

---

**CRITICAL NOTES REGARDING TESTING:**

Although testing is recommended for all first responders, due to limited test availability, **patient-facing first responders**, such as police, fire, paramedic, and emergency medical technicians (EMTs), will be the only category of first responders tested at this time.

Indirect patient contact, such as by phone in dispatch, or via document submission as in a fusion center, should not appreciably increase an individual's occupational exposure to COVID-19. To address concerns regarding return-to-work or staffing, a *symptom-based return-to-work plan* is outlined within this document.

If a household member of a patient-facing first responder is **symptomatic** and needs to be tested to allow the first responder to continue working, they should contact the HealthPartners CareLine for screening of their symptoms, and for testing information. At the time of testing, the household member needs to bring **the first responder's badge/work ID or a picture of the first responder with the badge/work ID on to receive testing.**

---

**COVID-19 Clinical and Public Health Contacts:**

HealthPartners CareLine (24/7) – for symptoms or testing:	612-339-3663
HealthPartners Occupational Medicine (M-F 8A-5P):	1-844-JOB-DOCS (1-844-562-3627)
Minnesota Department of Health:	651-201-3920

**Who is a First Responder?****First Responder (in agreement with CISA<sup>2</sup> guidance):**

- Personnel in emergency management (including EMTs), law enforcement, emergency management systems, fire, and corrections, including front line and management
- 911 call center employees
- Fusion center employees
- Hazardous material responders
- Digital systems infrastructure workers (including contracted vendors) supporting law enforcement and emergency service operations

**Patient-facing First Responders:** those who will be directly involved on calls and will be at risk of direct physical or aerosol contact with members of the public in need, such as police, fire, paramedics, and emergency medical technicians (EMTs) responding to acute or incident calls.

## **First Responder Best Practices to Minimize COVID-19 Exposures**

***During a work shift***, first responders should wear at minimum a surgical facemask at all times. Handwashing should be performed at least hourly, or potentially more often depending upon use of one's hands.

***When not actively responding to a call***, i.e., when at a station or not actively engaged, first responders should maintain physical distancing (minimum of 6 feet of distance) from others at all times when possible.

***When responding to a call***, first responders should, in addition to at least wearing a facemask, should also at minimum wear gloves. Based on the required or expected type of interactions, further personal protective equipment (PPE) may be required (see Definitions→Personal Protective Equipment below).

### **Definitions:**

#### **Close Contact:**

- a) Prolonged exposure: Less than 6 feet of distance for more than 5 minutes
- b) Aerosol exposure: Direct exposure of eyes, nose or mouth to aerosolized droplets, such as coughing, cardiopulmonary resuscitation (CPR), intubation, extubation, administration of nebulized medication and CPAP/BiPAP
- c) Physical contact:
  - Significant direct bodily contact, such as rolling a patient
  - Visible contamination of unprotected skin or uniform with blood or bodily fluids
- d) Exposure to other first responders:  
First responders who are exposed to a symptomatic co-worker or other first responder in close contact (i.e., working together on-shift, including housing together) are considered **medium risk for COVID-19 exposure**, unless an evident high-risk aerosol or physical contact exposure has occurred (e.g., symptomatic individual directly coughed onto exposed individual), as it is expected that first responders are at least practicing physical distancing and frequent handwashing in general.
- e) No prolonged exposure, aerosol exposure, or physical contact are considered **no risk**.

**Monitoring Protocols:**Self-Monitoring:

- Temperature monitoring twice daily for fever (temperature >100.0°F or subjective fever)
- Evaluate respiratory symptoms (e.g., cough, shortness of breath, sore throat)
- Evaluate other potential symptoms of concern (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue, loss of sense of smell or taste)

Self-Monitoring with Delegated Supervision:

- Self-monitoring (defined above) AND
- Employee reports absence of fever and respiratory symptoms to shift supervisor at the beginning AND in the middle of the work shift.

