Exposure/Quarantine/Isolation
March 27, 2020

It is important to note that if an EMS provider was wearing their full PPE and adhered to proper donning and doffing procedures, their chances of contracting COVID-19 are **MINIMAL**, and they should not be quarantined or isolated. [Guide for Coronavirus Planning and Response, IAFC March 2020]

**According to the CDC:**

**High risk exposures:** Health Care Provider (HCP) who had prolonged close contact with patients with COVID-19 who were not wearing a surgical mask, while HCP’s nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were **not** protected, is also considered high-risk.

**Medium-risk:** HCP who had prolonged close contact with patients with COVID-19 who were wearing a surgical mask while HCP nose and mouth were exposed (No N95) to material potentially infectious with the virus causing COVID-19.

**Low-risk:** HCP who had brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a surgical mask for source control while HCP were wearing a surgical mask or respirator (N95). Use of eye protection, in addition to a surgical mask or respirator would further lower the risk of exposure.

According to the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), Department of Health, the International Association of Fire Chiefs (IAFC) and the International Association of Firefighters (IAFF) **quarantine and isolation is best done at home.** Most people with COVID-19 will have mild illness and can get better with the proper home care without the need to see a provider. Personnel can be quarantined at home with family members occupying the same residence if they avoid close contact with family members, maintain a 6-foot distance, practice personal hygiene, avoid public contact, and cooperate with local and state health departments. If a family member within the household is 65 years or older, pregnant, heart disease, lung disease, diabetes, kidney disease, or a weakened immune system other arrangement may be needed. However, they will be handled on a case by case basis. Testing is not necessary just to confirm infection. Most persons with respiratory infection, including COVID-19, will have **mild illness** which can get better with home care [Department of Health].
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Quarantine:
Quarantine is used to separate people who may have been exposed to COVID-19 from those who have not been exposed to COVID-19. Individuals placed into quarantine are not ill and are under observation to determine if they will develop symptoms.

If you are exposed to a patient/someone that is positive with COVID-19:

- Self-monitored by taking temperature twice per day.
- Self-assess for Flu-type symptoms.
- Wear a surgical mask around others.
- Quarantine for at least 14 days.

Isolation:
Separates sick people with a contagious disease from people who are not sick. In most cases, these individuals may complete their isolation at home. However, it is critically important to routinely monitor these individuals and transfer them to a hospital if their symptoms worsen. Isolation = ill.

If you are experiencing symptoms after being exposed to someone with COVID-19 or tested positive for COVID-19:

- Avoid physical contact with everyone.
- Stay isolated in a room with access to a bathroom.
- Stay contact with Local IAFF and Fire Administration.
- Follow treatment plan set forth by primary care physician.
- See WPBFD return to work procedure.