

## COVID REPORTING DEFINITIONS

09/21/2020

Per the Occupational Safety and Health Administration (OSHA), and for **recordkeeping** purposes, "**exposure incident**" is defined as "a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material..."

Per OSHA, a hazardous substance is any **biological and disease-ridden agent** that can cause harm to the environment and **human life with exposure (via inhalation, ingestion or assimilation)**.

### **EXPOSURE**

In the course of fulfilling job duties, the employee is in close proximity (< 6 feet for more than 15 minutes) to a person exhibiting COVID like symptoms (fever, coughing, sneezing) and NOT wearing required personal protective equipment (PPE), and two days prior to test date, or symptomatic, thus rendering the employee "exposed." These will always be documented on the Supervisor's Report of Injury/Illness (SRI) Form 100A.

Per Centers for Disease Control (CDC) FOR HEALTHCARE PROVIDERS ONLY (**TUCSON FIRE DEPARTMENT** (TFD) Personnel), the following exposure levels are defined.

**High-risk exposures** refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP 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 providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

**Medium-risk exposures** generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered *low-risk*.

**Low-risk exposures** generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

**NOTE:** TFD is treating **High-risk and Medium-Risk Exposures (CDC)** as immediately documented exposures with an SRI 100A and referral to the occupational health provider. **Low-risk exposures (CDC)** are being tracked internally by TFD Safety as an encounter and only referred to occupational health provider when the employee becomes symptomatic after self-monitoring.

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For the purposes of COVID-related activity, the City of Tucson is closely monitoring all possible COVID employee encounters.

### **ENCOUNTER**

Is defined as any potential close proximity (< 6 feet for 15 minutes or more) contact to, a known positive/confirmed case of COVID-19, a suspected case (e.g., individual has been tested but not yet received results), or in the case where a co-worker states they live with a family member who has been diagnosed with COVID-19 or is awaiting test results and has come to work. Depending on the contact source, these may be documented on either the 100A or the Incident Form 103. Please reference the Employee Exposure to COVID-19 Reporting Decision Tree to select the correct form for reporting purposes.