Active Monitoring:

- Self-monitoring (defined above) AND
- Employer or occupational health representative establishes daily communication with the first responder to assess:
  - 1) Absence of fever
  - 2) Absence of respiratory symptoms

**Personal Protective Equipment (PPE):**

Any lack of respiratory, eye, or contact PPE is considered using ***less than full PPE***, for purposes of evaluating risk following a known or suspected exposure on a first responder call.

Respiratory PPE:

- At minimum, use of surgical facemask
- N95 or higher-order respirator (e.g., SCBA) required for instances where *aerosol droplets may be generated* (see Close Contact → Aerosol Exposure below)

Eye PPE:

- Goggles, disposable face shield, or full-face respirator/SCBA
- Eyeglasses or contact lenses are ***not acceptable eye PPE***

Contact PPE:

- Hands: clean gloves or clean turnout gloves
- Other Skin: gown or other equipment fully covering the skin that can be decontaminated (e.g., turnout gear)

## **Management of First Responders with Symptoms or Following a Known COVID-19 Exposure**

If an individual **becomes symptomatic on-shift**, they should **immediately**:

- Put on a facemask
- Stop first responder activities AND contact their shift supervisor to inform them
- Contact HealthPartners at 612-339-3663 for telephone consultation and clinical evaluation of their symptoms, and referral to a testing facility if required
- Arrange for transport (if unable to transport self) to designated testing facility, hospital, or home, as appropriate

Symptomatic or asymptomatic (without symptoms) first responders, or their household contacts, can be evaluated and managed as follows:

- **Asymptomatic** first responders can be evaluated for risk following a work-related exposure based on Figure 1 (First Responder COVID-19 Exposure Risk Assessment). These exposures can be managed according to Table 1 (Management of Asymptomatic First Responders by Risk Category). ***Asymptomatic management continues for 14 days since the last known exposure (time-based return-to-work plan).***
- **Symptomatic** first responders can be managed according to Figure 2 (Management of Symptomatic First Responders). Note that CDC interim guidance advises both test-based and symptom-based return-to-work strategies, but the Minnesota Department of Health is recommending against repeat testing due to limited test availability, therefore a ***symptom-based return-to-work plan*** is recommended at present.
- **Symptomatic** household contacts of asymptomatic first responders should monitor their symptoms and call their healthcare provider if symptoms worsen, and ***the first responder should be considered to have had a high-risk exposure*** and managed accordingly. Symptomatic household contacts of patient-facing first responders may seek testing as described above.
- **Non-work-related exposures** should follow processes as defined by the Centers for Disease Control (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>.

**Table 1. Management of Asymptomatic First Responders by Exposure Risk Category**

<b>Risk Category</b>	<b>Recommended Monitoring</b>	<b>Work Restrictions</b>	<b>Required Use of PPE During Work Shift</b>
High	Active monitoring	Restricted from work in <u>close contact</u> with others*	At least facemask (standard procedure) and gloves at all times
Medium	Active monitoring	None (other than required use of PPE)	At least facemask (standard procedure) and gloves at all times
Low	Self-monitoring with delegated supervision	None	Per standard procedures
Very Low	Self-monitoring	None	Per standard procedures
None	None	None	Per standard procedures

\*First responder may continue to work in non-front-line roles or remotely.

**References:**

- 1) Centers for Disease Control (CDC). Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19). Accessed from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- 2) United States Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (CISA). Memorandum of Identification of Essential Critical Infrastructure Workers During COVID-19 Response. Accessed from: <https://www.cisa.gov/sites/default/files/publications/CISA-Guidance-on-Essential-Critical-Infrastructure-Workers-1-20-508c.pdf>
- 3) Centers for Disease Control (CDC). Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance). Accessed from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.
- 4) Centers for Disease Control (CDC). Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States. Accessed from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>



<sup>1</sup>Clinical assessment and screening can be conducted by contacting HealthPartners at 612-339-3663. First responders will be directed to a testing location if needed.

<sup>2</sup>Due to limited testing availability, the Minnesota Department of Health is recommending against repeat testing.

**Figure 2.**  
**Management of Symptomatic First Responders**

