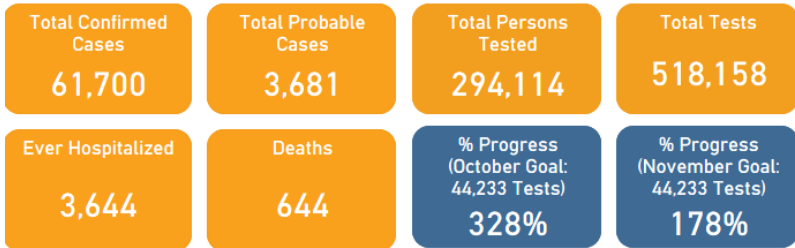
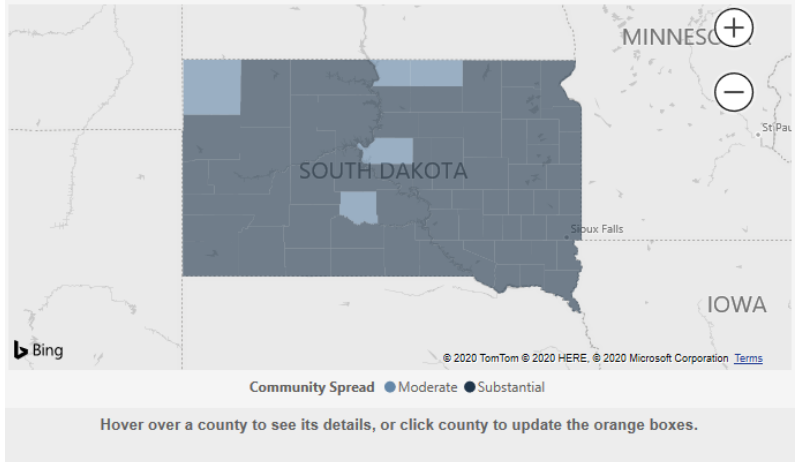




SOUTH DAKOTA
DEPARTMENT OF HEALTH



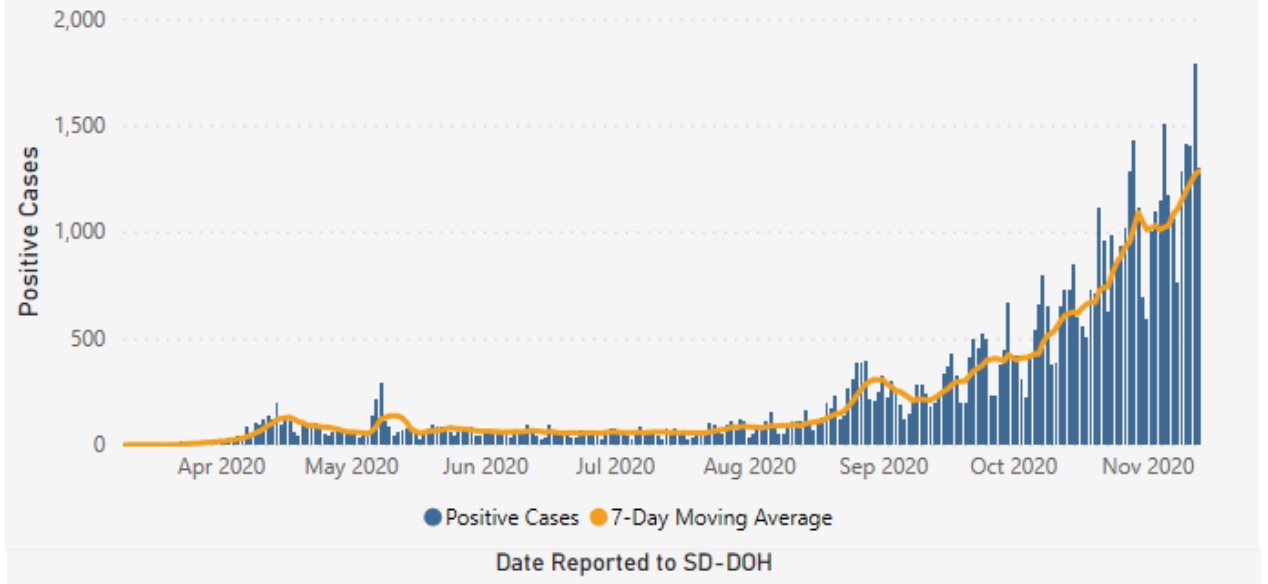
Community Spread Map by County of Residence



COVID.SD.GOV

Data as of 11-15-2020

Positive Cases by Date Reported to SD-DOH



CleanSpace HALO Project



CLEANSPACE HALO

A major innovation in Personal Respiratory Protection for Healthcare.

