts to a household confirmed case (i.e., the EMS personnel lives with the infected person) should not work during their quarantine period. A shorter quarantine is acceptable during staffing shortages, see below.

### EMS Personnel in Quarantine for Community Household Exposure

Provider agencies experiencing staffing shortages may shorten the 10-day quarantine of EMS personnel who are close contacts to a household confirmed case (i.e., the EMS personnel lives with the infected person). These staff may return to work:

- After day 7-- if no symptoms have been reported during daily monitoring AND after a negative PCR test collected on day 5 or later.

These must observe strict infection control procedures including source control at all times (facemask or respirator required) while working. They must continue regular daily symptom monitoring and if symptoms occur within 14 days of the exposure, they must be immediately excluded from work and told to isolate at home pending clinical evaluation and testing.

See CDC Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing for more information.

### EMS Personnel with Confirmed COVID-19 Infection

Personnel who are infected with SARS-CoV-2 should be excluded from work until they meet all return to work criteria (as outlined above in EMS Personnel with Confirmed Covid-19 Return-To-Work Protocol). If extreme shortages continue despite all other mitigation strategies, facilities may consider following CDC crisis capacity strategies to mitigate severe staffing shortages. See CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages.

**Related CDC Guidance**

- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing
- Public Health Guidance for Community-Related Exposure
- Strategies to Mitigate Healthcare Personnel Staffing Shortages

**When to Notify LAC DPH**

Report EMS personnel testing positive to COVID-19 to

hcwcontacts@ph.lacounty.gov

or call at 213-240-7941 during regular business hours.