

Law Enforcement Guidance from OHA

- Define terminology being used; “quarantine”, “self-quarantine”, “isolation”, “self-isolation”, “self-monitoring”

Per CDC-

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

- Updated law enforcement (LE) “quarantine” guidance – When is recommended (what circumstances)

See LE Healthcare Exposure and Work Exclusion Guidance Document

- Updated “isolation” guidance for law enforcement – When is recommended (what circumstances)

See LE Healthcare Exposure and Work Exclusion Guidance Document

- If a public safety officer is experiencing symptoms of illness what should they do.

See LE Healthcare Exposure and Work Exclusion Guidance Document

- If an officer is experiencing COVID-19 symptoms and is in isolation at home, what actions should an agency take with regard to other officers/personnel that may have been in direct contact with the officer while they demonstrated symptoms and prior to isolation.

See LE Healthcare Exposure and Work Exclusion Guidance Document

- Explain the 72 hour after symptoms subside information that was provided (versus the 14 day that was given early on by the CDC)

This is based on CDC’s guidance-

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

- Guidance and explanation regarding when testing is appropriate for law enforcement personnel and why testing in many cases is not helpful.

Testing is appropriate for LE when they meet the COVID-19 criteria. Cough, fever or shortness of breath. Asymptomatic persons and those with symptoms that do not necessitate medical evaluation are not recommended for testing currently. A recommendation on priority testing for first responders is coming soon.

- Guidance should include a protocol and procedure for requesting testing when it fits the developed criteria.
- Describe self-monitoring: I saw in the Work Exclusion Guidance a part that states, “Most HCP with exposure to confirmed or probable cases of COVID-19 may be allowed to work, but they must monitor themselves diligently for symptoms.” Then you described self-monitoring and talked about signs. Basically, the Work Exclusion and Monitoring Determinations section is great, just make it specific language for LE.
- See LE Healthcare Exposure and Work Exclusion Guidance Document.
- Guidance related to officers responding to in home deaths. This was discussed on the phone call, but LE is hoping for the same language in writing.

Wear nonsterile, nitrile gloves when handling potentially infectious materials.

If there is a risk of cuts, puncture wounds or other injuries that break the skin, wear heavy-duty gloves over the nitrile gloves.

Wear a clean, long-sleeved fluid-resistant or impermeable gown to protect clothing.

Use a plastic face shield or a surgical mask and goggles to protect the face, eyes, nose and mouth from potentially infectious body fluids.

See CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>