EMS Webinar:

Changing formats to every other week
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

Active Cases: 1038
Currently Hospitalized: 87
Recovered: 4335
Total Positive Cases*: 5438
Ever Hospitalized**: 478
Deaths***: 65

Cases by County of Residence

Minnehaha: 3407
Beadle: 382
Pennington: 305
Brown: 298
Lincoln: 254
Union: 100
Yankton: 55
Custer: 41
Jerauld: 40
Oglala Lakota: 39
Roberts: 38
Todd: 37
Clay: 32
Aurora: 29
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
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
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
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.
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

Kipp Stahl, BSN, RN
Kipp.stahl@state.sd.us
Healthcare-Associated Infections & AR Program Coordinator

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

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
</table>
| HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 | • HCP not wearing a respirator or facemask
• 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 | • Exclude from work for 14 days after last exposure
• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19
• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |


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.
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**
- 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.
- Contains N95 inventory.

**N95 Respirator**
- Provides a higher level of protection against airborne and fluid contaminants.
  - Protects 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 aerosol.

**FIT**
- N95 Fit Tested:
  - Loose fitting.
  - No seal check required.
  - Leakage around mask during inhalation and exhalation.
- Why? Fit is sufficient for protection level.

- FFR 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**
- Disposables:
  - While normally discarded after a single use, masks may need to be reused during crisis events.
  - Discarded when:
    - Gently wet, newly-damp, torn, dirty or contaminated with respiratory or bodily secretions from patient.
- Reusable if Clean:
  - Use for multiple patients in certain fields.
  - Properly fit, no procedures are necessary to ensure adequate disinfection and preservation of function of respirators.
  - Dispose of use:
    - Mildly wet, newly-damp, torn, dirty, or contaminated with respiratory or bodily secretions from patient.
    - Unable to perform seal check.
- Why? Reusing and recycling conserves procedure mask inventory.

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

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);
- 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.