



State of Maryland

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To: EMS Highest Jurisdictional Officials  
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From: Timothy Chizmar, MD, FACEP  
State EMS Medical Director

Date: March 20, 2020

RE: COVID-19 Infection Control Guidance: Monitoring, Possible Exposures,  
Symptomatic EMS Clinicians, Contacts of Asymptomatic Contacts

MIEMSS is providing the following guidance, in consultation with the Maryland Department of Health (MDH), on monitoring and caring for our EMS clinicians during the COVID-19 pandemic. This guidance is based on advice from the Centers for Disease Control (CDC) and MDH and is subject to change as more is known about COVID-19. In all cases, the Fire and EMS department and their occupational health service issue the final determination on whether an EMS clinician may participate in the EMS environment. Consider consulting local counsel (county attorney, association attorney, or corporate counsel) for any legal considerations.

### **Monitoring**

MIEMSS recommends screening of all EMS clinicians twice daily, at least eight (8) hours apart. Ideally, a supervisor should perform the screening. The clinician should be asked if they have any of the following symptoms: fever, cough, sore throat, trouble breathing, or fatigue. If the person answers “yes” to any of the above symptoms, they should have a temperature check performed.

EMS clinician should be excluded from work by their supervisor if they have:

- Temperature > 100.4 F or
- Any of the following symptoms: cough, sore throat, trouble breathing, fatigue

### **EMS Clinician Possible Exposures**

1. The following individuals are not considered “exposed” to COVID-19:
  - EMS clinicians who are farther than 6 feet from the patient or
  - EMS clinicians who are within 6 feet of the patient for less than 5 minutes and not performing respiratory procedures
  - EMS clinicians who are wearing appropriate PPE when interacting with a patient

2. The following individuals are considered to be at higher risk of exposure to COVID-19:
- EMS clinicians who are in “prolonged close contact” (> 5 minutes) within 6 feet of a suspected COVID-19 patient without appropriate PPE or
  - EMS clinicians performing any respiratory procedures (intubation, nebulizer treatments, CPAP, oxygen) without appropriate PPE or
  - EMS clinicians with direct exposure to respiratory secretions

If any of the above criteria apply, please refer to the following chart for guidance.

Risk factors	Recommended Monitoring for COVID-19 ( <i>until 14 days after last potential exposure</i> )	Recommended Work Restrictions for <u>Asymptomatic</u> EMS Clinician
EMS PPE: None	Monitor for symptoms and temperature check twice daily	May work; must wear facemask at <u>all</u> times at work; if EMS clinician develops symptoms – exclude from work for seven days since onset of symptoms <u>and</u> at least 72 hours have passed since resolution of fever and improvement in respiratory symptoms
EMS PPE: Not wearing a facemask	Monitor for symptoms and temperature check twice daily	May work; must wear facemask at <u>all</u> times at work; if EMS clinician develops symptoms – exclude from work for seven days since onset of symptoms <u>and</u> at least 72 hours have passed since resolution of fever and improvement in respiratory symptoms
EMS PPE: Not wearing eye protection	Monitoring for symptoms and temperature check twice daily	None
EMS PPE: Not wearing gown	Monitoring for symptoms and temperature check twice daily	None
EMS PPE: Not wearing gloves	Monitoring for symptoms and temperature check twice daily	None

## Symptomatic EMS Clinicians

*Limited COVID-19 Testing Availability (Current State in Maryland)*

EMS clinicians who develop symptoms or fever should be advised to stay home and self-isolate for:

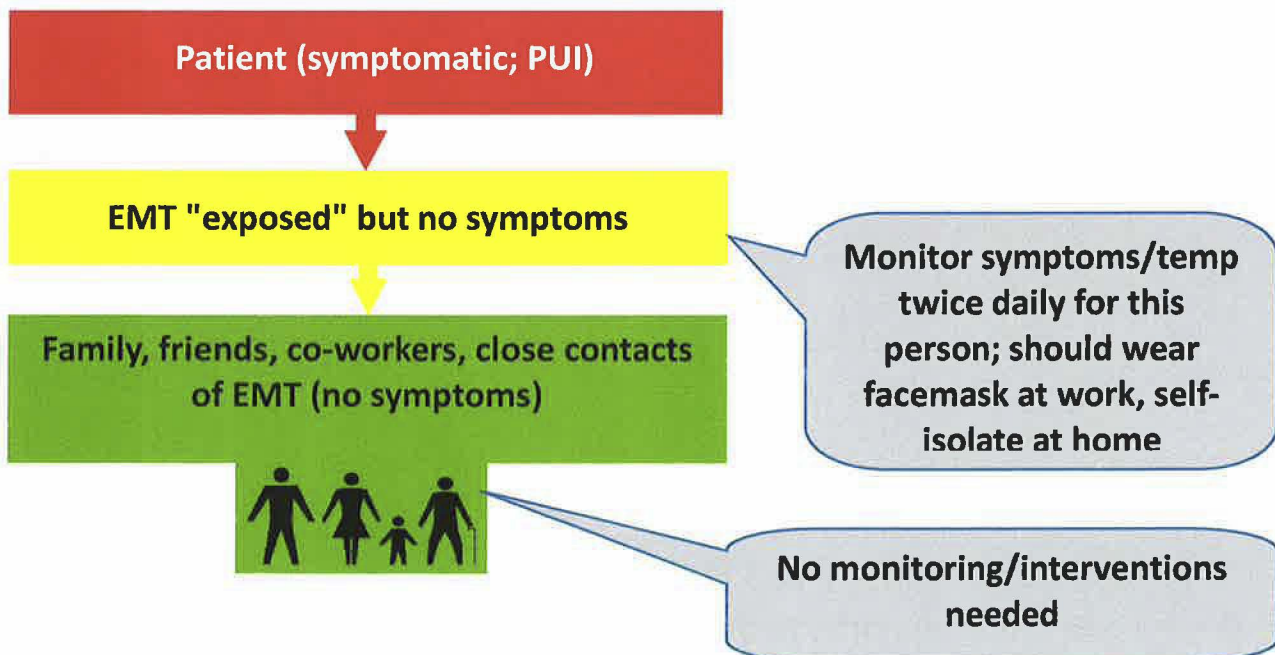
- Seven days from onset of symptoms and
- At least 72 hours have passed since resolution of fever and there is improvement in respiratory symptoms (e.g. cough)

Upon return to work, the EMS clinician should wear a face mask for a total of 14 days after the onset of symptoms or until all symptoms have completely resolved, whichever is longer.

If the EMS clinician receives an alternate diagnosis (e.g. flu) from their physician, they should follow instructions given for that illness.

## Contacts of Asymptomatic People Exposed to COVID-19

MIEMSS does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people who had potential exposures to COVID-19 (“contacts of asymptomatic contacts”). These people are not considered “exposed” to COVID-19 (Source: CDC).



CDC References:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>