



SPECIAL NOTICE 20-007

DATE: March 12, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

WORK RESTRICTIONS AND EXPOSURE RISKS

Department Personnel,

Below you will find a table we will be using as a guideline for exposures and risks. As a reminder, if you receive dispatch information (suspected or confirmed coronavirus or influenza symptoms) then PPE should be donned prior to making contact with the patient. A single provider should make initial contact with the patient, have a mask placed on the patient and start an assessment. Inquire about their most prominent complaint (e.g., fever, cough, etc.) and make a decision of “Sick vs. Not Sick”. Please refer to the guidance provided in **SPECIAL NOTICE 20-005 – SPOKANE COUNTY EXPECTED CLINICAL ACTIONS FOR COVID-19 PATIENTS.**

The following guidelines will assist with determining an exposure risk. Your initial point of contact for an exposure is your supervisor (Captains or Battalion Chiefs)

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
A. HCP (with unprotected eyes, nose, or mouth) ² who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).	High	Active	Exclude from work for 14 days after last exposure
B. HCP who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer	Medium	Active	Exclude from work for 14 days after last exposure

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (<i>until 14 days after last potential exposure</i>)	Work Restrictions for Asymptomatic HCP
<p>therapy, sputum induction) and not using a gown and gloves.</p> <p>Note: If the HCP's eyes, nose, or mouth were also unprotected they would fall into the high-risk category above.</p>			
<p>C. HCP (with unprotected eyes, nose, or mouth)² who have prolonged close contact with a patient <i>who was not wearing a facemask</i>.</p> <p>Note: A respirator confers a higher level of protection than a facemask. However, they are group together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient <i>who was not wearing a facemask</i>.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>D. HCP (with unprotected eye, nose, and mouth)² who have prolonged close contact with a patient <i>who was wearing a facemask</i>.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>E. HCP (not wearing gloves) who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene</p> <p>Note: If the HCP performed hand hygiene immediately after contact, this would be considered low risk.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>F. HCP wearing a facemask or respirator only who have prolonged close contact with a patient <i>who was wearing a facemask</i></p> <p>Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as <i>low-risk</i> because the patient was wearing a facemask for source control.</p>	Low	Self with delegated supervision	None
<p>G. HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for or having contact with the secretions/excretions of a patient</p>	Low	Self with delegated supervision	None
<p>H. HCP (not using all recommended PPE) who have brief interactions with a or patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their</p>	Low	Self with delegated supervision	None

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (<i>until 14 days after last potential exposure</i>)	Work Restrictions for Asymptomatic HCP
secretions/excretions; entering the patient room immediately after they have been discharged)			
I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room	No identifiable risk	None	None