



SOUTH DAKOTA
DEPARTMENT OF HEALTH

SD Emergency Medical Services Health

Professionalism during a pandemic

- Temperature Checks
 - For on call staff; if symptomatic, contact your PCP
 - HCP are high priority for testing
- Masking on every call
- Protect yourself and your patients as if they have COVID-19

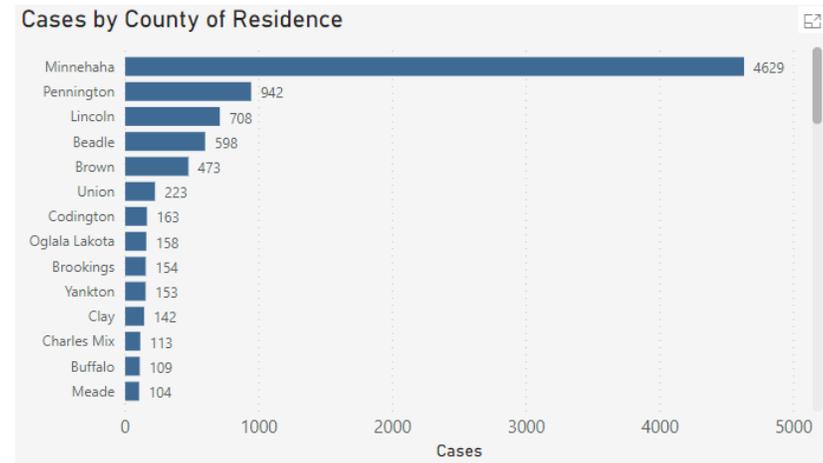
SD Emergency Medical Services Health

Workforce Health:

- [Handling COVID-19 Anxiety and Stress](#)
 - [SD 211 Call Center](#) and SDML work
 - [Self Isolation Guidance](#) (for self and family)
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COVID.SD.GOV

(8/17/2020)

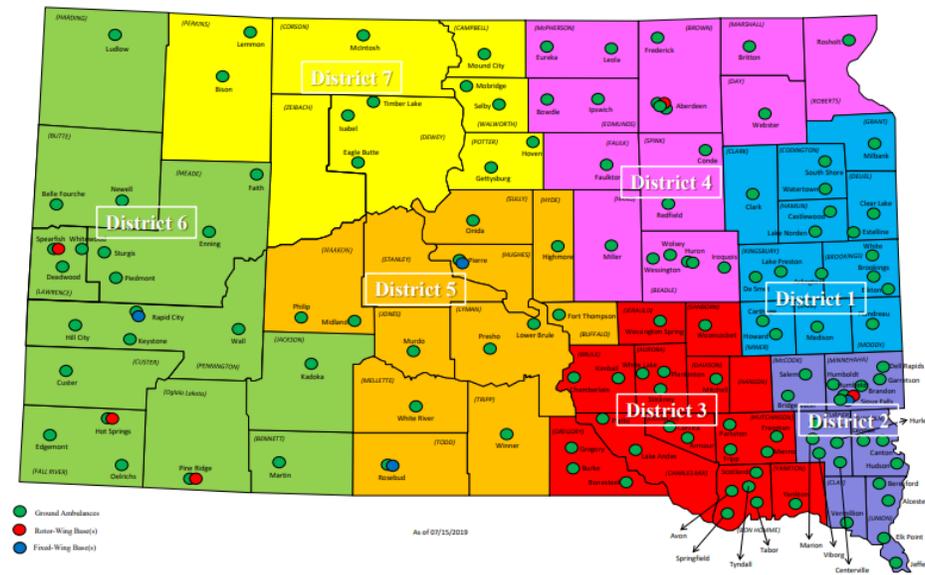


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NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

[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](#)

Mass and Sentinel COVID-19 Testing for First Responders



Emergency Medical Services Preparedness

PPE Requests:

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Infection Control in EMS

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



- Patients and family members should be wearing their own cloth face covering (if tolerated) prior to the arrival of EMS personnel and throughout the duration of the encounter, including during transport. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow.
 - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - If a nasal cannula is used, a facemask should (ideally) be worn over the cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- EMS personnel should wear a facemask at all times while they are in service, **including in breakrooms or other spaces where they might encounter co-workers.**
 - When available, facemasks are preferred over cloth face coverings for EMS personnel as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
 - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed.
 - To reduce the number of times EMS personnel must touch their face and potential risk for self-contamination, EMS personnel should consider continuing to wear the same respirator or facemask ([extended use](#)) throughout their entire work shift, instead of intermittently switching back to their cloth face covering.
 - Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape.

Implement Universal Use of Personal Protective Equipment

- **EMS personnel working in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient (based on symptom and exposure history), EMS personnel should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis). They 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 equivalent or higher-level respirator, instead of a facemask, for:
 - Aerosol generating procedures (refer to [Which procedures are considered aerosol generating procedures in healthcare settings FAQ](#))
 - Respirators with exhalation valves are not recommended for source control.
- **For EMS personnel working in areas with minimal to no community transmission**, the universal eye protection and respirator recommendations described for areas with moderate to substantial community transmission are optional. However, EMS personnel should continue to adhere to [Standard](#) and [Transmission-Based Precautions](#), including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for EMS personnel.

