

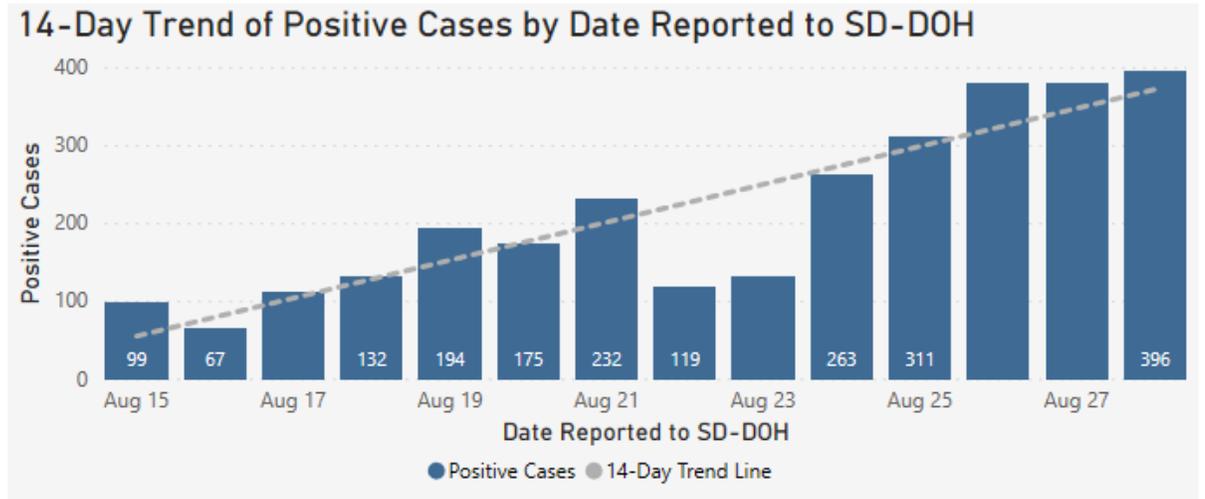


SOUTH DAKOTA
DEPARTMENT OF HEALTH

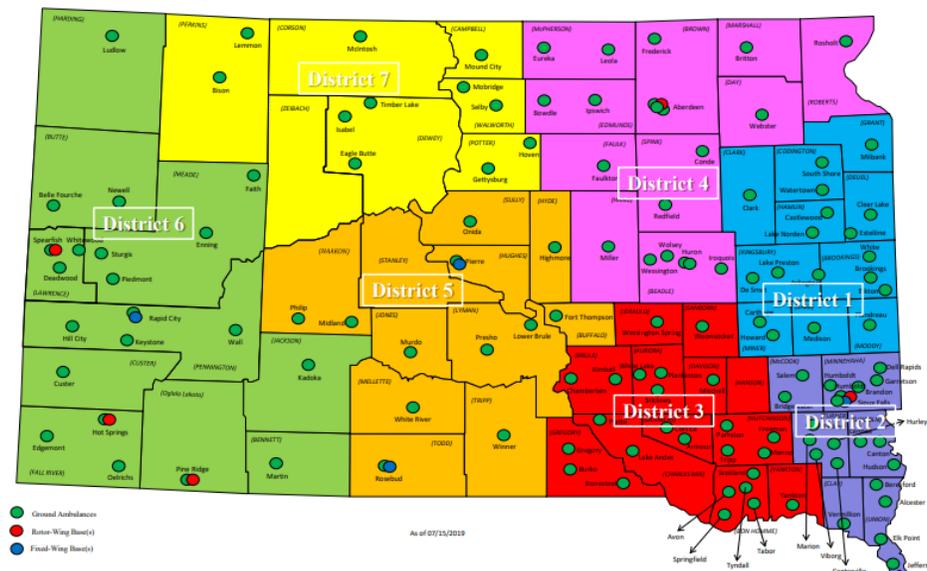
COVID.SD.GOV

(8/30/2020)

New Cases Today 380	Active Cases 2,644	Recovered Cases 10,511
Currently Hospitalized 78	Ever Hospitalized 1,017	Deaths 167
Total Cases 13,322	Total Persons Tested 145,651	Total Tests 190,950
% Progress (June Goal: 44,233 Tests) 97%	% Progress (July Goal: 44,233 Tests) 106%	% Progress (August Goal: 44,233 Tests) 112%



Mass and Sentinel COVID-19 Testing for First Responders



West River—nearing completion

259 completed tests | 8.1% positive

East River testing—through September

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
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EMT Student Ride Time

Waiver current through September 30, 2020

- We'll look to extend this closer to mid-September
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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

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
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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>



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>

Healthcare provider worked while Infected.

A healthcare provider in our facility worked while infected with SARS-CoV-2. However, the provider wore a facemask at all times while interacting with patients. Are the patients at risk for SARS-CoV-2 and should they be notified?

Anyone who had prolonged close contact (within 6 feet for at least 15 minutes) should be considered potentially exposed. The use of a [facemask](#) for source control and adherence to other recommended infection prevention and control (IPC) measures (e.g., hand hygiene) by the provider help to reduce the risk of transmission or severe illness. In areas with moderate to substantial community transmission, patients are already at risk for exposure to SARS-CoV-2 due to exposures outside their home and should be alert to the development of signs or symptoms consistent with COVID-19.

The following should be considered when determining which patients are at higher risk for transmission and might be prioritized for evaluation and testing:

- [Facemask](#) use by the patient – Mirroring the [risk assessment guidance for healthcare personnel](#), patients not wearing a facemask would likely be at higher risk for infection compared to those that were wearing a facemask.
- Type of interaction that occurred between the patient and infected provider – An interaction involving manipulation or prolonged close contact with the patient’s eyes, nose, or mouth (e.g., dental cleaning) likely poses higher risk of transmission to the patient compared to other interactions (e.g., blood pressure check).
- PPE used by infected HCP – HCP wearing a [facemask](#) (or respirator) and face shield that extends down below the chin might have had better source control than wearing only a facemask. Note that respirators with exhalation valves might not provide source control.
- Current status of patient – Is the patient currently admitted to a hospital or long-term care facility? These individuals, if infected, can be at higher risk for severe illness and have the potential to expose large numbers of individuals at risk for severe disease.

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>