

Los Angeles Fire Department

DEPARTMENTAL

BULLETIN

Bulletin No. 20-04

March 4, 2020

TO: All Members

FROM: Alfred Poirier, Chief Deputy, Emergency Operations
Fred Mathis, Chief Deputy, Administrative Operations

SUBJECT: **COVID-19 POST-EXPOSURE PROCEDURES**

PURPOSE

This bulletin outlines procedures to assess, counsel and care for our members after they have been exposed to patients infected with Coronavirus Disease 2019 (COVID-19).

PREVENTION

Most exposures to COVID-19 will not occur if proper prevention takes place. Members can prevent exposure to COVID-19 by:

- Thoroughly cleaning and disinfecting all durable medical equipment, the cab of apparatus and the patient compartment of rescue ambulances.
 - Maintaining good health, getting enough rest, maintaining a moderate exercise program, eating healthfully, avoiding tobacco use, etc.
 - Keeping current on vaccinations.
 - Staying home when sick, and respectfully requesting that others do the same.
 - Ensuring that a surgical mask is placed on any patient with upper respiratory/flu symptoms (sneezing, coughing, etc.) as soon as possible.
 - Wearing proper Personal Protective Equipment (PPE) when providing care to patients. In the case of patients suspected of having COVID-19, proper PPE is:
 - Disposable gown
 - P-100 or N-95 mask
 - Eye protection (Safety goggles or face shield)
 - EMS gloves
 - For the patient: face mask or oxygen mask with high-flow oxygen
- NOTE: The PPE items above are available from the Medical Supply Unit as a package. Request the Communicable Disease Exposure Kit.

The above list is not exhaustive. It is intended to provide a framework to which members can add preventive measures specific to their patient's condition.

EXPOSURE

The risk of exposure to COVID-19 is very low if the member donned the proper PPE before making patient contact. Exposure MAY occur if:

- PPE was not donned prior to patient contact.
 - EXAMPLE: Companies respond to a traffic accident, and then determine while assessing a patient, that the patient is symptomatic for COVID-19 and has recently been in an infected area. Gown and mask may not have been worn.
- PPE failed to provide protection.
 - EXAMPLE: Gloves tear during assessment, goggles fall off while patient is coughing, mask is not tightly fitted, etc.

POST-EXPOSURE PROCEDURE

Members who have been exposed to covid-19 shall ensure the continuity of patient care and:

- Contact MFC and request the dispatch of an EMS Captain, if one is not already on the incident.
- Decontaminate immediately. Actions might include:
 - Wiping exposed skin with alcohol wipes or hand sanitizer.
 - Thoroughly washing with soap and warm water.
 - Removing soiled clothing, if practical.
 - Don new PPE before returning to patient care duties.
- Cooperate with all directives of the County Public Health Officer. Such directives may include:
 - Quarantine at home.
 - Maintain a log of temperature readings for up to 14 days.
 - Separate yourself from family members.
 - Isolation at a hospital.

The EMS Captain who responds to a case of a member who may have been exposed to COVID-19 shall:

- Collect all information necessary to complete an F-5020.
- Record the name of the suspected source patient.
- Review the details of the potential exposure to determine the correct level of risk, in accordance with guidelines established by the Centers for Disease Control and Prevention (CDC).
- Contact the Medical Liaison Unit (MLU) On-Call Officer to review the case.
- Based upon the determination of MLU, advise the member and the member's supervisor of any required next steps.

The Medical Liaison Unit shall:

- Contact the County Public Health Officer to request testing of the source patient.
- Maintain liaison between the member, the County Public Health Officer, the City's Worker's Compensation Administrator, and the Department.
- Continue to follow up with the member for two weeks from the date of the exposure to ensure that symptoms do not develop.

The member's immediate supervisor shall:

- Ensure the member showers thoroughly upon return to quarters and changes into clean clothes.
- Complete and forward the F-5020, Supervisor's Accident Investigation (SAI) and DWC-1 forms.
- Document the exposure in the member's personal file and Personal Record Book.
- Document the exposure and all actions taken in the Station Journal (F-2).

QUARANTINE

It is extremely unlikely that a member will require some form of quarantine as a result of an exposure to COVID-19. If quarantine becomes necessary, the County Public Health Officer will determine the level and location of the quarantine. Most likely, this will be self-monitoring at home.

In the event that a member requires quarantine, the County Public Health Officer or the Medical Liaison Unit will provide specific instructions to the member regarding procedures for self-monitoring, reporting of findings and travel restrictions.

If a member requires quarantine at home, but does not live in Los Angeles County, the County Public Health Officer will determine if the member is allowed to leave the County. If a member is allowed to go home, the County Public Health Officer may be required to notify the Health Department of the member's home county. In that case, the member will be subject to the rules of the home county's Public Health Department.

TIMEKEEPING

If a member is placed off duty to be quarantined, the member's timekeeping shall reflect that the member is off using NIOD sick time (SK), beginning at the time that the decision to quarantine the member is made. The member will be carried as SK until such time as the City's Worker's Compensation Administrator determines that the time should be converted to IOD. If warranted, Accounting Services Section shall be responsible for making the appropriate conversions in the City's payroll system and will notify the member's supervisor to make corrections to the member's timekeeping documents at their place of assignment.

If a member chooses to self-quarantine, an F-5020 shall be completed and the member will be off duty using NIOD sick time.

PROFESSIONAL CONDUCT

All members must understand that, even if a member contracted COVID-19 from a patient contact, it takes time – normally days, if not weeks – for the member to become infectious. A member may be directed by MLU to return to quarters, shower and change, and remain on duty until the test results come in from the source patient. In these cases, during the time that the member is not contagious, **THE MEMBER IS NOT A DANGER TO OTHERS IN THE FIRE STATION.**

Members shall not be excluded from station activities, organized mess or training evolutions. Members shall not be ostracized or ordered to remain in a remote area awaiting the test results. There is **NO** reason to assume that a room the member has been in or an item a member has touched is contaminated or requires some kind of isolation.

BEHAVIORAL HEALTH

Dealing with the stress of a communicable disease exposure can be overwhelming, particularly if the exposed member is isolated from co-workers and family. All members are reminded that the professionals assigned to the Department's Behavioral Health Program and the Peer Support Team are an excellent resource to help the member, the member's co-workers, and the member's family cope with the stress.

For further information, please visit the following link for the Center of Disease Control and Prevention website: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

Any questions regarding this policy should be directed to the Risk Management Section by telephone at (213) 482-6933.

To ensure all members have a clear understanding of this policy, Commanding Officers shall review this Departmental Bulletin with all members in their command. Officers shall use Target Solutions to document the training of assigned members.



ALFRED POIRIER, Chief Deputy
Emergency Operations



FRED MATHIS, Chief Deputy
Administrative Operations