



# MARYLAND STATE POLICE SPECIAL ORDER



## COVID-19 Exposure Determination and Level of Risk

<b>Distribution:</b> All Personnel	<b>Index:</b> <b>SO 01-20-006</b>
<b>DLI Reference:</b> N/A	<b>Rescinds:</b> N/A
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### **.01 Purpose**

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To provide interim guidance based on currently available data about COVID-19 as provided by the Centers for Disease Control and Prevention (CDC) to assist with assessment of risk, monitoring and work restriction decisions for employees with potential exposure to COVID-19 and to outline procedures to be followed in the event of an exposure.

### **.02 Policy**

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MSP employees will follow the procedures in this directive should an exposure or suspected exposure occur.

### **.03 Definitions**

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**ACTIVE SELF-MONITORING:** a period of time (no less than 14 days) in which employees monitor themselves for a fever by taking their temperature twice a day and document any respiratory symptoms (e.g., cough, shortness of breath, sore throat). Daily reports of self-monitoring results will be emailed to the Medical Director.

**ASYMPTOMATIC:** a physical condition that fails to show the noticeable symptoms usually associated with a disease or infection.

**CORONAVIRUSES:** a large family of viruses that are common in humans and in many different species of animals, including camels, cattle, cats, and bats.

**DEPLETED WORKFORCE:** a period of decreased staffing levels that impact the Department's ability to perform its public safety services as determined by the Superintendent.

**ISOLATION:** the act of separating infected individuals from non-infected individuals. In most cases, these individuals may complete their isolation at home.

**PERSON UNDER INVESTIGATION (PUI):** a term used to describe someone who is symptomatic or who has tested positive or been diagnosed as presumptive positive for COVID-19.

**QUARANTINE:** the act of separating people who may have been exposed to COVID-19 from those who have not been exposed. Individuals placed into quarantine are not ill and are under observation to determine if they will develop symptoms. The CDC recommends quarantine for 14 days.

**SYMPTOMATIC:** exhibiting or involving symptoms such as fever, and/or acute respiratory illness like coughing or difficulty breathing.

### **.04 References**

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[CDC INTERIM U.S. GUIDE FOR RISK ASSESSMENT AND PUBLIC HEALTH MANAGEMENT OF HEALTHCARE PERSONNEL WITH POTENTIAL EXPOSURE IN A HEALTHCARE SETTING TO PATIENTS WITH CORONAVIRUS DISEASE 2019 \(COVID -19\)](#)

[CDC INTERIM GUIDANCE FOR EMS](#)

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**COVID-19 RESPONSE GUIDELINES (POSTED ON THE POWER DMS)****.05 Procedures**

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- A. Published and early reports suggest COVID-19 spreads from person-to-person most frequently during close exposure to a person infected with COVID-19. Person-to-person transmission appears to occur similar to other respiratory viruses, mainly via respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths, noses, or eyes of people who are nearby, or possibly be inhaled into the lungs. Although not likely to be the predominant mode of transmission, it is not clear the extent to which touching a surface contaminated with the virus and then touching the mouth, nose, or eyes contributes to transmission.
- B. Responsibilities
1. The Risk Manager is the Exposure Control Officer (ECO) and is responsible for:
    - a. creating and updating the MSP's Infectious Disease Exposure Control Plan;
    - b. maintaining an exposure log; and
    - c. developing, updating and administering infectious disease exposure control training.
  2. The Medical Director is responsible for ensuring a thorough follow-up is conducted for every exposure incident.
  3. The Commander of the Education and Training Division (ETD) is responsible for coordinating with the Risk Manager to provide training to all employees.
  4. The Director of the Quartermaster Division (QMD) is responsible for providing employees who have the potential of exposure the necessary equipment.
  5. Commanders/Directors and supervisors are responsible for ensuring exposure procedures are followed and for requisitioning the necessary supplies from QMD.
  6. All employees are responsible for:
    - a. notifying a supervisor immediately upon learning of an exposure as defined in Section D;
    - b. knowing which tasks they perform that may have an increased risk for exposure;
    - c. conducting duties in accordance with universal precautions and adhering to work practice controls outlined in the COVID-19 Response Guidelines.
- C. What is Not an Exposure
1. Employees who remain six feet or farther away from the PUI, whether conversing, directing or interacting with the individual.
  2. Employees who come within six feet of the PUI for less than five minutes, except as provided in D-3.
  3. Employees who come into contact with asymptomatic people exposed to COVID-19. The CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures such others who live in the same household.
  4. Employees who come into contact with a PUI wearing full personal protective equipment (PPE).

