
COVID-19: Recommendations for Law Enforcement: Exposure Guidance

Definitions

- Close contact is defined as being within six feet of another person.
- Prolonged period of time is defined as being in contact with another person for at least 15 minutes.

Symptomatic Personnel

- Testing is recommended for law enforcement personnel who are symptomatic and considered exposed to a person who tested positive for COVID-19.
- Follow-up with your healthcare provider and local health department to coordinate testing.

Exposure to a Person Who Claims to be Positive for COVID-19

- Utah Code 78B-8-401 and 402 provides that emergency responders and law enforcement officers (LEOs) can require persons to be tested for COVID-19 when an LEO is "significantly exposed" to an individual in the course of their duties. LEOs can request a COVID-19 test in the same way they can request an HIV or Hepatitis C test.
- LEOs and other first responders do not need to self-quarantine when a person claims to be positive for COVID-19 without any symptoms.
- LEOs may resume work without excess precautions, or LEOs may wear a mask and gloves and avoid direct contact with others for one week. The same precautions should be taken at home.
- LEOs who may have been exposed to a person who tested positive for COVID-19 should consult with their healthcare provider and local health department to determine if testing is warranted.
- LEOs who develop symptoms within 0-14 days of being in close contact with a person who tested positive for COVID-19 should get tested and follow the exposure guidelines below.
- Consider using proper personal protective equipment (PPE) before coming in close contact (i.e., arresting) someone who claims to be positive for COVID-19.

Level of Exposure

HIGH RISK

- LEOs who have had prolonged close contact with patients with COVID-19 and were not wearing a facemask while LEOs nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.
- Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare provider's eyes, nose, or mouth were not protected, is also considered high-risk.
- Living in the same household, being an intimate partner, or providing care in a non-healthcare setting (such as a home) for a symptomatic person who tested positive for COVID-19 infection without using recommended precautions for home care and home isolation.

| Management if asymptomatic | Management if symptomatic |
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| <ul style="list-style-type: none"> • May immediately return to work in consultation with occupational health while self-monitoring for 14 days. If symptoms develop, follow the guidance for symptomatic workers. • Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible, based on local priorities. • Controlled travel. | <ul style="list-style-type: none"> • Immediate isolation with consideration of public health orders. • Public health assessment to determine the need for medical evaluation. If medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition. • If medical evaluation is necessary, notify the receiving healthcare facility and emergency medical services (EMS) BEFORE receiving or transporting the patient, and with all recommended infection control precautions in place. • If you are symptomatic: you are excluded from 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); and, at least 7 days have passed since symptoms first appeared. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while the symptomatic person is wearing a facemask. |

MEDIUM RISK

- LEOs who had prolonged close contact with COVID-19 patients who were wearing a facemask while the healthcare provider's nose and mouth were exposed to material potentially infectious with COVID-19.

| Management if asymptomatic | Management if symptomatic |
|--|--|
| <ul style="list-style-type: none"> • May immediately return to work in consultation with occupational health while self-monitoring for 14 days. If symptoms develop, follow the guidance for symptomatic workers. • Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities. <p>Close contacts in this category</p> <ul style="list-style-type: none"> • Remain at home or in a comparable setting. • Practice social distancing. • Active monitoring as determined by local priorities. • Postpone long-distance travel on commercial transportation. | <ul style="list-style-type: none"> • Self-isolation. • Public health assessment to determine the need for medical evaluation. If medical evaluation is warranted, diagnostic testing should be guided by CDC's PUI definition. • If medical evaluation is necessary, notify the receiving healthcare facility and emergency medical services (EMS) BEFORE receiving or transporting the patient, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while the symptomatic person is wearing a facemask. |

LOW RISK

- Being in the same indoor environment as a symptomatic person who tested positive for COVID-19 for a prolonged period of time, but not meeting the definition of close contact.
- Brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while LEOs were wearing a facemask or respirator.

***Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.**

NO IDENTIFIABLE RISK

Interactions with a symptomatic person who tested positive for COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

Management

- Perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic persons in this category are not restricted from work.
- Check temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat).
- Ensure LEOs have no fever and no symptoms before leaving home and reporting for work.
- LEOs without fever or respiratory symptoms may report to work.
- Practice personal self-isolation and social distancing whenever possible.
- Seek health advice to determine if medical evaluation/testing is necessary.
- Medical evaluation and care should be guided by clinical presentation. Diagnostic testing for COVID-19 should be guided by [CDC's PUI definition](#).
- Travel on commercial transportation should be postponed until no longer symptomatic.

Infection Prevention and Control Practices

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

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)

Best Practices to Avoid Exposure

Officer/Personnel Exposure Plan: Procedures for Possible or Confirmed COVID-19 Exposure- Dallas, Texas Police Department

COVID-19: Alternative Methods for Delivering Essential Law Enforcement Services

Additional Resources

UDOH Guidance for Persons Being Monitored for COVID-19

UDOH Expanded Criteria for Evaluation and Testing of Persons Under Investigation (PUI) for COVID-19