



Aug 12, 2020

Oregon EMS Directors and Medical Directors

EMS Healthcare Exposure, Work Exclusion Guidance

If your EMS agency has transported a patient that eventually tests positive for COVID-19, your agency point of contact on record will be notified through one of the following processes:

1. By the hospital that sent the test as soon as the results become available. (This is not required but is best practice.)
2. By your [local public health authority](#) (LPHA) when results become available.

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 Determinations

Exclusion of Health Care Personnel (HCP) with Suspect or Confirmed COVID-19

In the context of sustained community transmission of COVID-19, all HCP should self-monitor for illness consistent with COVID-19 and should be screened for fever and symptoms prior to each shift.

HCP should be excluded from the workplace if they test positive via a COVID-19 viral (nucleic acid or antigen) test or have any of the following symptoms:

- Measured temperature $>100.0^{\circ}$ F or subjective fever
- Cough
- Shortness of breath
- Diarrhea

If any of these signs or symptoms develop, then HCP should not come to work and should notify supervisors and occupational health. If symptoms develop at work, they must withdraw from patient-care activities immediately, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Exclusion of HCP Based on Exposure

While there is ongoing community-transmission of COVID-19, the feasibility and benefits of formal contact tracing for exposures in healthcare settings are likely limited. In general, asymptomatic HCP who have had an exposure to a COVID-19 patient can be allowed to work

if their absence would cause staffing shortages. Agencies may elect to exclude or furlough an asymptomatic exposed HCP who has significant contact with patients at high risk of complications or reassign the HCP to non-patient care duties during the monitoring period (14 days since last exposure).

High-risk exposures include but are not limited to:

- Providing patient care that included aerosol-generating procedures without all required elements of full PPE (respirator, eye protection, gown and gloves);
- Providing patient care that did not include aerosol-generating procedures without a regular facemask or respirator and eye protection (goggles or face shield), even if patient was masked.

HCP Education

The following are topic areas to guide education for HCP regarding COVID-19 exposure and symptom monitoring:

- **Provide HCP resources for self-care.** HCPs face tremendous challenges during a crisis like the COVID-19 pandemic. A recent [study](#) documented high levels of depression, anxiety and insomnia among HCP potentially exposed to COVID-19. Educate HCP about the availability of mental health and self-care resources:
 - ♦ [CDC guidance for stress and coping](#)
 - ♦ [Disaster distress helpline](#)
 - ♦ [American Medical Association managing mental health during COVID-19](#)
 - ♦ [American Psychiatric Nurses Association guidance for managing stress and self-care](#)
- **Educate all HCPs about the need to self-monitor for symptoms.** Given the potential for community-based exposures or unrecognized exposures in the healthcare system, all HCP should be instructed to monitor for fever and other symptoms of COVID-19.
- **Develop plans for what the HCP will do if they become symptomatic.** Points of contact should be established for HCPs if they become ill. Educate HCP to self-isolate in their homes should they become symptomatic and encourage them to seek testing.
- **Discuss why these steps are being taken.** If work exclusion is necessary, use non-punitive language to convey why work exclusions are essential to prevent healthcare-associated infections.
- **Discuss when it would be appropriate to return to work.** “HCP Return-to-Work Considerations” section.

HCP Return-to-Work Considerations

OHA has adopted CDC Return-to-Work guidance for HCP with suspect or confirmed COVID, available [here](#). Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work. HCP who have been sick with COVID-19, by positive test or by clinical diagnosis, may return to work after they isolate for 10 days after symptom onset and 24 hours after symptoms have improved and fever has resolved (without the use of fever-reducing medications). The agency shall consult occupational health and the LPHA for consideration of any exceptions based on need for department staffing.

Key practices for HCP returning to work include:

- Wear a facemask for source control at all times while in the healthcare setting.
- Adhere to hand hygiene, respiratory hygiene and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- Self-monitor for symptoms and seek re-evaluation from occupational health or healthcare provider if respiratory symptoms recur or worsen.

Managing PPE Supply Issues

See: [Use of Personal Protective Equipment by Healthcare Personnel in Resource-Constrained Settings](#)

Please contact us with any questions or visit healthoregon.org/coronavirus.

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 and 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 preventionist.

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

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