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**D. What is Considered an Exposure**

1. Prolonged close contact, within six feet and/or longer than five minutes, with a PUI while the employee's mouth, nose or eyes were exposed to infectious or potentially infectious material with the virus causing COVID-19. This includes providing an airway procedure, or physically subduing or otherwise lifting, carrying, restraining or resuscitating a PUI in the absence of full, intact, PPE.
2. Employees in close contact with a PUI, within six feet or longer than five minutes, who have had a breach of their PPE.
3. There is mouth-to-mouth airway stabilization or a spraying of airborne droplets through coughing, sneezing, vomiting or by other means, no matter the exposure time.

**E. Exposure Procedures**

1. When an employee suffers an exposure (on or off duty), the employee will:
  - a. notify a supervisor;
  - b. follow the [COVID-19 Response Guidelines](#), Exposure Reporting Procedures;
  - c. complete a Form 175E, Medication/Exposure Report; and
  - d. comply with active self-monitoring as defined above.
2. The employee's supervisor or the barrack duty officer will be responsible for:
  - a. reviewing the Form 175 E and forwarding it to the Attendance Control Officer;
  - b. notifying the Medical Director as soon possible (the Medical Director may be reached after hours through the Headquarters Duty Officer);
  - c. collect/document the facts surrounding the contacts in order to determine if the definition of exposure has been met; and
  - d. ensuring the incident is reported to the Injured Workers' Insurance Fund (IWIF) and providing the employee the number, if it is work related.
3. Employees who have been exposed will be dismissed from the workplace to home quarantine and are required to self-monitor for no less than 14 days.
4. Employees who have been exposed or confirmed to have COVID-19 may only return to work upon approval from the Medical Director.

F. Aviation Command Trooper/Paramedics will follow Emergency Medical Services Clinician Exposure Guidance established by the Maryland Institute for Emergency Medical Services and the Maryland Department of Health and reporting procedures.

G. Employees who have been exposed during a depleted workforce situation, as designated by the Superintendent, will follow the below procedures:

1. The primary early indication of infection, and potentially infectiousness state or condition, is temperature elevation. To minimize risk and reduce delay in evaluation of the employee, a temperature threshold of 100° F or greater, has been established and will be considered a positive finding.
2. A positive finding is to be confirmed by the employee performing a repeat temperature assessment following a 10 to 15-minute resting period, during which nothing is to be eaten, drank or chewed. The results will be emailed to the Medical Director.

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3. Employees who demonstrate 36 hours of temperatures, including three or more values taken morning and evening measuring less than 100°F, with the absence of any respiratory or other infectious symptoms, and after approval by the Medical Director, may be returned to regular duty.
4. Upon return to the workplace, the employee may be directed by the Medical Director to wear an approved mask while working.

H. Medical Record Keeping

1. Attendance Control Supervisors will promptly complete their required portion of the Form 175E and forward the original to the Medical Services Unit (MSU) and a copy to the Risk Manager. A copy will be retained in the employee's local personnel file.
  2. The MSU will maintain comprehensive medical records for every reported exposure incident, which will include a copy of the employee's active self-monitoring documentation. Medical records and exposure information will be maintained in a confidential manner.
- I. The Medical Director will be immediately notified of any employee who is the subject of any local or state health department referral, or who presents a note from his provider, excusing him from work due to illness or whenever quarantine is recommended related to COVID-19. All medical documentation should be emailed to MSU for further consultation.

J. Workplace Decontamination Procedures

1. Generally, employees should follow the guidelines outlined in the COVID-19 Response Guidelines.
2. Employees are responsible for sanitizing their vehicle and/or work stations before, during and after their shifts, based on cleaning supply availability.
3. Commanders/directors are responsible for ensuring the sanitation of work spaces associated with their personnel. Any personnel instructed to sanitize an area will take recommended precautions (rubber gloves) and will utilize disinfectant wipes followed by disinfectant spray, focusing on surfaces and high touch areas (door knobs, light switches, keyboards, etc). All gloves will be disposed of in a sealed bag and the employee should wash their hands thoroughly afterwards.
4. The commander/director may request enhanced sanitary cleaning from their current janitorial vendor, as they deem necessary.
5. Should an entire area become potentially contaminated (multiple rooms or an entire building), the commander/director will immediately limit exposure/access to that area, and consult with the Facilities Management Division (FMD) Director. The FMD Director will contact a licensed vendor who will respond and sanitize the area/building, if appropriate.

Approved:

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Woodrow W. Jones III  
Superintendent 03/20/2020