



COVID-19 ADDENDUM 1

EMPLOYEE EXPOSURE WORK PROTOCOL

March 28, 2020 (this supersedes the March 26, 2020 version of Addendum 1)

RESOURCES:

There is no single CDC or IDPH document that provide an exposure protocol expressly for law enforcement. The documents identified below cover several issues involved in creating a comprehensive policy. It should be noted that the medical guidance for COVID-19 management, diagnosis, and treatment is evolving and policies may need to be updated based on changing medical guidance. That guidance should be checked frequently (no less than weekly) to see if there are changes or updates which would impact policy.

- CDC, "Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases," (updated March 22, 2020)
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html> ("**Risk Assessment**")

The CDC in the [Risk Assessment](#) document offer the following guidelines regarding persons with potential COVID 19 exposure who are employed in positions in critical infrastructure.

Personnel in Critical Infrastructure Positions

Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to SARS-CoV-2 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic.

Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work. Exposed healthcare personnel who are considered part of critical infrastructure should follow existing CDC guidance.

The complete guidance can be found at the following web address below. It should be noted that the medical guidance for COVID-19 management, diagnosis, and treatment is evolving and policies may need to be updated based on changing medical guidance.

The language above in *italics* is directly quoted from the document. The complete guidance is found in the [Risk Assessment](#) referenced above. Any user of this document should ensure that the quoted language has been changed or updated.

- IDPH, “COVID-19 Health Care Providers & Facilities,” (March 18, 2020) <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers> (“**IDPH Guidance**”)

The IDPH in the [IDPH Guidance](#) document offers the following guidelines regarding persons with potential COVID 19 exposure who are employed in positions in critical infrastructure.

Return to work criteria for healthcare workers with confirmed or suspected COVID-19

Use one of the below strategies to determine when health care providers (HCPs) may return to work in healthcare settings

1. *Testing- and symptom-based strategy for HCP with confirmed COVID-19, exclude HCP from work until*
 - *After resolution of fever **and***
 - *Resolution or improvement in respiratory symptoms, and*
 - *Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart*
2. *Symptom-based strategy (i.e., no SARS-CoV-2 testing to inform decision about return to work). Exclude from work until*
 - *≥ 7 days after illness onset, or ≥ 3 days after resolution of fever, whichever is longer and*
 - *Resolution or improvement in respiratory symptoms*

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to work Practices and Work Restrictions

After returning to work, HCP should:

- *Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)*
- *Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen*
- *Wear a facemask while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. Given the limited availability of personal protective equipment, use of surgical masks by asymptomatic exposed providers at work may need to be limited to those who have had known high-risk exposures or are involved in care of vulnerable patients (e.g., age ≥ 50 , chronic lung disease (e.g., asthma, COPD), heart disease, diabetes immunocompromised).*
- *Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset*

The language above in *italics* is directly quoted from the document. The complete guidance is found in the [IDPH Guidance](#) referenced above. Any user of this document should ensure that the quoted language has not been changed or updated.

IDPH stresses that ALL providers should be self-monitoring and if sick, stay home.

CONSIDERATIONS FOR ESTABLISHING POLICY

The following considerations for policy are offered.

- **Written Policy**--Agencies should work with their municipal or county health authorities and their legal counsel to establish a written policy for law enforcement personnel exposed to COVID-19.
- **Training**- Agencies should ensure that personnel are trained with respect to implementing policy including the use of any equipment or expendables including appropriate safety training.
- **COVID-19 Related Policy Considerations**-The following are aspects of policy an agency might consider:
 - **Work by Asymptomatic Personnel Exposed to Persons with COVID-19**— There are some recommended options
 - **Work with Monitoring**-- see [Risk Assessment](#).
 - **Work with PPE Wear**—See [IDPH Guidance](#).
 - **Work by Symptomatic Personnel**—**NOT PERMITTED**—See [IDPH Guidance](#)
 - **Return to Work by an Employee Tested Positive for COVID 19**- See [IDPH Guidance](#)
 - **Return to Work by a Symptomatic Employee Tested Negative for COVID 19** See [IDPH Guidance](#)

DISCLAIMER: This document, **DOES NOT CONSTITUTE MEDICAL AND/OR LEGAL ADVICE**. This document is offered solely for the use and consideration of ILACP Members. ILACP Members and their agencies are expressly advised to consult their local health authorities and legal counsel for medical and legal advice in preparing appropriate policies.