

COVID-19 and Law Enforcement

Requested Action:

1. Follow CDC Guidance for law enforcement personnel to prevent exposure
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-law-enforcement.pdf>
 - Avoid face to face contact with an un-masked source to prevent droplet exposure.
 - Place a surgical mask on a source who has symptoms (cough and/or fever) to prevent exposure
 - Surgical or procedure masks are an appropriate alternative to N95 or higher, NIOSH approved respirator masks
2. Law enforcement personnel who believe they have had a substantial exposure to a source, **with exposure meaning:**
 - Source coughs, sneezes or spits in the face of law enforcement personnel, and has COVID-19 like symptoms (cough, fever, shortness of breath) **AND**
 - Law enforcement personnel was within 6 feet of the source **AND**
 - Law enforcement personnel was not wearing Personal Protective Equipment (PPE)

Law enforcement personnel should:

 - ✓ Wash the contaminated area with soap and water
 - ✓ Remove and change clothing, properly handle soiled garments
 - ✓ Wash hands with soap and water
 - ✓ Observe the source if you suspect they have COVID-19 for signs and symptoms of fever, cough or difficulty breathing,
3. Call the Public Health Duty Officer at 360-867-2661, if Law Enforcement Personnel has had a substantial exposure **AND** the source has COVID-19 symptoms, with the following information:
 - Circumstances of the exposure
 - Name of the source
 - Date of birth of the source
 - Current location and contact information for the source
 - Contact information for exposed law enforcement personnel

The Duty Officer will consult with the Thurston County Health Officer to determine further steps which may include testing of the source.
4. If source is confirmed positive for COVID-19, public health officials will contact exposed personnel and provide appropriate guidance which may include testing of exposed; quarantine; or isolation if the exposed develops signs or symptoms.
5. Law enforcement personnel who are confirmed to have COVID-19 or are Asymptomatic with High or Medium Risk Exposures to a Known Case of COVID-19 should follow the guidance found at the link below before returning to duty
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareworkerReturn2Work.pdf>

Resources:

CDC law enforcement guidance: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-law-enforcement.pdf>

DOH return to work guidance:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareworkerReturn2Work.pdf>

What law enforcement personnel need to know about coronavirus disease 2019 (COVID-19)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.
 - Close contact increases your risk for COVID-19, including:
 - » Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
 - » Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

To protect yourself from exposure

- **If possible, maintain a distance of at least 6 feet.**
- **Practice proper hand hygiene.**
Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e., coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

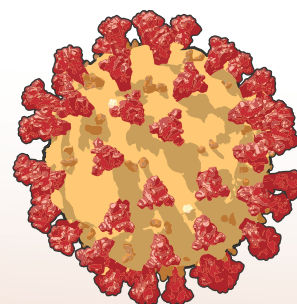
- A single pair of disposable examination gloves,
- Disposable isolation gown or single-use/disposable coveralls*,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator); facemasks are an acceptable alternative until the supply chain is restored, and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurred during apprehension

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

For law enforcement personnel performing daily routine activities, the immediate health risk is considered low. Law enforcement leadership and personnel should follow CDC's Interim General Business Guidance. Search "Interim Guidance for Businesses" on www.cdc.gov.



cdc.gov/COVID-19

Return to Work Guidance for Healthcare Workers (HCWs) and First Responders (FRs) Who Have Confirmed COVID-19 or Are Asymptomatic with High or Medium Risk Exposures* to a Known Case of COVID-19

Healthcare Workers and First Responders with Confirmed COVID-19

- If **symptomatic**, HCWs and FRs should not return to work until:
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed since symptoms first appeared.
- If **asymptomatic**, HCWs and FRs, facilities should consult with their local health jurisdiction (LHJ) for guidance on when it may be appropriate for HCW to work. The HCW should not return to work until:
 - At least 7 days from the date on which their positive test was collected. The HCW should self-monitor for symptoms, and seek re-evaluation from occupational health immediately if respiratory symptoms begin.
- **Symptomatic and asymptomatic** HCWs and FRs who have tested positive for COVID-19 can return to work provided they meet the appropriate criteria above **AND**:
 - Adhere to respiratory hygiene, hand hygiene, and cough etiquette **AND**

Symptomatic HCW:

- Wear a facemask at all times while in the healthcare facility, if there is a sufficient supply of facemasks until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer

Asymptomatic HCW:

- Wear a facemask at all times while in the healthcare facility, if there is a sufficient supply of facemasks, until until 14 days from the date on which their positive test was collected.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days from the date on which their positive test was collected.

Some HCWs and FRs may experience prolonged cough as a result of respiratory viral infection, which may continue after isolation has ended. Such persons can be advised to wear a surgical mask or equivalent until their cough resolves or their health returns to baseline status.

Alternatively, **Symptomatic HCWs with confirmed COVID-19 infection can have isolation discontinued and return to work based on the following:**

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of a molecular assay for COVID-19 from at least two consecutive NP swab specimens collected ≥ 24 hours apart.

Asymptomatic HCWs and FRs with High or Medium Risk Exposures* to a known case of COVID-19

Ideally, HCWs and FRs with high or medium risk exposures should be excluded from work for 14 days from the last exposure. After other staffing options have been exhausted and in consultation with their occupational health program and the local health jurisdiction, facilities can consider allowing asymptomatic HCW who have had high or medium risk exposure to continue working with these provisions:

- HCWs and FRs should actively monitor for symptoms consistent with COVID-19 infection but can return to work provided they:
 - Adhere to cough etiquette and hand hygiene
 - Wear a facemask at all times while in the healthcare facility, if there is a sufficient supply of facemasks, until 14-days after the date of exposure.
- If symptoms develop during the monitoring period:
 - If HCWs and FRs develop fever (measured temperature $> 100.4^{\circ}$ or subjective fever) or respiratory symptoms consistent with COVID-19, they must cease patient care activities, immediately self-isolate (separate themselves from others), don a facemask (if not already wearing), and notify their supervisor or occupational health services promptly so they can coordinate consultation and referral to a healthcare provider for further evaluation.
 - Testing for COVID-19 should be performed, if available. (If testing not available, follow guidance above for infected HCWs.)
 - If positive, refer to guidance above for infected HCWs.
 - If negative, they can return to work under the following conditions:

- Symptoms have resolved.
- It has been at least 24 hours since the fever has gone without use of fever-reducing medications (for persons who develop fever).
- They should wear a facemask at all times while in the healthcare facility, if there is a sufficient supply of facemasks, until 14-days after the date of exposure. (If new symptoms arise during the 14-day monitoring period retesting is indicated as above.)

***For more information** on evaluation of HCWs diagnosed with or exposed to COVID-19 please see the following guidance from CDC: [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 \(COVID-19\)](#)

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**. For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.