



Oklahoma State Department of Health
Creating a State of Health

Date: April 7, 2020

To: All certified and licensed Emergency Medical Services and emergency medical personnel

From: OSDH – EMS Division

Re: Guidance Update for EMS Providers exposed to suspected or confirmed COVID-19 patients

The Oklahoma State Department of Health understands that Emergency Medical Services play a vital role in response to COVID-19. Response to the Coronavirus is dynamic and changes very quickly. This guidance is intended to assist with assessment, monitoring, and work restriction decisions for EMS Providers.

EMS Provider Agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2.

EMS providers who are exposed to a suspected or confirmed COVID-19 patient should identify risk based on Personal Protective Equipment (PPE) worn during the encounter. The EMS Provider may continue to work, regardless of risk exposure, with appropriate precautions in place to include: wearing a facemask, actively monitoring temperature for fever, monitoring for shortness of breath and cough at least twice a day (while on and off duty).

Precaution Recommendations:

- Screen EMS personnel before beginning the shift
- Symptomatic Staff should be removed from duty and referred

The CDC has issued guidance on discontinuation of isolation for persons with COVID-19 that provide options:

1. Time-since illness onset and time-since recovery (non-test based strategy)
 - a. At least 3 days (72 hours) without a fever without the use of fever reducing medications; and
 - b. Improvement in respiratory symptoms, and
 - c. At least 7 days have passed since symptoms first appeared.
2. Test-based strategy
 - a. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart. (Test based is contingent upon the availability of ample testing supplies and laboratory capacity.)
 - b. At least 3 days (72 hours) without a fever without the use of fever reducing medications; and
 - c. Improvement in respiratory symptoms, and
 - d. At least 7 days have passed since symptoms first appeared.

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Please review the table to assist with determination of Exposure Risk:

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

^aThe risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient)

^bThe risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

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Enclosed:

CDC: Criteria for Return to Work for healthcare Personnel with confirmed or Suspected Covid-19 (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) Link

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>[pdf icon](#)