

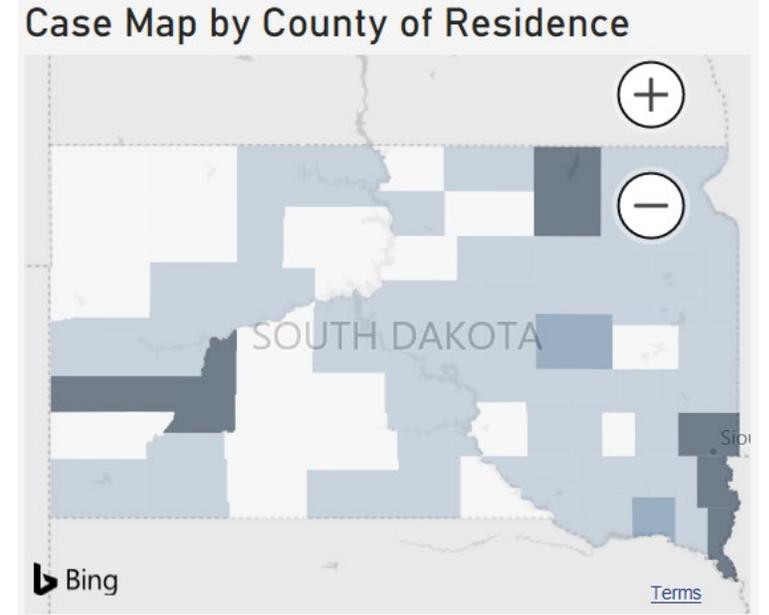
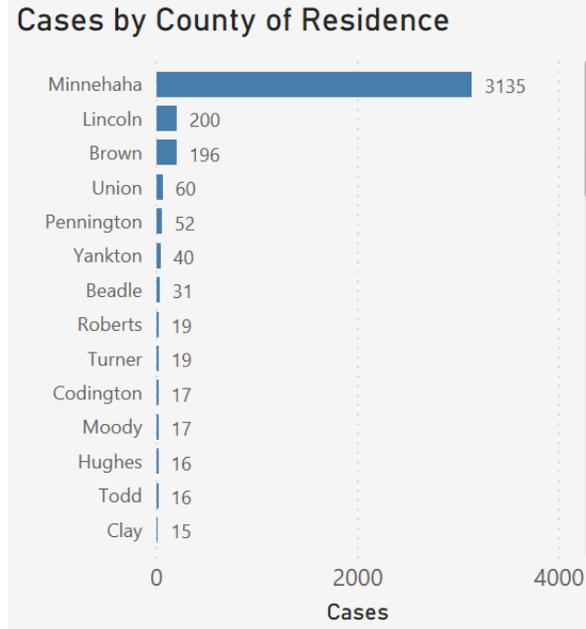


SOUTH DAKOTA
DEPARTMENT OF HEALTH

Happy EMS Week



COVID.SD.GOV
(5/18/2020)



