## **NEW "CLOSE CONTACT" DEFINITION BY CDC**



## Joint Guidance for the Florida Fire Service

## **Guidelines for Community Related Exposures**



Fire Service Personnel should follow FFCA-FPF Joint Guidance for Workplace Exposures which is based on CDC's <u>Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19</u> regarding work restrictions if they have potential workplace exposures to people with COVID-19. However, such personnel should also follow this Guidance for Community-Related Exposure for community related exposures. See <u>CDC Community Related Exposure Guidance</u>.

There is growing evidence of transmission risk from infected people without symptoms (asymptomatic) or before the onset of recognized symptoms (pre-symptomatic).

Current guidance based on community exposure, for asymptomatic persons exposed to persons with known or suspected COVID-19 or possible COVID-19		
Person	Exposure to	Recommended Precautions for the Public
Individual who has had close contact (< 6 feet)** for ≥15 minutes***	<ul> <li>Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) or,</li> <li>Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).</li> <li>Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE)</li> </ul>	

\*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

## **UPDATED DEFINITION OF CLOSE CONTACT PER CDC GUIDELINES:**

\*\*Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection). Individual exposures should be added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact," however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended. <a href="https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing-plan/appendix.html#contact">https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing-plan/appendix.html#contact</a>