

What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)

Guidance adapted from the CDC, IACP and KDHE

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Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.
 - Close contact increases your risk for COVID-19. This includes:
 - See [Definition of Close Contact](#)
 - Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.
- The coronavirus may survive outside the body and on surfaces from 3 hours to 9 days. Research is ongoing; however, frequently disinfecting surfaces and high touch areas may help prevent the spread of infection.

For law enforcement personnel performing daily routine activities, the immediate health risk is considered low. Law enforcement leadership and personnel should follow [KDHE's Interim General Business Guidance](#).

To protect yourself from exposure:

- **If possible, maintain a distance of at least 6 feet.**
- **Practice proper hand hygiene.** Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face (eyes, nose and mouth) with unwashed hands.
- Keep disinfectant wipes and hand sanitizer (>60% alcohol) in an easily accessible location while on duty. Consider sanitizing items you frequently touch during a shift such as your phone, laptop, and patrol car interior and equipment.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
- If the individual refuses EMS transport, take precautions in taking the individual into custody by wearing durable gloves and eye protection. Take care to do a safe and efficient custodial search and placing the individual into the police vehicle. Consider immediately sanitizing

your gloves and hands after removing your gloves following taking the individual into custody and operating your vehicle, computer or other equipment.

- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Be sure to complete all evidence collection, sampling, testing (including DUI testing) **prior** to the application of alcohol-based hand sanitizer. Let sanitized hands air dry for 20 seconds before evidence collection type activities are conducted.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals who are suspected or confirmed to have COVID-19 should follow [CDC's Interim Guidance for EMS](#). Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended. Departments may wish to consult with their local public health department on PPE recommendations. PPE may also become short in supply so coordination with the local public health department and emergency management may help address resource issues.

Updated PPE recommendations for the care of patients with known or suspected COVID-19:

- Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- Eye protection, gown, and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

During community spread of the virus where it is unknown if individuals are infected with COVID-19 virus, law enforcement officers should maintain an appropriate spacing from the individual for officer safety and six-feet away if possible. When interacting with individuals during community spread it is recommended that officers wear gloves (if not disposable then disinfect as outlined above) and eye protection.

If close contact occurred during apprehension:

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking

the clothes. Both regular at home laundering of uniforms and the dry-cleaning process should inactivate the virus.

Additional Considerations

Department Operations

During widespread infectious disease outbreaks, law enforcement officers will not be immune to the possibility of exposure which may result 1) in employees becoming ill or 2) in employees becoming quarantined for 14-days. It is strongly recommended that departments review their continuity of operations plans and associated policies, including use of sick leave and mutual aid agreements with other agencies.

HIPAA

Protected health information (PHI) includes all individually identifiable health information, including demographic data, medical histories, test results, insurance information, and other information used to identify a patient or provide healthcare services or healthcare coverage. In general, organizations subject to HIPAA (including state and local health departments) are prohibited from releasing PHI without consent from the patient.

Close Contact Definition

You are a "close contact" if any of the following situations happened while you spent time with a person with COVID-19, even if they didn't have symptoms:

- Were within 6 feet of the person for 10 consecutive minutes or more
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).
- Live with the person or stayed overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, you may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period.

The final decision on what constitutes close contact is made at the discretion of public health.