Designed by biomedical engineers. A lightweight compact powered respirator. Minimal parts. Ergonomic with no cables, hoses or helmets.

- Lightweight (350g/1 lb) and compact
- High protection for biohazards (APF 50 & 1000)
- No hoses or belt mounted battery packs
- Reliable, fast cleaning and disinfection
- CE Mark approved

Currently we are allocating two (2) CleanSpace HALO Respirators, two (2) full face masks (one Small and one Medium/Large), filter pack, charger, fit test adaptor, and cleaning & storage plug set to each SD ground ambulance service.


Lance Iversen

Phone: 605-394-6027

Email: Lance.Iversen@state.sd.us

N95 Fit Testing


Department of Health is working with SDEMSEA Districts

- Equipment and supplies to each district
 - Training to be provided by DOH
- 

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
- 

SD Statewide Radio System Project 25 (P25)

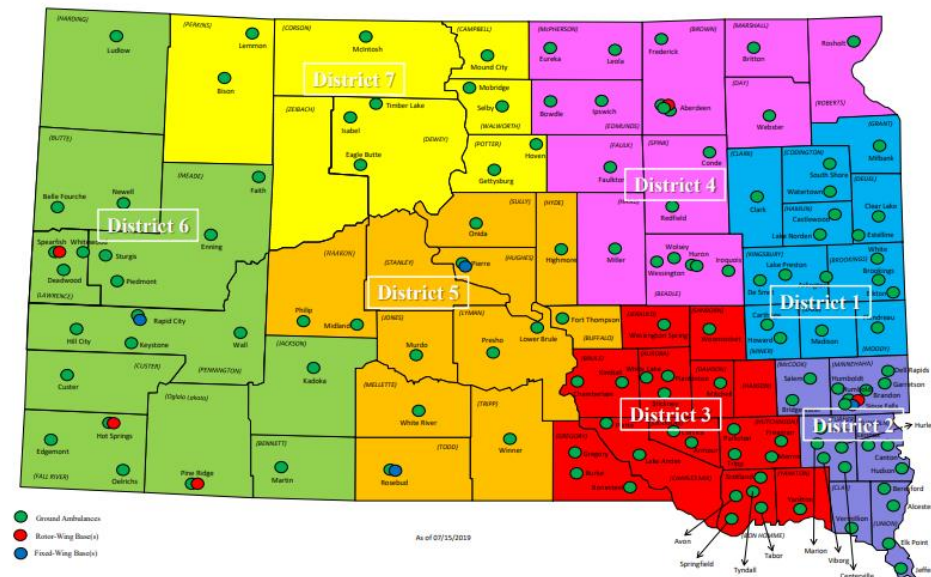


Bob Hardwick

Phone: 605-773-4440

Email: Bob.Hardwick@state.sd.us

Sentinel COVID-19 Testing for First Responders




SD Emergency Medical Services Health

Professionalism during a pandemic

- Temperature Checks
 - For on call staff; if symptomatic, contact your PCP
- 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)
- 


Infection Control in EMS

Kipp Stahl, BSN, RN

Kipp.stahl@state.sd.us

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 (Update 10/21)

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p>	<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.

Close Contact Definition

Close Contact

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*



Strategies to Mitigate Healthcare Personnel Staffing Shortages

As staffing shortages in healthcare facilities become a concern- please refer to the recommendations in order to maintain appropriate staffing and safe work environment for both staff and patient care:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>





Strategies to Mitigate Healthcare Personnel Staffing Shortages

Develop plans to allow *asymptomatic* HCP who have been *exposed to COVID*, and should quarantine, but are not known to be infected to continue to work:

- These HCP should still report temperature and absence of symptoms each day before starting work.
- These HCP should wear a facemask (for source control) while at work for 14 days. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria.



Strategies to Mitigate Healthcare Personnel Staffing Shortages

Develop criteria to determine which HCP with *suspected or confirmed* COVID-19 (who are well enough and willing to work) could return to work in a healthcare setting before meeting all Return to Work Criteria—if staff shortages continue despite other mitigation strategies.

- Allow HCP with confirmed COVID to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline.
- Facemasks should be worn even when they are in non-patient care areas such as breakrooms, as they can expose their coworkers.
- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- They should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.
- They should self-monitor for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

KEY POINTS



Flu Vaccination Guidance During a Pandemic



“When is it safe to administer the flu vaccine to someone who has had or is recovering from COVID?”

When that individual has come off isolation precautions and has recovered from COVID, they can receive the influenza vaccine.

Links and FAQs regarding flu vaccine during COVID:

<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

