**Standard Operating Guideline:** COVID-19 Post Exposure Reporting and Protection

**Issued:**

**Effective Dates:**

**PURPOSE**: To provide uniformed actions to report and follow-up upon unprotected and/or under-protected exposure to responders of COVID-19, and where necessary provide for safe isolation, pending test results.

**SCOPE**: To provide a consistent and interoperable capability among all fire departments in Massachusetts, this Standard Operating Guideline should be followed by all departments.

**GUIDELINES:** While adherence to all Standard Operating Guidelines (SOGs) should prevent either an unprotected or under-protected exposure to COVID-19 by fire department responders, it is necessary to make provisions for unexpected conditions that may result in exposure. Accordingly, the following measures are put in place to address the inadvertent exposure from unprotected encounter or under protected encounter to a person under investigation (PUI) or infected person.

1. Upon discovery, by a responder, that they have been exposed to a PUI or infected person, or environment, and were either unprotected or under-protected, such responder should, if practical, or as soon as practical, extricate themselves from such exposure and report the unprotected exposure to their superiors.
2. The exposed responder should, immediately upon completion of, or relief from, duties, wash exposed skin areas (except eyes) with soap and water or an alcohol cleaner.
3. If the responder is not a transporting EMS provider, they should return to quarters, shower and change uniforms.
4. If a patient transport results from the response, the EMS providers transporting the patient shall complete and submit a Massachusetts Department of Public Health, Unprotected Exposure Report to the receiving hospital.[[1]](#endnote-1)
5. Where a responder is exposed due to unprotected or under-protected exposure, and based upon the following table[[2]](#footnote-1) of exposure risk, the department, in consultation with local public health officials and the service’s medical director, will determine of the disposition of the responder:

| **Epidemiologic Risk Classification** |
| --- |
| **Epidemiologic risk factors** | **Exposure category** | **Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*** | **Work Restrictions for Asymptomatic Responder** |
| **Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)** |
| Responder PPE: None | Medium | Active | Exclude from work for 14 days after last exposure |
| Responder PPE: Not wearing a facemask or respirator | Medium | Active | Exclude from work for 14 days after last exposure |
| Responder PPE: Not wearing eye protection | Low | Self with delegated supervision | None |
| Responder PPE: Not wearing gown or gloves | Low | Self with delegated supervision | None |
| Responder PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) | Low | Self with delegated supervision | None |
| Responder PPE: None | High | Active | Exclude from work for 14 days after last exposure |
| Responder PPE: Not wearing a facemask or respirator | High | Active | Exclude from work for 14 days after last exposure |
| Responder PPE: Not wearing eye protection | Medium | Active | Exclude from work for 14 days after last exposure |
| Responder PPE: Not wearing gown or gloves  | Low | Self with delegated supervision | None |
| Responder PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[b](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#b) | Low | Self with delegated supervision | None |

PPE=personal protective equipment

1. The risk category for these rows would be elevated by one level if Responder performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, 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.
2. Recommendations for Monitoring Based on COVID-19 Exposure Risk - Responders in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work.
	1. ***High- and Medium-risk* Exposure Category**
	**Responder in the high- or medium-risk category** should undergo active monitoring, including restriction from work until 14 days after their last exposure. If they develop any fever (measured temperature >100.0oF or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)[\*](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#note1) they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.
	2. ***Low-risk* Exposure Category
	Responder in the *low-risk* category** should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic responder in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)[\*](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#note1). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature > 100.0oF or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.
	3. **Responder who Adhere to All Recommended Infection Prevention and Control Practices**Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect the responder having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, the responder should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.
	4. ***No Identifiable risk* Exposure Category
	The responder in the *no identifiable risk* category**do not require monitoring or restriction from work.
3. **Community exposures**A responder with potential exposures to COVID-19 in community settings, (e.g., unprotected response into a home where a PUI or infected person lives, but with no direct contact)should have their exposure risk assessed according to [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html). Responder should inform their superiors that they have had a community exposure. Responders who have a community exposure should undergo monitoring as defined by that guidance. Those who fall into the *high-* or *medium-* *risk* category described there should be excluded from work until 14 days after their exposure. Responders who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or department health program) for medical evaluation prior to returning to work.
4. Any responder who suffers an unprotected or under-protected exposure to a PUI, infected patient, or community exposure shall receive prioritized testing. Such testing is imperative to protect the health of the responder and to sustain critical public safety capabilities that may otherwise be affected by community exposure within the department**.**
5. Fire departments, or districts may establish temporary housing for members awaiting test results, to allow responders to protect their families. Assignment of members to such facilities should be based upon the “**Work Restrictions for Asymptomatic Responder”** column of the Epidemiological Risk Classification table, using “Exclude from work for 14 days after last exposure” as the qualifier for such accommodation.
1. For purposes of 105 CMR 172.000, Implementing of Massachusetts General Laws C. 111, §111C, Regulating the Reporting of Infectious Diseases Dangerous to the Public Health, DPH is interpreting Severe Acute Respiratory Syndrome (SARS) (including infection with the SARS-associated coronavirus), included in the regulatory definition of “Infectious Disease Dangerous to the Public Health” to include SARS-CoV-2, the virus that causes COVID-19.

As part of this interpretation, pursuant to 105 CMR 172.002, immediately upon arrival at a healthcare facility, transporting EMS personnel and/or first responder shall provide the appropriate employee of the healthcare facility with an Unprotected Exposure Form for any patient transported for whom the EMS personnel and/or first responder may have suffered an unprotected exposure to SARS-CoV-2, the virus that causes COVID-19.

Hospitals will be responsible, pursuant to 105 CMR 172.003 for reporting back to the ambulance service’s or first responder agency’s Designated Infection Control Officer, for follow-up with the applicable EMS personnel and/or first responders. [↑](#endnote-ref-1)
2. Derived from CDC: Epidemiologic Risk Classification1 for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations [↑](#footnote-ref-1)