



**Joint Guidance for the Florida Fire Service  
GUIDELINES FOR COMMUNITY-RELATED EXPOSURES TO COVID-19**

Fire Service Personnel should follow FFCA-FPF Joint Guidance for Workplace Exposures which is based on CDC’s [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) 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.

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 style="list-style-type: none"> <li>Person with COVID-19 who has <a href="#">symptoms</a> (in the period from 2 days before symptom onset until they meet criteria for <a href="#">discontinuing home isolation</a>; can be laboratory-confirmed or a clinically compatible illness) <b>or</b>,</li> <li>Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any <a href="#">symptoms</a> (in the 2 days before the date of specimen collection until they meet criteria for <a href="#">discontinuing home isolation</a>).</li> </ul> <p><b>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)</b></p>	<ul style="list-style-type: none"> <li>Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times <b>and</b>,</li> <li>Self-monitor for symptoms                             <ul style="list-style-type: none"> <li>Check temperature twice a day</li> <li>Watch for fever*, cough, or shortness of breath, or other <a href="#">symptoms</a> of COVID-19 <b>and</b>,</li> </ul> </li> <li>Avoid contact with <a href="#">people at higher risk for severe illness</a> from COVID-19 <b>and</b>,</li> <li>Follow <a href="#">CDC guidance</a> if symptoms develop</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]).

\*\* Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk). While research indicates cloth face coverings may help those who are infected from spreading the infection, there is less information regarding whether cloth face coverings offer any protection for a contact exposed to a symptomatic or asymptomatic patient. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering.

\*\*\*Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an

operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.