



SOUTH DAKOTA
DEPARTMENT OF HEALTH

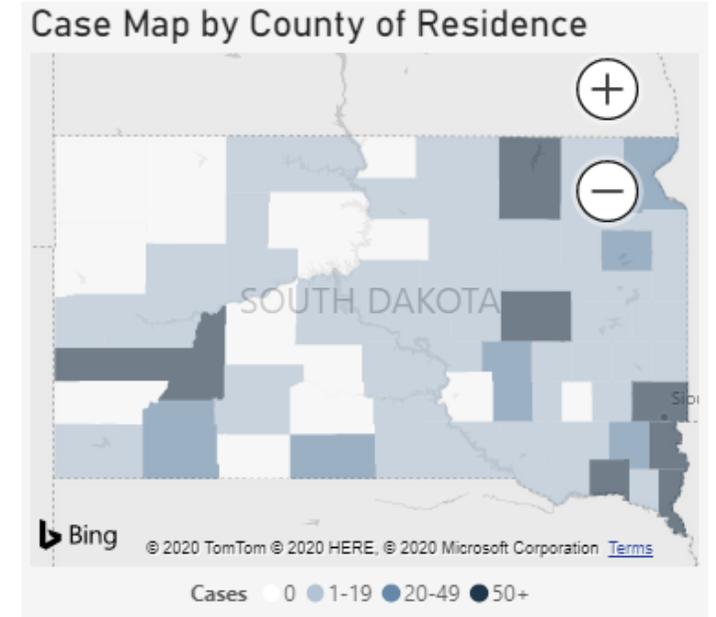
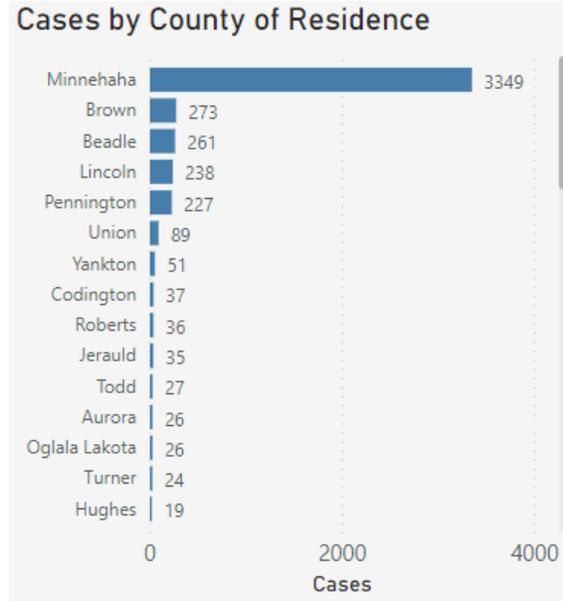
COVID.SD.GOV

NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

[Updates](#) | [COVID-19 in South Dakota](#) | [Trend Data](#)
[Precautions to Avoid Illness](#) | [If You Develop Symptoms](#)
[Community Guidance](#) | [Resources in Multiple Languages](#)
[For Medical Providers](#) | [SD Healthcare Provider Guidance](#)
[Hydroxychloroquine Distribution](#) | [PEPCOH](#)
[SD Registries & Data Collection](#)
[CDC Healthcare Provider Guidance](#) | [CDC Website](#)

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(6/1/2020)



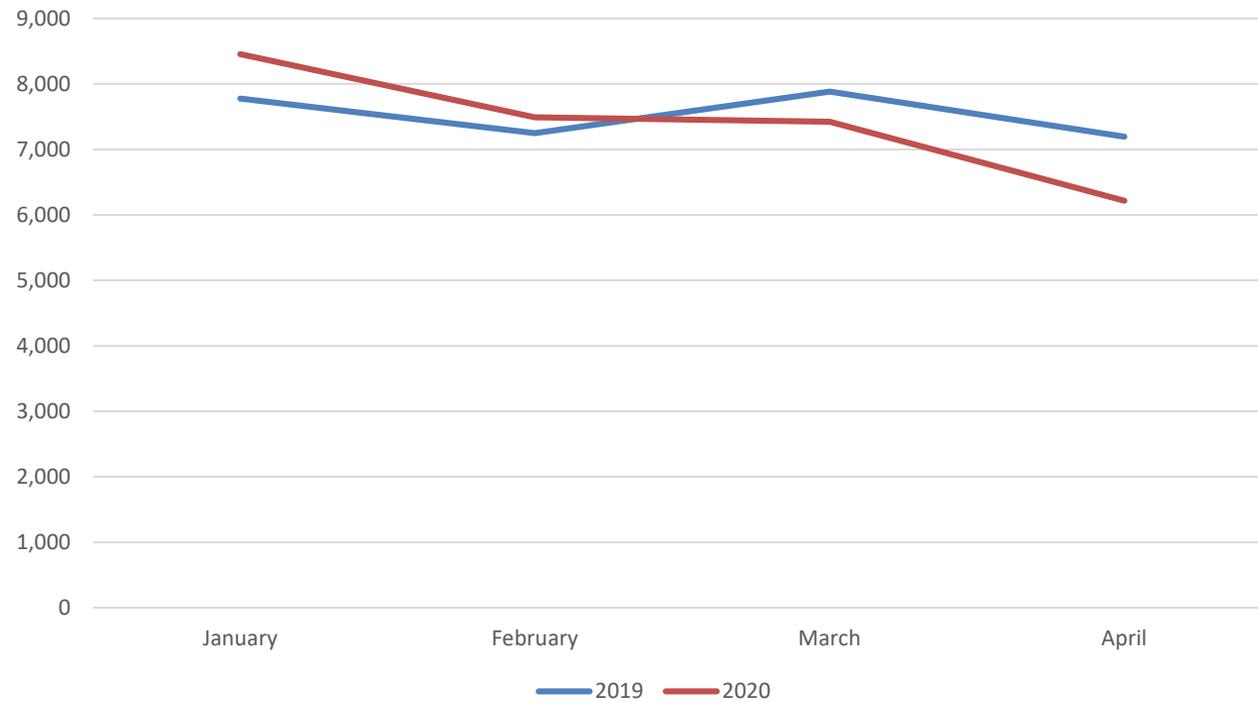
Monitoring Hot Spots
Monitoring Hospitalizations

