NEW "CLOSE CONTACT" DEFINITION BY CDC

UPDATED: 10/27/20

Joint Guidance for the Florida Fire Service

GUIDELINES FOR POTENTIAL EXPOSURES TO COVID-19 AT WORK

Because of our extensive and close contact with vulnerable individuals in patient care settings, a conservative approach to Fire Service Personnel monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious responders to patients and other employees. Occupational health programs should have a low threshold for evaluating symptoms and testing Fire Service Personnel.

This guidance applies to personnel with potential exposure to patients or other employees with confirmed COVID-19. Exposures can also occur from a suspected case of COVID-19 or from a person under investigation (PUI) when testing has not yet occurred or if results are pending. Work restrictions described in this guidance might be applied to personnel exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. Therefore, a record of personnel exposed to PUIs should be maintained. If PUI test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.

All agencies should develop "universal source control" practices to help limit and avoid exposures.

PLACE A MASK ON ALL PATIENTS

Exposure	Personal Protective Equipment (any of these)	Work Restrictions
Personnel who had prolonged close contact* with a patient or employee with confirmed COVID-19***	• Personnel not wearing a respirator or facemask** or, • Personnel not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask or, • Personnel not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	• Exclude from work for 14 days after last exposure and, • Advise personnel to monitor themselves for fever or symptoms consistent with COVID-19 and, • Any personnel who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
Personnel other than those with exposure risk described above	• N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19.
Personnel with travel or community exposures should inform their occupational health program for guidance on need for work restrictions and reference FFCA-FPF Joint Guidance for Potential Community Exposures to COVID-19 by Fire Service Personnel		

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. https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

**While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to personnel, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect responders is unknown.

***Consider the exposure window to be 2 days before symptom onset (or positive test results for asymptomatic individuals) through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions

Further guidance on this subject: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html