COVID.SD.GOV
(7/20/2020)

New Positive Cases Today*
44

Active Cases*
836

Currently Hospitalized**
63

Recovered*
6952

Total Positive Cases*
7906

Ever Hospitalized**
774

Deaths***
118

Monitoring Hot Spots
Monitoring Hospitalizations

Cases by County of Residence
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
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
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
Mass and Sentinel COVID-19 Testing for First Responders

1) Phased approach:
   1) District 6 EMS agencies next week
   2) District 6 EMS, LE, and FDs after rally
   3) Districts 1-5 and 7 in the coming months
• Ensure your facility has appropriate quantity of PPE available to perform testing following CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).
  PPE can be requested from the State of South Dakota using the following link (SD DOH PPE REQUEST).
• Ensure N-95 fit tested employees are available to perform specimen collection at your facility.
• Assess the number of healthcare personnel (HCP) at your location. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
  Plan for 1 test per HCP
• Identify the laboratory that will be performing this mass testing event
  Obtain collection, shipping supplies, and laboratory requisitions from laboratory
  Consult with the lab to identify specimen collection, source, shipping requirements, as well as proper documentation.
• Orders for testing will have to come from a medical director, facility physician, or other physician. Standing orders, or individual orders will be appropriate.
• Collect swabs for SARS-CoV-2 following the appropriate laboratory and CDC Infection Control Guidance, as well as in consultation with your facility or system level infection control staff.
  Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)
  Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
  Using Personal Protective Equipment (PPE)
Infection Control in EMS

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Healthcare-Associated Infections & AR Program Coordinator


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<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
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| HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 | • HCP not wearing a respirator or facemask<sup>1</sup>  
• 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<sup>1</sup> | • Exclude from work for 14 days after last exposure<sup>6</sup>  
• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19<sup>6</sup>  
• Any HCP who develop fever or symptoms consistent with COVID-19<sup>6</sup> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19

Summary of recent changes:

• Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.
• For HCP with severe to critical illness or who are severely immunocompromised, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).
• Other symptom-based criteria were modified as follows:
  Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications
  Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19
• A summary of current evidence and rationale for these changes is described in a Decision Memo.

Serious Adverse Health Events Associated with Methanol-based Hand Sanitizers

Most commercially available alcohol-based hand sanitizers or rubs (ABHSR) contain either ethanol or isopropanol as active ingredients. On June 19, 2020, the U.S. Food and Drug Administration (FDA) advised consumers not to use any hand sanitizer manufactured by "Eskbiochem SA de CV" in Mexico, due to the potential presence of methanol, a "toxic alcohol", as an active ingredient, which can cause blindness and/or death when absorbed through the skin or when swallowed. Since then, FDA has