



SOUTH DAKOTA
DEPARTMENT OF HEALTH

Disease Impact – United States

as of 11/08/20

Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES

311,530

TOTAL COVID-19 SUSPECTED CASES

160,957

TOTAL COVID-19 DEATHS

67,543

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

Long Term Care in South Dakota

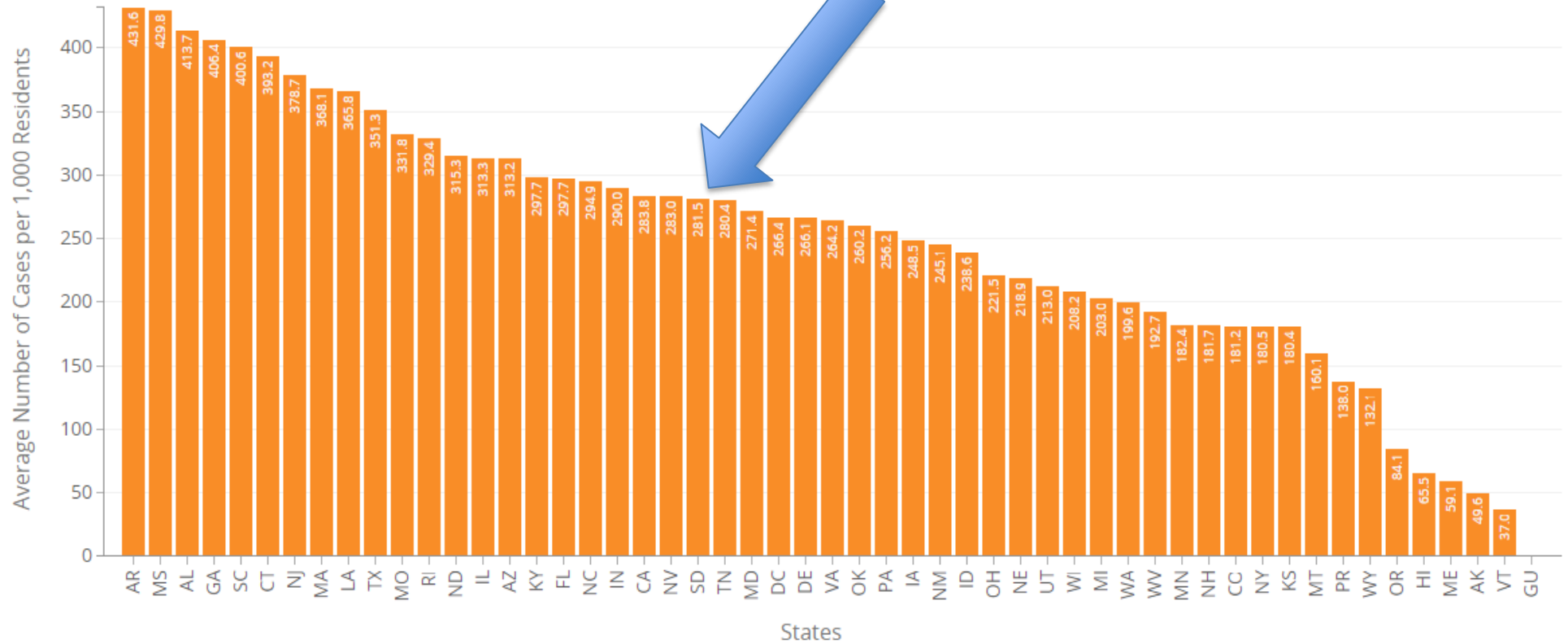
Nursing Homes and Assisted Living Centers

- **Cumulative Total Resident Cases – 2,402**
- **Cumulative Total Resident Active Cases – 924* (↓)**
- **Cumulative Total Resident Deaths – 430**
- **Cumulative Total LTC Facility with Case – 196**
- **Current Total of LTC with Case – 127* (↓)**
- **Cumulative Total Case in Staff – 1,026**
- **Total Active Cases in Staff – 590* (↓)**
- **Cumulative Total Staff Hospitalized – 23**