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

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 procedure¹ 	<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.

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, **any duration** should be considered prolonged if the exposure occurred during performance of an [aerosol generating procedure](#).

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Update 08/10/2020)

Summary of Recent Changes as of August 10, 2020

Summary of Recent Changes as of August 10, 2020 to more closely align guidance with [Decision Memo](#):

- For HCP with [severe to critical illness](#) or who are severely immunocompromised¹, the recommended duration for work exclusion was changed to at least 10 days and up to 20 days after symptom onset.
- Recommendation to consider consultation with infection control experts.
- Added example applying disease severity in determining duration before return to work.
- Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions.

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Update 08/10/2020)

Return to Work Criteria for HCP with SARS-CoV-2 Infection

Symptom-based strategy for determining when HCP can return to work.

HCP with *mild to moderate illness* who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with *severe to critical illness* or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Determining when HCP Can Return to Work.

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised!) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

SD GUIDANCE FOR HEALTHCARE PROVIDERS

- Guidance on specimen collection and testing, infection control practices, and other considerations are available at:
 - SD-HAN 20-022: [SD Guidance on Testing of Asymptomatic Close Contacts and Isolation Discontinuation \(7/23/20\)](#)
 - SD-HAN 20-021: [COVID-19 Antibody Testing Guidance \(6/6/20\)](#)
 - SD-HAN 20-016: [COVID-19 Isolation Discontinuation Guidance \(5/1/20\)](#)
 - SD-HAN 20-015: [COVID-19 Testing Guidance \(4/29/20\)](#)
 - SD-HAN 20-007: [Guidance on Evaluating Persons for COVID-19 Infection \(Updates SD-HAN 20-003\)](#)
 - SD-HAN 20-006: [Healthcare Facility Checklist](#)
 - SD-HAN 20-005: [CDC COCA Call](#)
 - SD-HAN 20-004: [Webinar for Healthcare](#)
 - SD-HAN 20-003: [Evaluating Persons for COVID-19](#)
 - SD-HAN 20-002: [Monitoring and Movement Guidance on Novel Coronavirus](#)
 - CDC Clinician Call: [What Clinicians Need to Know to Prepare for COVID-19](#)
 - [CDC HAN Messages](#)
 - [CMS Guidance](#)
 - [Clinician Outreach and Communication Activity \(COCA\) Calls/Webinars \(CDC\)](#)

• [Archived COVID-19 Conference Calls](#)

- [Personal Protective Equipment \(PPE\) optimization strategies](#): Provides options for extended use, reprocessing, and reuse of the various PPE components given current shortages of PPE being reported in many areas of the country.
- [Cleaning and Disinfecting 3M Powered Air Purifying Respirators following Potential Exposure to Coronaviruses](#)
- [COVID-19: Healthcare Responder Stress Guidance](#) - During the COVID-19 outbreak in South Dakota, you may experience far greater than average stress. This document will help you learn ways to recognize your stress reactions and practice stress management.
- [Office of National Drug Control Policy COVID-19 Fact Sheet](#)

SD Public Health Lab

- [South Dakota Public Health Lab website](#)
- [SARS-CoV-2 Laboratory Requisition and PUI Evaluation Form \(Updated 5/7/20\)](#)
 - [SD Public Health Lab Specimen Guidance](#)
 - [Order Medical Shipping Supplies](#)
- [First Responder Laboratory Requisition](#)
- SD-DOH would like to remind medical providers, hospitals, and laboratories that cases of COVID-19, caused by the SARS-CoV-2 virus, are considered immediately [reportable](#) in South Dakota (under Coronavirus Respiratory syndromes).

ARCHIVED COVID-19 CALLS

- 08/13/20 - [Healthcare Partner Webinar | Slides](#)
- 08/12/20 - [Long-Term Care Call](#)
- 08/06/20 - [Healthcare Partner Webinar | Slides](#)
- 08/06/20 - [Infection Prevention and Lab Call](#)
- 08/05/20 - [Long-Term Care Call](#)
- 07/30/20 - [Healthcare Partner Webinar | Slides](#)
- 07/24/20 - [EMS Provider COVID-19 Testing Webinar | Slides](#)
- 07/23/20 - [Healthcare Partner Webinar | Slides](#)
- 07/20/20 - [Ambulance Service Call | Slides](#)
- 07/16/20 - [Healthcare Partner Webinar | Slides](#)
- 07/16/20 - [Infection Prevention and Lab Call](#)
- 07/15/20 - [Long-Term Care Call](#)
- 07/09/20 - [Healthcare Partner Webinar | Slides](#)
- 07/09/20 - [Infection Prevention and Lab Call](#)
- 07/08/20 - [Long-Term Care Call](#)

<https://doh.sd.gov/news/COVID19/Calls.aspx>