



Model EMS Clinician COVID-19 Screening Policy¹

Purpose:

The purpose of this policy is to ensure that all EMS agencies are screening all EMS clinicians for possible signs and symptoms of COVID-19 disease associated with infection of the SARS-CoV-2 virus. Through careful screening, it is possible to prevent the exposure of other staff and patients to potentially infectious EMS clinicians.

Overview:

COVID-19 disease was declared a pandemic by the World Health Organization on March 11, 2020. By doing so, they recognize that there is community spread associated with the virus and that it likely will infect individuals around the globe. Maine EMS has been working collaboratively with Maine CDC regarding our response for several months. To protect the EMS workforce and institute regular surveillance, Maine EMS is recommending the following policy for all EMS agencies within the State of Maine.

Guiding Principles:

All EMS agencies should assess all EMS clinicians prior to the start of their shift and at least one other time throughout their shift for signs and symptoms of COVID-19, including: fever, cough, shortness of breath, and sore throat.

Infection control officers should document the clinician's temperature in a single document (see attached sample Excel worksheet) to keep track of changes over time and potential trends.

Any positive screening (presence of a fever, cough, shortness or breath, or sore throat) requires that the individual go home, not complete his/her/their shift, self-quarantine for 14 days, and seek medical attention through his/her/their primary care physician, urgent care, or contracted workforce care center (i.e. Concentra).

Fevers related to COVID-19 are defined by the U.S. CDC as anything at or above 100.0 F.

If a clinician does not present with a fever or signs and symptoms, but they generally look unwell, they should not be allowed to work. They should be sent home and reassessed for signs and symptoms on a subsequent shift.

Clinicians with negative screenings can work; however, service leadership should consider potential risk associated with each member when assigning them to response units. For example, if there is a member of the team that is immunocompromised or at higher risk, they should be considered for other duties before being placed in a response capacity for COVID-19 patients.

¹ Based on U.S. CDC Guidance from March 7, 2020: Healthcare Personnel with Potential Exposure to COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)

Throughout the shift, clinicians should continue to self-monitor for signs and symptoms. If they become apparent, the clinician should be sent home for 14 days of self-quarantine.

As of March 15, 2020