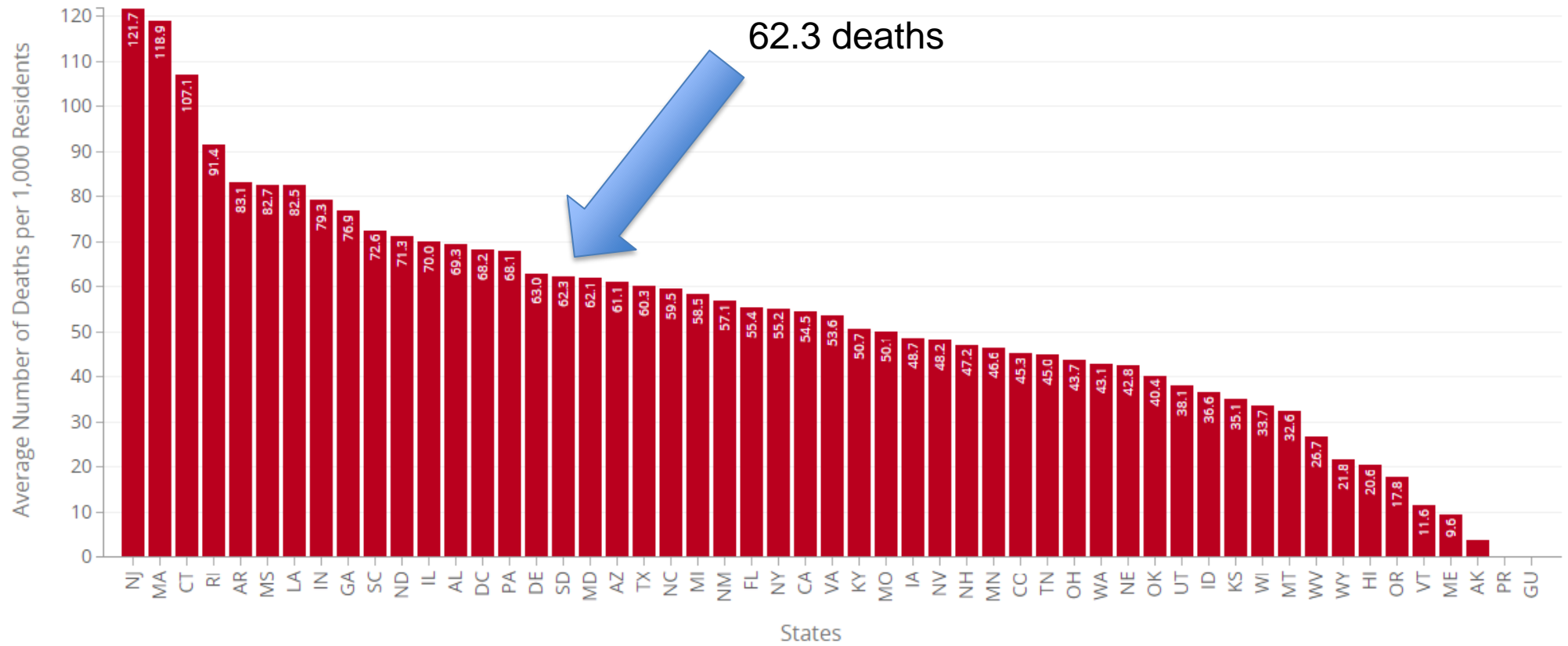
**self-reported by touch-base calls as of 11/23/2020 - all data is provisional*

