

SAFETY DIRECTOR BULLETIN

April 2020

Fire & EMS Exposure to COVID-19 Guidance - UPDATED

The Centers for Disease Control and Prevention (CDC), **added the novel coronavirus, SARs-CoV-2, which causes the COVID-19 disease, to the list of diseases that are subject to the emergency responder notification requirements of the Ryan White HIV/AIDS Treatment Extension Act of 2009.** Read the notice at <https://www.federalregister.gov/documents/2020/03/27/2020-06458/ryan-white-hiv-aids-treatment-extension-act-of-2009-update-to-the-list-of-potentially>. The Act requires medical facilities and the Designated Officers of emergency response agencies communicate with each other to notify police officers, firefighters, and emergency medical personnel of potential exposures to certain, specified infectious diseases.

The Safety Director recommends every fire and EMS agency identify a Designated Officer and have the Officer file their name and contact information with all local hospitals. All first responders in the agency should know the identity and contact information for their agency's Designated Officer. The information should be predominantly posted in the station.

Notifications about an exposure can occur in one of two ways:

1. An Emergency Response Employee (ERE) can initiate a request based on a potential exposure to a listed infectious disease by a victim during an emergency (i.e. needlestick, contact with body fluids, or suspicion of exposure to an airborne or aerosolized infectious disease), if the victim was transported to a medical facility, and the ERE was directly involved in patient care. The ERE submits a request to the agency's Designated Officer.
 - The Designated Officer determines whether the ERE may have been involved in a potential exposure under the facts presented. The determination shall be made in accordance with NIOSH guidelines at <https://www.cdc.gov/niosh/topics/ryanwhite/background.html>
 - If a potential exposure is determined, the Designated Officer submits a written request to the medical facility to which the victim was transported or determined the cause of death.
 - Once the medical facility receives the request, it has 48 hours to respond.
 - The medical facility reviews its records to determine if the ERE was exposed to a potentially life-threatening infectious disease.
 - In receiving a request from a Designated Officer, the medical facility shall:
 - i. evaluate the facts in the request; and
 - ii. make a determination of whether the ERE was exposed to an infectious disease included on NIOSH's List of Potentially Life-Threatening Infectious Diseases to Which Emergency Response Employees May Be Exposed based on the medical information possessed by the facility regarding the victim, and within NIOSH's guidelines.
 - The medical facility will make one of four determinations in response to the request:
 - i. Notification of exposure
 - ii. Finding of no exposure

- iii. Insufficient information submitted by Designated Officer – If the medical facility determines that “insufficient information” was provided by the Designated Officer, the Designated Officer can request the assistance of the local public health officer.
 - iv. Possesses no information – If the medical facility finds that it possesses no information on whether the victim has an infectious disease included on NIOSH’s list, the medical facility shall send written notification to the Designated Officer informing him of the insufficiency of such medical information.
 - The medical facility reports this information to the Designated Officer.
 - The Designated Officer informs the employee(s).
2. The medical facility will initiate notification if it determines that the victim of an emergency has a potentially life-threatening airborne or aerosolized infectious disease that an agency transported to the facility.
- The medical facility notifies the Designated Officer of the emergency response agency involved within 48 hours, providing the name of the infectious disease, and the date when the emergency victim was transported by the agency’s employees to the facility.
 - The Designated Officer informs the affected employee(s).

OSHA Recordkeeping Requirements for COVID-19 Occupational Illnesses – UPDATED

On April 10, the Occupational Safety and Health Administration (OSHA) updated their recordkeeping guidance for determining how a COVID-19 illness of a public safety responder should be addressed on OSHA Injury and Illness Logs.

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. Employers are only responsible for recording cases of COVID-19 if all three of the following conditions are met:

1. The case is a **confirmed** case of COVID-19; and

A confirmed case of COVID-19 means an individual with at least one respiratory specimen that tested positive for SARS-CoV-2, or per CDC’s information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19

2. The case is work-related, as defined by 29 CFR 1904.5; and

An illness is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. This could include, for example, if the employer was aware of a number of cases developing among workers who work closely together without an alternative explanation.

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 29 CFR § 1904.5(b)(2) specifically applies.

3. The case involves one or more of the general recording criteria such as requiring medical treatment beyond first-aid, or days away from work) as set forth in 29 CFR 1904.7.

Public employers must record most work-related injuries and illnesses on their OSHA 300 log. Because this is an illness, if an employee voluntarily requests that his or her name not be entered on the log, the employer must comply as specified under 29 CFR § 1904.29(b)(7)(vi).

Are COVID-19 fatal illnesses considered line of duty death?

National Fallen Firefighter Foundation worked with the Public Safety Officers' Benefits Program (PSOB) at the Department of Justice to ensure that COVID-19-related deaths will be considered Line of Duty Deaths (LODD).

To establish eligibility for a public safety officer's death or disability due to COVID-19, the PSOB regulations require that the evidence show that it is more likely than not that the virus resulted from the officer's exposure while performing a line of duty activity or action. Read the full DOJ COVID-19 update at:

<https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/psob-covid19-4-2020.pdf>

As the PSOB Office receives claims based on COVID-19 exposure, they report they will work closely with survivors, officers, and agencies to seek evidence of the exposure and causation through all available evidence, including incident reports and related documents.

The Safety Director recommends every fire and EMS agency review and strengthen their post-incident documentation. Your written records should include detailed descriptions of the actions taken by each responder as a part of patient care, moving, and transporting. Discuss the heightened importance to the lives of the crews and their families of comprehensive narratives with all persons who complete incident reports.

For questions regarding the PSOB Program or filing a claim, visit PSOB's online portal at www.psob.gov