Monitoring Hot Spots
Monitoring Hospitalizations

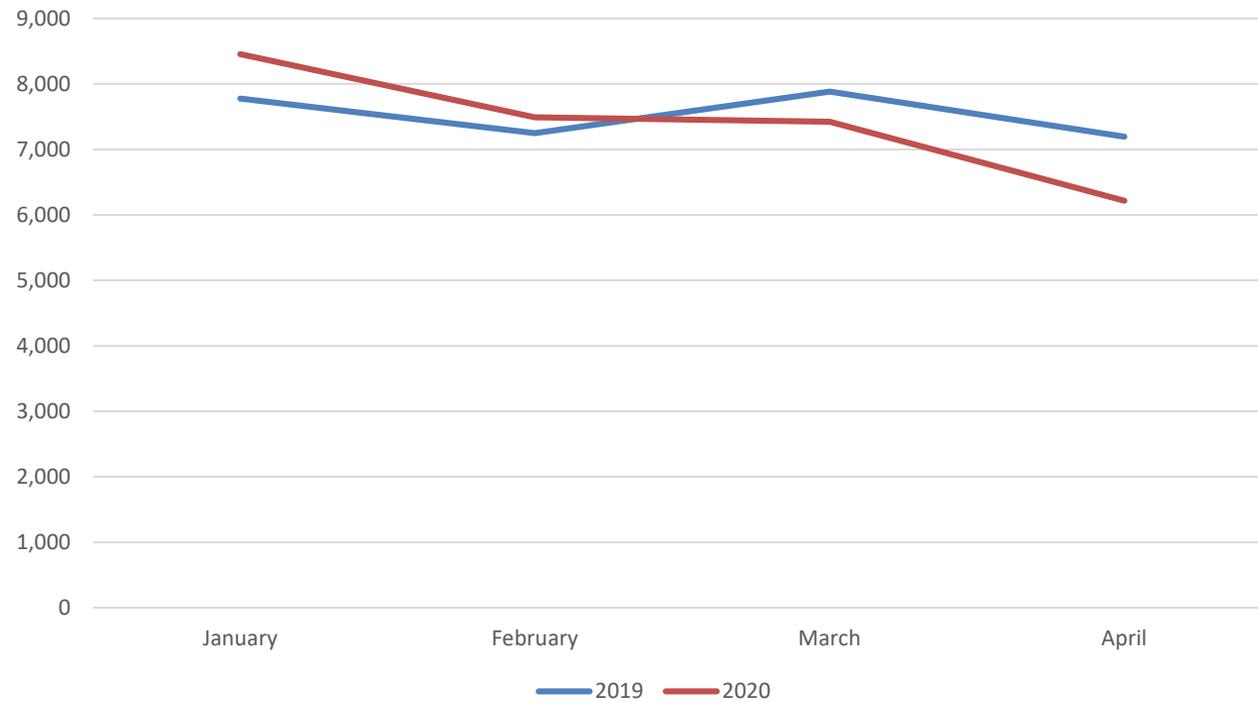
EMS Survey

- Quick and easy information for local EMS directors to complete
- Assist EOC in identifying potential critical areas of need
- Assessment of workforce needs

- Initial Results (based on 97 responses)
 - 26.8% have seen a reduction in active workforce due to COVID-19
 - 19.6% have had members of their agency quarantined
- Potential need of assistance if one or two member crews had to be quarantined
 - 16.5% if one 2-member crew had to be quarantined
 - 38.1% if two 2-member crews had to be quarantined

EMS Data

EMS Calls by Month Comparison



SD Emergency Medical Services Preparedness

PPE Requests:

Julie Smithson—Primary contact Julie.Smithson@state.sd.us

- Email: COVIDResourceRequests@state.sd.us
 - Fax: 605.773.5942
 - Phone: 605-773-3048
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Bi-directional Transfers

- Working with Health Systems
 - Discussions on incoming and outgoing patient movement
 - EMS agencies transferring into tertiary centers may be asked to transfer lower acuity patients out
 - CMS 1135 waivers would allow EMS agencies to bill for services
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ATTENTION RETIRED OR INACTIVE MEDICAL PROFESSIONALS:

Governor Noem is reaching out to our state's licensed medical professionals (physicians, nurses, EMTs, etc.) who are willing to volunteer their services during this COVID-19 pandemic through the Department of Health's Statewide Emergency Registry of Volunteers in South Dakota (SERV SD). SERV SD coordinates the pre-registration of medical and health care professionals who may be willing to volunteer in the event of an emergency.

Whether you work in a health field or not, active or retired, if you have an interest in assisting your community or state during the COVID-19 pandemic, we invite you to join SERV SD. SERV SD will create a database of medical and health care volunteers who can be mobilized immediately in response to an emergency. **Participation in a deployment opportunity is optional. You may decide at the time a call is made to volunteer if you are willing and able to respond.**

Registering with SERV SD is easy. Go to <https://volunteers.sd.gov/>.





Partnership with the SD National Guard

- Regular EOC Communications
- Hospital to ACS Planning
- Statewide Surge Planning
- Digital Radios

Activation Status-Trigger Points

- EOC monitoring hot spots
- Communicating with EMS agencies
- NG Partnerships at a local level
- Resource knowledge
 - Workforce scarcity
 - Inter-facility transfer challenges

PRECAUTIONS TO AVOID ILLNESS

What can you do?

- Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
 - [Q&A for Consumers: Hand Sanitizers and COVID-19](#)
- Cover your coughs and sneezes with a tissue.
- Avoid close contact with people who are sick.
- Refraining from touching your eyes, nose and mouth.
- Clean frequently touched surfaces and objects.
- Individuals at higher risk for severe COVID-19 illness, such as older adults and people who have chronic medical conditions like heart, lung or kidney disease, should [take actions](#) to reduce your risk of exposure.
- Create a family [plan](#) to prepare for COVID-19 and develop a [stay at home kit](#) with food, water, medication, and other necessary items.
- [Recommendation Regarding the Use of Cloth Face Coverings \(CDC\)](#)

Cleaning and Disinfection Recommendations:

- [Environmental Cleaning and Disinfection Recommendations \(CDC\)](#)
- [COVID-19: How to Clean and Disinfect](#)
- [Disinfecting Your Facility if Someone is Sick \(CDC\)](#)

[South Dakota Travelers Returning Home: What You Should Know?](#)

South Dakota's healthcare system is prepared to identify and treat cases of COVID-19.

NREMT

The National Registry is pleased to announce that starting May 12, EMT and AEMT candidates can choose to take the official National Registry Cognitive (written) examination on their own computers at their home or office via new secure technology.



SD Emergency Medical Services Health

Workforce Health:

- [Handling COVID-19 Anxiety and Stress](#)
 - [SD 211 Call Center](#) and SDML work
 - [Self Isolation Guidance](#) (for self and family)
 - Temperature Checks
 - For on call staff; if symptomatic, contact your PCP
 - HCP are high priority for testing
 - All facilities are implementing temperature checks
 - Protect yourself and your patients as if they have COVID-19
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Infection Control in EMS

Kipp Stahl, BSN, RN

Kipp.stahl@state.sd.us

Healthcare-Associated Infections & AR Program Coordinator

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

As of 05/16/2020



Recommended Personal Protective Equipment (PPE)

EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard precautions and use PPE below:

- N-95 or higher-level respirator or facemask (if a respirator is not available)
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Gloves
- Gown (if Shortage, prioritized for aerosol-generating procedures, or high-contact Patient care)



Recommended Personal Protective Equipment (PPE)

Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE

- Remove PPE and perform Hand Hygiene before driver enters cab
- ~~***If the transport vehicle does not have an isolated driver's compartment, a respirator or facemask should continued to be worn (CDC Guidance)***~~ ***** Please wear mask during entire call, even drivers*****

All personnel should avoid touching their face while working



Precautions for Aerosol-Generating Procedures

An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.

EMS clinicians should exercise caution if an aerosol-generating procedure:

- bag valve mask (BVM) ventilation,
- oropharyngeal suctioning,
- endotracheal intubation,
- nebulizer treatment,
- continuous positive airway pressure (CPAP),
- bi-phasic positive airway pressure (biPAP),
- or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.



EMS Transport of a PUI or Patient with Confirmed COVID-19

EMS clinicians should notify the receiving healthcare facility prior to patient arrival.

Keep the patient separated from other people as much as possible.

Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle. Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.

When possible, use vehicles that have isolated driver and patient compartments

- Close the door/window between these compartments before bringing the patient on board.

- During transport, vehicle ventilation in both compartments should be on non-recirculated mode

- If the vehicle has a rear exhaust fan, turn it on

- Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf> )

If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Cleaning

- After transporting the patient, leave the rear doors of the transport vehicle
- Wear a disposable gown and gloves when cleaning.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly
- Routine cleaning and disinfection procedures are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle in accordance with standard operating procedures
- Clean and disinfect reusable patient-care equipment before use on another patient
- Follow standard operating procedures for the containment and disposal of used PPE
- Follow standard operating procedures for containing and laundering used linen.



Healthcare Personnel with Potential Exposure

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

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None



Healthcare Personnel with Potential Exposure

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

Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None

Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) (updated April 30, 2020)

Symptom-based strategy. Exclude 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 (e.g., cough, shortness of breath); **and**,

At least 10 days have passed *since symptoms first appeared*

Test-based strategy. Exclude from work until:

Resolution of fever without the use of fever-reducing medications **and**

Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**

Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

Time-based strategy. Exclude from work until:

10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used.