Resident Average Cases per 1,000 Residents

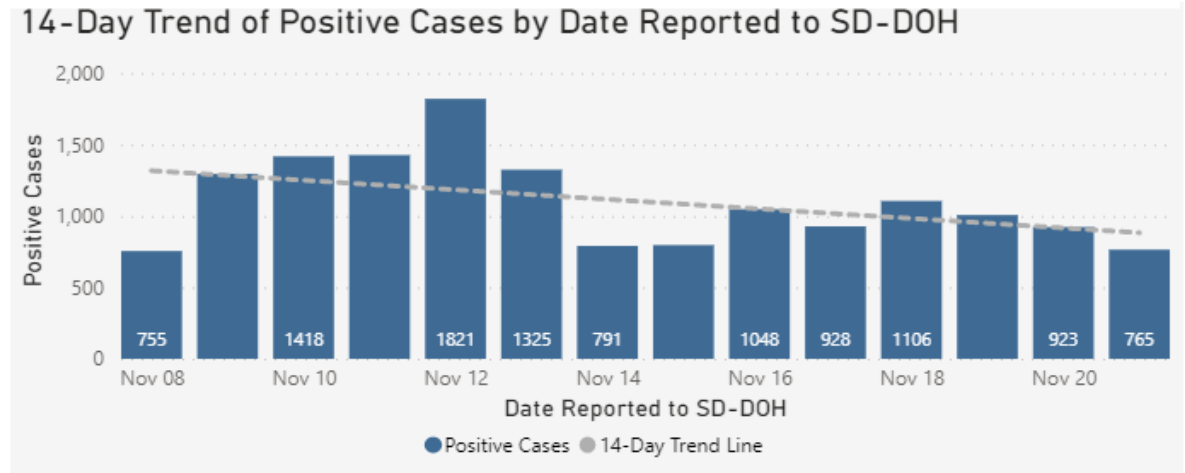
281.5 cases



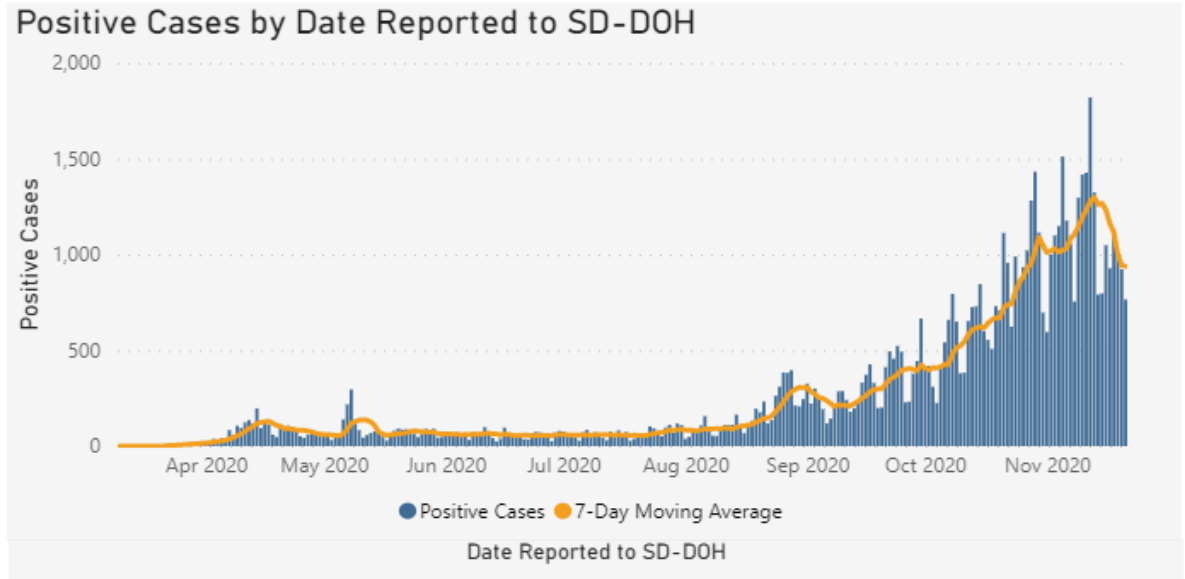
Resident Average Deaths per 1,000 Residents



Statewide data as of 11/24/20 – *all* *cases reported*



14-Day Trend of Positive Cases by Date Reported to SD-DOH: This graph shows the trend (increasing or decreasing) of COVID-19 positive cases (persons who meet the national surveillance case definition for COVID-19) at the state or county level.



The Core Principles of COVID-19 Infection Prevention

The Core Principles of COVID-19 Infection Prevention

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose)
- **Social distancing** at least six feet between persons
- **Instructional signage** throughout the facility and proper **visitor education** on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- **Cleaning and disinfecting** high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of **Personal Protective Equipment (PPE)**
- **Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- **Resident and staff testing** are accessible

Personal Protective Equipment

All requests for PPE from DOH must be:

- Emailed to COVIDResourceRequests@state.sd.us,
- Faxed to **605.773.5942**, or
- Called in to **605.773.3048** to ensure prioritization and coordination of requests.

- Do not duplicate your request by using all three means of communication.

- Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call **605.773.3048** and requesting entities must provide information regarding their current facility status.

Holiday Visitation – During COVID-19 Pandemic

- Focus efforts on encouraging families to keep residents safe during the holidays.
- Educate families on the risk of taking loved ones out of the facility.
- Determine other ways to conduct visitation – virtual, not the same but may keep the resident safe.
- Continue Core Principles of COVID-19 Infection prevention CMS Memo 20-39.
- Follow CDC guidance on “Holiday Celebrations (updated 11.11.20). <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>
- Follow facility policy for visitation to include holiday timeframes.
- Upon the resident’s return place them on observation as if a new admit.
 - The resident is not cohorted with positive or suspected COVID cases.
 - The resident is placed in observation and monitored for COVID signs and symptoms.

With the exception of Memo 20-39, the above are not requirements/rules/regulations and are not in writing. They are recommendations voiced by CMS.

