The questions below are to be asked by the shift supervisor in response to an employee reporting a *possible* COVID-19 exposure.

1. When did the possible exposure occur?
2. Did the possible exposure occur on or off duty?
3. Why do you believe you may have been exposed to COVID-19?
4. If on duty, was it in response to a Call for Service? If so, list case number and include a copy of the incident.
5. What level of PPE were you wearing at the time of the incident?
6. What was the duration of your exposure?
7. If your exposure was person to person, was the individual symptomatic?
8. If your exposure was person to person, what was your proximity to the individual?
9. Are you symptomatic? These symptoms may appear 2-14 days after exposure: fever, cough, shortness of breath, sore throat, fatigue or headache.

If the exposure category is low-risk (see page 2) and the employee is not symptomatic, he or she may remain at work but must check their temperature prior to the start of each workday for 14 calendar days. The employee may be required to wear a surgical or N-95 mask for the 14-day period.

If the employee is symptomatic, the employee must be sent home sick and may not return to work until ≥7 days after illness onset, or ≥3 days after resolution of fever, whichever is longer andresolution or improvement in respiratory symptoms.

If the employee is symptomatic and subsequently tests negative for COVID-19, the employee may not return to work until ≥3 days after resolution of fever, andresolution or improvement in respiratory symptoms (the ≥7 day period does not apply).

**High-risk** exposures refer to First Responders (FR) who have had prolonged close contact with individuals with COVID-19 who were not wearing a facemask while FR nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.

**Medium-risk** exposures generally include FR who had prolonged close contact with individuals with COVID-19 who were wearing a facemask while FR nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.

**Low-risk** exposures generally refer to brief interactions with individuals with COVID-19 or prolonged close contact with individuals who were wearing a facemask for source control while FR were wearing a facemask. Use of eye protection, in addition to a facemask would further lower the risk of exposure.

**Close contact** for first responders exposure is defined as being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time or having unprotected direct contact with infectious secretions or excretions of the individual (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact.  Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the individual (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel.

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure.  However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure.  Brief interactions are less likely to result in transmission; however, clinical symptoms of the individual and type of interaction (e.g., did the individual cough directly into the face of the FR) remain important.

See the table on page 3 for additional guidance.

CDC Guidelines for Healthcare Personnel (HCP):



