

# Sheriff's Office COVID-19 Exposure Protocol



**Exposure Defined**  
 - Being within 6 feet of a person with COVID-19 for 60 + minutes; or  
 - Having contact with body fluids from a person with COVID-19 (blood, phlegm, respiratory droplets)

**Possible Exposure**  
 Contact with person exhibiting COVID-19 symptoms (**ONLY**)

**Confirmed Exposure**  
 Contact with person **positive** COVID-19 test

Using proper PPE **AND/OR** no prolonged close contact with individual

Prolonged close contact **AND** no PPE

Prolonged close contact **AND/OR** contact with bodily fluids

Using proper PPE **AND/OR** no prolonged contact

**Remain at Work**

**Employee Responsibilities**  
 - **Immediately** notify Supervisor  
 - **Monitor** for symptoms:  
 - Fever,  
 - Cough,  
 - Difficulty breathing,  
 - Pressure or pain in chest

**Supervisor Responsibilities**  
 - **Notify** HIP Coordinator;  
 - **Tell** Employee to follow CDC Decontamination Protocol;  
 - **Determine** if Employee can return to work or takes sick leave;  
 \* **Sworn:** Also, document exposure in Sergeant's Log.

**Supervisor Responsibilities**  
 - **Notify** HIP Coordinator;  
 - **Tell** Employee to follow CDC Decontamination Protocol;  
 - **Instruct** Staff to immediately don a mask;  
 - **Determine** need for Admin leave;  
 \* **Sworn:** Also, document exposure in Sergeant's Log.

**Employee Responsibilities**  
 - **Immediately** notify Supervisor  
 - **Monitor** for symptoms:  
 - Fever,  
 - Cough,  
 - Difficulty breathing,  
 - Pressure or pain in chest

**Remain at Work**

**Monitor symptoms**

**No Symptoms Develop**  
 Report to work

**Symptoms Develop**  
 - Don a mask  
 - Seek medical attention  
 - Notify Supervisor

**No Symptoms Develop**  
 Report to work or request sick leave

**Symptoms Develop**  
 - Don a mask  
 - Seek medical attention  
 - Notify Supervisor

**Coordinate with HIP to request test for COVID-19**  
 Employee shall Report results to HIP Coordinator

**HIP Coordinator Responsibilities**  
 -Collect information from employee:  
 - Name, date of birth, phone number, home address,  
 - Date of symptom onset, symptoms,  
 - Record if employee needs urgent or emergency care  
 - Contact Public Health to start testing approval process,  
 - Help employee fill out necessary paperwork for leave and process for returning to work

**Coordinate with HIP to request test for COVID-19**  
 Employee shall Report results to HIP Coordinator