Staffing Resource Options

In recognizing the critical role of family members and close friends in the life of residents in LTC and acknowledging the ongoing COVID-19 pandemic, it is strongly recommended LTC facilities develop and implement their response plan to acknowledge and include designated essential caregivers and volunteers.

- Essential caregiver is an individual(s) whether family or friend who previously was actively involved with the resident and/or was committed to providing companionship or assisting in the activities of daily living of the resident.*
- Volunteer may be a member of the community performing other roles to free time for direct care staff.*

NHSN Reporting Updates

Updates have been made to the NHSN LTCF COVID-19 Module pathways, specifically the **Resident Impact and Facility Capacity** and **Staff and Personnel Impact**. These updates **will go into effect on Monday November 23, 2020**.

- Revised forms, form instructions, and CSV templates will be posted to the [LTCF COVID-19 Module website](#)
- Please send questions to the NHSN Helpdesk: NHSN@cdc.gov with "LTCF" in the Subject line.



Data Collection Forms & Instructions

Resident Impact and Facility Capacity

- [COVID-19 Resident Impact and Facility Capacity Pathway Form \(57.144\)](#)
[PDF - 100 KB] (print-only) - November 23, 2020
 - [Table of Instructions \(57.144\)](#) [PDF - 350 KB] - November 23, 2020

Staff and Personnel Impact

- [COVID-19 Staff and Personnel Impact Pathway Form \(57.145\)](#) [PDF - 120 KB] (print-only) - November 23, 2020
 - [Table of Instructions \(57.145\)](#) [PDF - 250 KB] - November 23, 2020

The Reporting Results of Point of Care Testing for COVID-19:

- A New NHSN Pathway video presentation is now available on the [LTCF COVID-19 Module website](#), under “Training”.
- FAQ page related to the POC Test Reporting Tool- located at the bottom/right of the main webpage: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>



Archived Trainings

- COVID-19 Module Overview for LTCFs – May, 2020
 - [YouTube Link \[Video – 84 min\]](#)
 - [Slideset](#)  [PDF – 7 MB]
- COVID-19 Module Enrollment Guidance for LTCFs – May, 2020
 - [Slideset](#)  [PDF – 4 MB]
- Group Guide to Using LTCF COVID-19 Module – June, 2020
 - [YouTube Link \[Video – 31 min\]](#)
- COVID-19 Data Quality Webinar – August, 2020
 - **New!** [YouTube Link \[Video – 31 min\]](#)
 - [Slideset](#)  [PDF – 4 MB]
- [Office Hours: COVID-19 Module Updates for August 2020](#)  [PDF – 1 MB] – September, 2020
- **New!** [Point of Care Test Reporting Tool – November, 2020](#)
 - [YouTube Link \[Video – 44 min\]](#)
 - [Slideset](#)  [PDF – 2 MB]

FAQs

[POC Testing Reporting Tool FAQs](#)

 [PDF – 350 KB]

The following question on HCP exposed to a COVID-19 case at home has been added to the [COVID Healthcare IPC FAQ webpage](#):

If healthcare personnel (HCP) are living with someone who has been diagnosed with SARS-CoV-2 infection, should they be excluded from work? If so, for how long?

Yes. **HCP** who have any kind of [exposure](#) for which [home quarantine](#) is recommended should be excluded from work:

- If **HCP** are able to quarantine away from the infected individual living with them, they should quarantine at home and not come into work for 14 days following their last exposure to the infected individual.
- If **HCP** are **not** able to quarantine away from the infected individual living with them and have ongoing unprotected exposure throughout the duration of the individual's illness, they should remain in home quarantine and be excluded from work until 14 days **after** the infected individual meets [criteria for discontinuation of home isolation](#).
- If **HCP** develop SARS-CoV-2 infection while they are in quarantine, they should be excluded from work until they meet all [return to work criteria](#) for **HCP** with SARS-CoV-2 infection.


Home quarantine and work exclusion of asymptomatic exposed **HCP** who have recovered from SARS-CoV-2 infection in the prior 3 months might not be necessary. Additional information about this scenario is available [here](#).”

Update to the [Public Health Guidance for Community-Related Exposure](#) on precautions HCP should take when in the community setting: (Nov. 16th)

HCPs who are [excluded from work due to an exposure](#) should stay away from others in the community setting per this community guidance.

