



SOUTH DAKOTA
DEPARTMENT OF HEALTH

EMS Webinar:

Changing formats to every other week

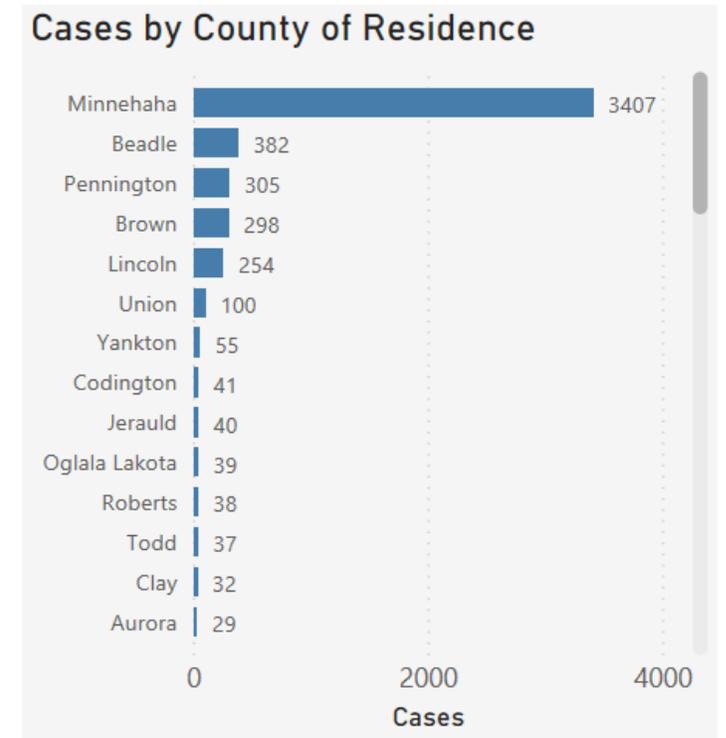
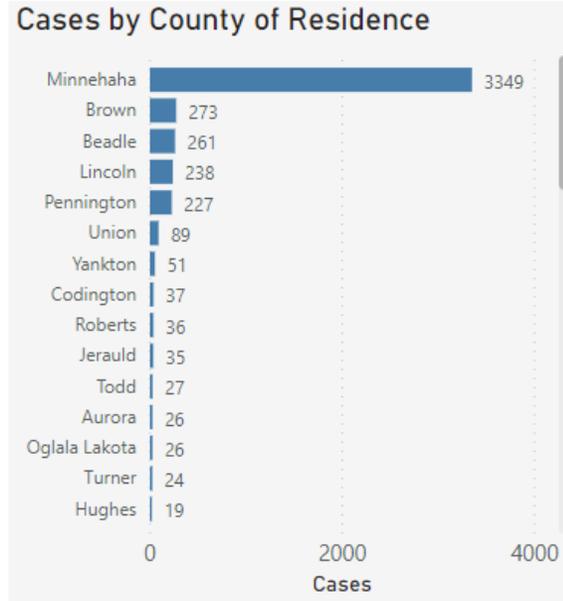
COVID.SD.GOV

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](#)

COVID.SD.GOV

(6/8/2020)



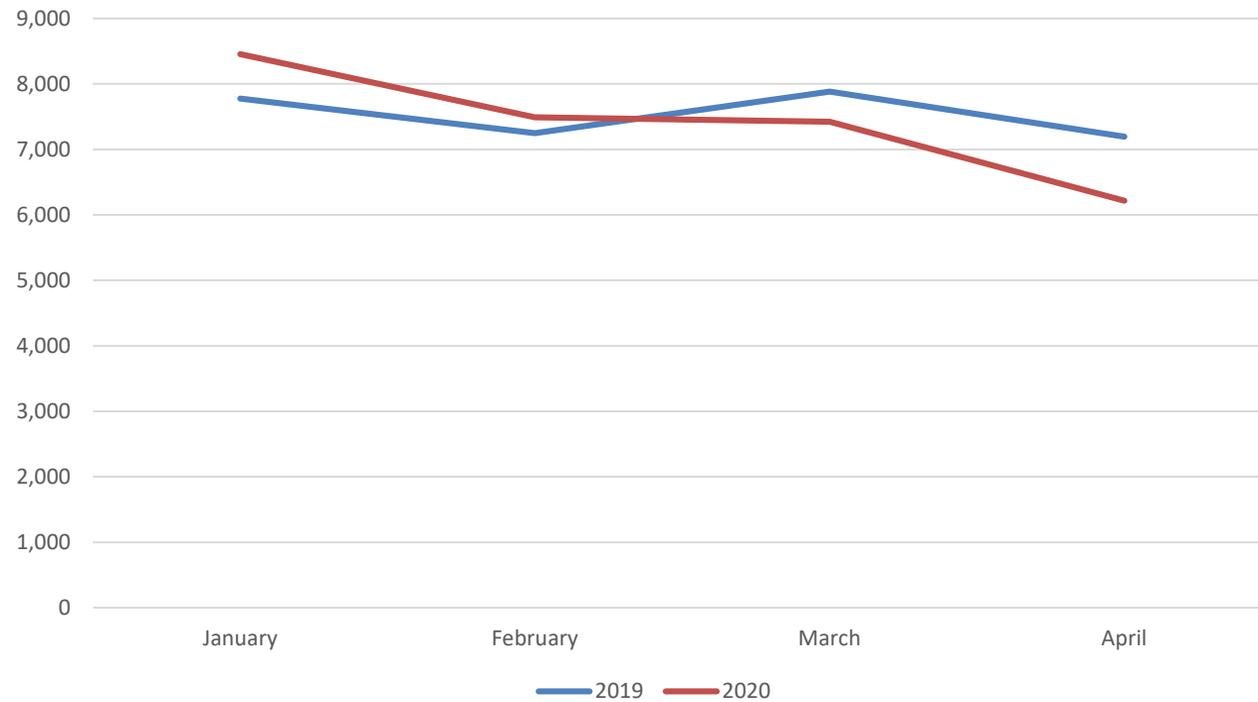
Monitoring Hot Spots
Monitoring Hospitalizations

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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 - Fax: 605.773.5942
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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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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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Healthcare-Associated Infections & AR Program Coordinator

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

As of 06/08/2020



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
HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed COVID-19 ³	<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.

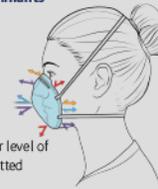
Why: Masks are sufficient when contagion is not transmitted through aerosol. Conserves N95 inventory.



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.

NETEC Flyers

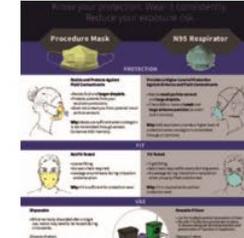
PPE Conservation (flyers)



[Know Your PPE](#)



[Practice PPE Safety](#)



[Make the Smart Choice - Procedure Mask vs. N95 Respirator selection](#)



[COVID-19 Resources: Conserving PPE flyer](#)



[COVID-19 PPE Guidance](#)



[Putting ON PPE \(ACE\)](#)



[Taking OFF PPE \(ACE\)](#)



[Putting ON PPE \(DICE\)](#)



[Taking OFF PPE \(DICE\)](#)



[COVID-19 Resources: Extended Wear PPE flyer](#)



[COVID-19 Resources: Extended Wear PPE flyer](#)



[COVID-19 Resources: Extended Wear PPE flyer \(reuse gown, single gloves\)](#)

<https://repository.netecweb.org/exhibits/show/ppe-cons/ppe-cons>

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.