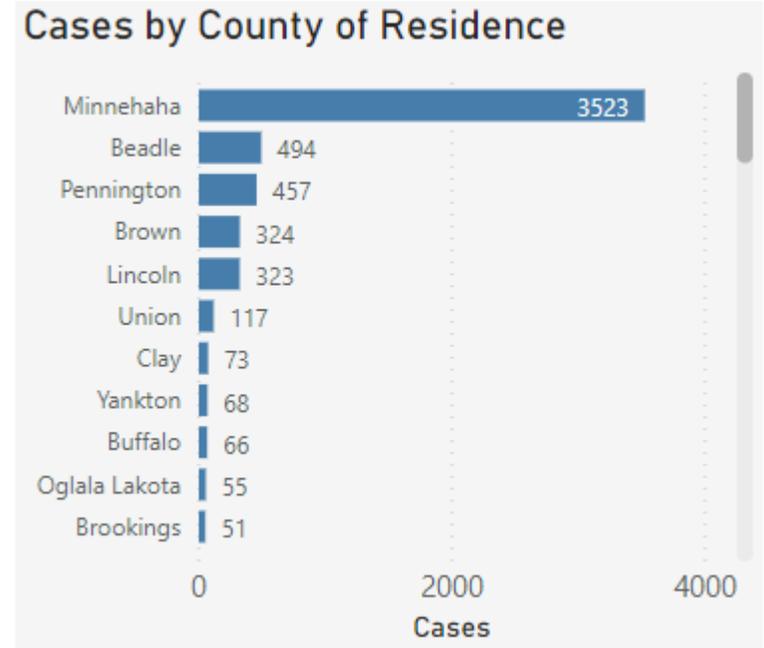




SOUTH DAKOTA  
DEPARTMENT OF HEALTH

# COVID.SD.GOV

(6/22/2020)



Monitoring Hot Spots  
Monitoring Hospitalizations

# 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](#)

## EMS Survey

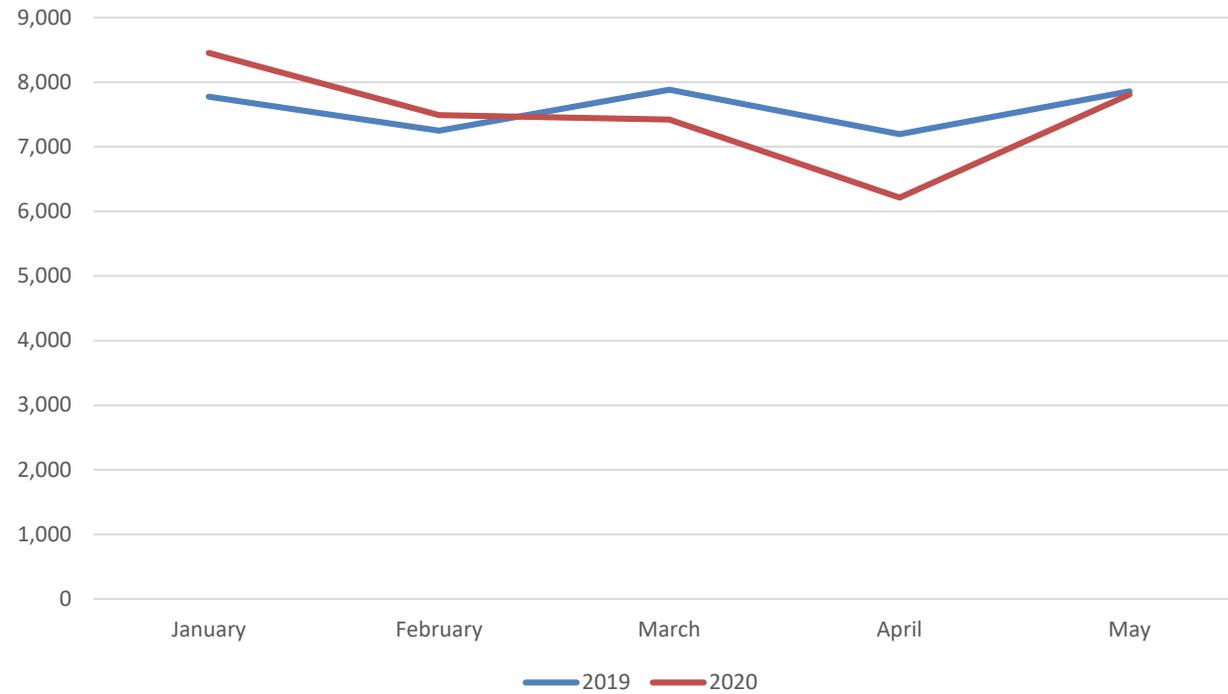
- Initial Results (n = 114)
  - 27.2% have seen a reduction in active workforce due to COVID-19
  - 21.91% have had members of their agency quarantined
- Potential need of assistance if one or two member crews had to be quarantined
  - 15.8% if one 2-member crew had to be quarantined
  - 37.7% if two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

Sturgis Rally



# EMS Data

EMS calls by month comparison



# Emergency Medical Services Preparedness

## PPE Requests:

Julie Smithson—Primary contact [Julie.Smithson@state.sd.us](mailto:Julie.Smithson@state.sd.us)

- Email: [COVIDResourceRequests@state.sd.us](mailto:COVIDResourceRequests@state.sd.us)
  - Fax: 605.773.5942
  - Phone: 605-773-3048
- 



### 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 06/22/2020



# 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 5/23 & 5/29)

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged<sup>1</sup> close contact<sup>2</sup> with a patient, visitor, or HCP with confirmed COVID-19<sup>3</sup></p>	<ul style="list-style-type: none"> <li>• HCP not wearing a respirator or facemask<sup>4</sup></li> <li>• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</li> <li>• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Exclude from work for 14 days after last exposure<sup>5</sup></li> <li>• Advise HCP to monitor themselves for fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup></li> <li>• Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul>

# 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

# 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  $\geq 24$  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.