While some HCPs might [continue to work in the healthcare setting](#) after an exposure, these individuals should **stay away from others when in the community setting per this community guidance.**

** While this is clarified on the CDC website, SD DOH has always encouraged this practice when facilities are allowing their HCPs (if they are recommended to be on quarantine due to an exposure) to work.*



Infection Control Assessment & Response (ICAR)

Tool that facilities can use in order to assess and improve their preparedness for responding to COVID-19 and help develop a comprehensive plan.

Items assessed in the ICAR support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-1
- Can be performed via tele-visit or in-person

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>



Infection Control Assessment & Response (ICAR) Cont...

- Non-Regulatory, scheduled
- Will focus on Telephone ICAR initially, with the possibility of In-person in the future
- Preference to Nursing Facilities (May open to ALF's depending on capacity)

Steps of ICAR

1. Contact the facility to schedule the ICAR
2. Conduct the ICAR
3. Provide completed ICAR and Feedback form to the facility
4. Provide post ICAR Follow-up

How to sign up.

1. SD DOH will contact your facility
2. Facility can Email - DOHInfectionControl@state.sd.us

Strategies for Optimizing the Supply of N95 Respirators

Specifically KN-95 use
Crisis Capacity Strategies (during known shortages)

..... they are considered to be suitable alternatives to provide protection during the COVID-19 response when supplies are short.

FDA issued an update to the [Non-NIOSH Approved Respirator Emergency Use Authorization \(EUA\)external icon](#) concerning non-NIOSH-approved respirators that have been approved in other countries. Visit [Factors to Consider When Planning to Purchase Respirators from Another Country](#) and the [NIOSH Science Blog](#) for additional information on understanding the use of imported Non-NIOSH-approved respirators.

N-95 Extended Use..

- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred³) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination. <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- Protecting an N95 from surface contamination may be achieved by wearing a cleanable face shield over an N95 instead of covering it with a mask (fit and function of the N95 respirators may be negatively impacted). <https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/>



LONG TERM CARE FACILITY COVID 19 INVESTIGATION PLAN

Instructions for long term care facilities who choose to proactively report and complete workbooks prior to DOH outreach. This **plan is optional**, however was designed to help reduce the burden of multiple phone calls from case investigators.

Long Term Care Facility

- Proactively complete workbooks for ALL positive COVID-19 facility cases (staff and residents) prior to DOH outreach and email DOH.LTCCOVID@state.sd.us
 - Record positive case history of illness on sheet 1 and close contact information on sheet 2
 - Nursing homes report close contacts who are non-staff and non-residents. (i.e. if patient had a visitor, etc.)
 - Assisted living facilities report all close contacts, including staff, residents, and visitors
 - If no close contacts are identified, indicate in email that no contacts were identified
- If questions, DOH-POC can be reached at (605) 280-0801. Voicemail is confidential and detailed messages are encouraged

DOH Point of Contacts

- Confirm receipt of email from facility POC
- Review workbook and verify fields are complete
- After workbook review, only contact facility POC to go through case and/or close contact history of illness/ exposure if:
 - More information is needed to complete Maven fields
 - Additional information is requested from Epidemiology Surveillance Desk
- Save completed workbook, containing ≥ 5 close contacts, to SharePoint for Maven upload
 - If workbook contains < 5 close contacts, manually enter close contact information into Maven

Release from Isolation

- DOH-POC will contact facility-POC to evaluate positive cases for release of isolation

RELEASE FROM ISOLATION CRITERIA:

SYMPTOMATIC

- At least 10 days have passed since symptoms first appeared*, AND
 - At least 1 day has passed since recovery of fever without the use of fever-reducing medication, AND
 - Symptom improvement (may continue to have loss of taste and smell), OR
 - 20 days have passed since symptoms first appeared regardless of symptoms
- * Identify 10-day minimum isolation period by counting onset date as day zero

ASYMPTOMATIC

- At least 10 days have passed since the date of first positive COVID-19 test* AND
- Remains asymptomatic (**not ill**)

* Identify 10-day minimum isolation period by counting test (specimen collection) date as day zero

Close Contact Definition and Quarantine Criteria

DEFINITION:

A close contact is a person who has been within 6 feet of someone infected with COVID-19, for 15 minutes or more in one day OR provided direct care without using proper PPE

QUARANTINE CRITERIA:

Asymptomatic close contacts should quarantine for a minimum of 14-days after their last exposure (or last time around a positive person). They can resume normal activities on day 15 if they have not developed symptoms. If they develop symptoms refer to isolation criteria.

DOH does not follow-up to release close contacts from quarantine.

This document along with the excel spreadsheet was sent via the OLC Listserv on Thursday 11/26/2020. If you need copies, please E-mail:

DOHInfectionControl@state.sd.us