

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
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Lt. Governor

OFFICE OF EMERGENCY MEDICAL SERVICES

Date: March 30, 2020
To: CT EMS Organizations
From: Raffaella Coler, RN, MEd, Paramedic ^R
Director, Office of Emergency Medical Services
Re: Screening of EMS Providers at Skilled Nursing Facilities

Given all EMS healthcare workers are at risk for exposure to COVID-19, it is prudent that ALL EMS healthcare workers, regardless of whether they have had a known exposure, participate in self-monitoring to screen for development of illness. This would involve constant vigilance for COVID-19 signs and symptoms and having their temperature taken at the beginning of their shift. Optimally, temperature should be taken twice daily while self-monitoring. If a fever and/or any other COVID-19 illness signs and symptoms are present, that provider should not work their shift and should follow established guidance regarding reporting and continuing work.

Additionally, most skilled nursing facilities (SNF) are following the risk assessment guidance in the attached Order from DPH Commissioner Renee Coleman-Mitchell dated March 13, 2020 regarding screening visitors to their facility. Although this has raised concern for multiple reasons, there is no exemption for EMS given that the health of the SNFs population is at stake due to COVID-19. If screening detects a fever and/or any other COVID-19 illness signs and symptoms are present, that provider will not be allowed to enter the facility.



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Possible solutions to the conflict created by the SNF's mandate to screen all visitors may be for EMS Providers to proactively discuss the following with SNF's in their area of operations:

- Defining a uniform entry/exit point at the SNF for EMS.
- Defining a patient collection point to reduce the movement of EMS in facilities.
- Discussion between EMS and SNF facilities regarding the fact that EMS may have to answer "yes" to certain screening questions, however, also clarifying that they were in full PPE at the time of the exposure to a sick person and should not have to be considered "high risk" given current CDC guidance (below).

Recommended guidance by the CDC entitled "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)" is available at the following link:

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

From the CDC Guidance Cited above:

HCP who Adhere to All Recommended Infection Prevention and Control Practices

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

Self-monitoring means HCP should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.

Thank you for all you do, please stay safe and be well.



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