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° 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)

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<thead>
<tr>
<th>County</th>
<th>General</th>
<th>CD Nurse</th>
<th>CD Fax</th>
<th>Env Health</th>
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<td>EH</td>
<td>503-397-7247</td>
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</tbody>
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- **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 | General | 541-373-8118 | 541-425-5557 | 541-251-7074 | EH           | 541-425-7545  |
- **Deschutes**: 541-322-7400 | 541-322-7418 | 541-322-7618 | 541-338-6566 | General | 541-322-7400  |
- **Douglas**: 541-440-3571 | 541-440-3684 | 541-464-3914 | 541-317-3114 | General | 541-440-3571  |
- **Gilliam** | 541-506-2800 | General | 541-506-2601 | 541-506-2603 | General | 541-506-2600  |
- **Grant**: 541-575-0429 | General | 541-575-3604 | General | 541-575-0429 | General | 541-575-0429  |
- **Harney**: 541-573-2271 | General | 541-573-8388 | 541-575-0429 | General | 541-573-2271  |
- **Hood River**: 541-386-1115 | 541-386-7110 | 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 | General | 541-882-8846 | General | 541-891-2015 | General | 541-947-6045  |
- **Lake**: 541-947-6045 | General | 541-947-4563 | General | General | 541-947-6045  |
- **Lane**: 541-682-4041 | General | 541-682-2455 | 541-682-4480 | General | 541-682-4041  |
- **Lincoln**: 541-265-4112 | General | 541-265-4191 | 541-265-4127 | General | 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 | General | 541-889-8468 | 541-473-5186 | General | 541-889-7279  |
- **Marion**: 503-588-5342 | General | 503-588-5621 | 503-588-2920 | 503-588-5346 | General | 541-588-5342  |
- **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 | General | 503-988-3406  |
- **Polk**: 503-623-8175 | General | 503-831-3499 | 503-623-9237 x1442 | General | 503-932-4686  |
- **Sherman**: 541-506-2600 | General | 541-506-2601 | 541-506-2603 | General | 541-506-2600  |
- **Tillamook**: 503-842-3900 | General | 503-842-3912 | 503-842-3983 | 503-842-3902 | General | 503-842-3900  |
- **Umatilla**: 541-278-5432 | General | 541-278-5433 | General | General | 541-314-1634  |
- **Union**: 541-962-8800 | General | 541-963-0520 | General | General | 541-962-8800  |
- **Wallowa**: 971-673-1111 | 971-673-1111 | 971-673-1100 | 971-673-0440 | General | 541-673-1111  |
- **Wasco**: 541-506-2600 | General | 541-506-2601 | 541-673-0440 | General | 541-506-2600  |
- **Wheeler**: 541-763-2725 | General | 541-763-2850 | General | General | 541-763-2725  |
- **Yamhill**: 503-434-7525 | General | 503-434-7415 | 503-434-7549 | General | 503-434-7525  |

*Operated jointly as North Central Public Health District*

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