EMS Survey

- Initial Results (based on 114 responses)
 - 27.2% have seen a reduction in active workforce due to COVID-19
 - 21.91% have had members of their agency quarantined
- Potential need of assistance if one or two member crews had to be quarantined
 - 15.8% if one 2-member crew had to be quarantined
 - 37.7% if two 2-member crews had to be quarantined

EMS Data

EMS Calls by Month Comparison



SD Emergency Medical Services Preparedness

PPE Requests:

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- 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
- 



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

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
- 

Infection Control in EMS

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

As of 06/01/2020



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



Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (Update 5/29)

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p>	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (Update 5/29)

Update:

The interim guidance was updated on May 29, 2020. Updates include:

- ***Any duration*** of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure.

Given the potential for asymptomatic transmission of SARS-CoV-2, what personal protective equipment (PPE) should be worn by healthcare personnel (HCP) providing care to patients who are not suspected to have COVID-19?

... To protect patients and co-workers, HCP should wear a facemask at all times while they are in a healthcare facility (i.e., practice source control).

- HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic patients with COVID-19. If COVID-19 is not suspected in a patient presenting for care ... should also:
 - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others.
 - Wear an N95 or higher-level respirator, instead of a facemask, for:
 - Aerosol-generating procedures (See [Which procedures are considered aerosol generating procedures in healthcare settings FAQ](#)) and
 - Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (see [Surgical FAQ](#) below).
 - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field

Make the Smart Choice!

Know your protection. Wear it consistently.
Reduce your exposure risk.

Procedure Mask



N95 Respirator



PROTECTION

Resists and Protects Against Fluid Contaminants

- Resists fluid and **larger droplets**.
- Protects patients from your respiratory emissions.
- Does not protect you from patients' small particle aerosols.

Why: Masks are sufficient when contagion is not transmitted through aerosol. Conserves N95 inventory.



Provides a Higher Level of Protection Against Airborne and Fluid Contaminants

- Resists **small particle aerosol** and **large droplets**.
- Filters 95% or more of **small and large airborne particles** (as small as 0.3 microns).

Why: N95 respirators provide a higher level of protection when contagion is transmitted through air particles.



FIT

Not Fit-Tested

- Loose-fitting.
- No seal check required.
- Leakage around mask during inhalation and exhalation.

Why: Fit is sufficient for protection level.



Fit-Tested

- Tight-fitting.
- Seal check required for every donning event.
- No leakage during inhalation or exhalation when properly fitted and donned.

Why: Fit is imperative for optimal protection level.



USE

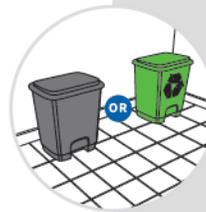
Disposable

- While normally discarded after a single use, masks may need to be reused during crisis events.

Dispose of when:

- Visibly wet, overly damp, torn, dirty or contaminated with respiratory or bodily secretions from patient.

Why: Reusing and recycling conserves procedure mask inventory.



Reusable If Clean

- Use for multiple patient encounters if clean.
- Recycle if facility has procedures in place to ensure adequate decontamination and preservation of function of respirators.

Dispose of when:

- Visibly wet, overly damp, torn, dirty or contaminated with respiratory or bodily secretions from patient.
- Unable to perform seal check.

Why: Reusing and recycling conserves N95 inventory.

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.

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.