



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

Long Term Care weekly COVID update call week of: 11/30/2020

# Disease Impact – Long-Term Care in the United States *as of 11/15/20*

## Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES

331,904

TOTAL COVID-19 SUSPECTED CASES

164,944

TOTAL COVID-19 DEATHS

69,872

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

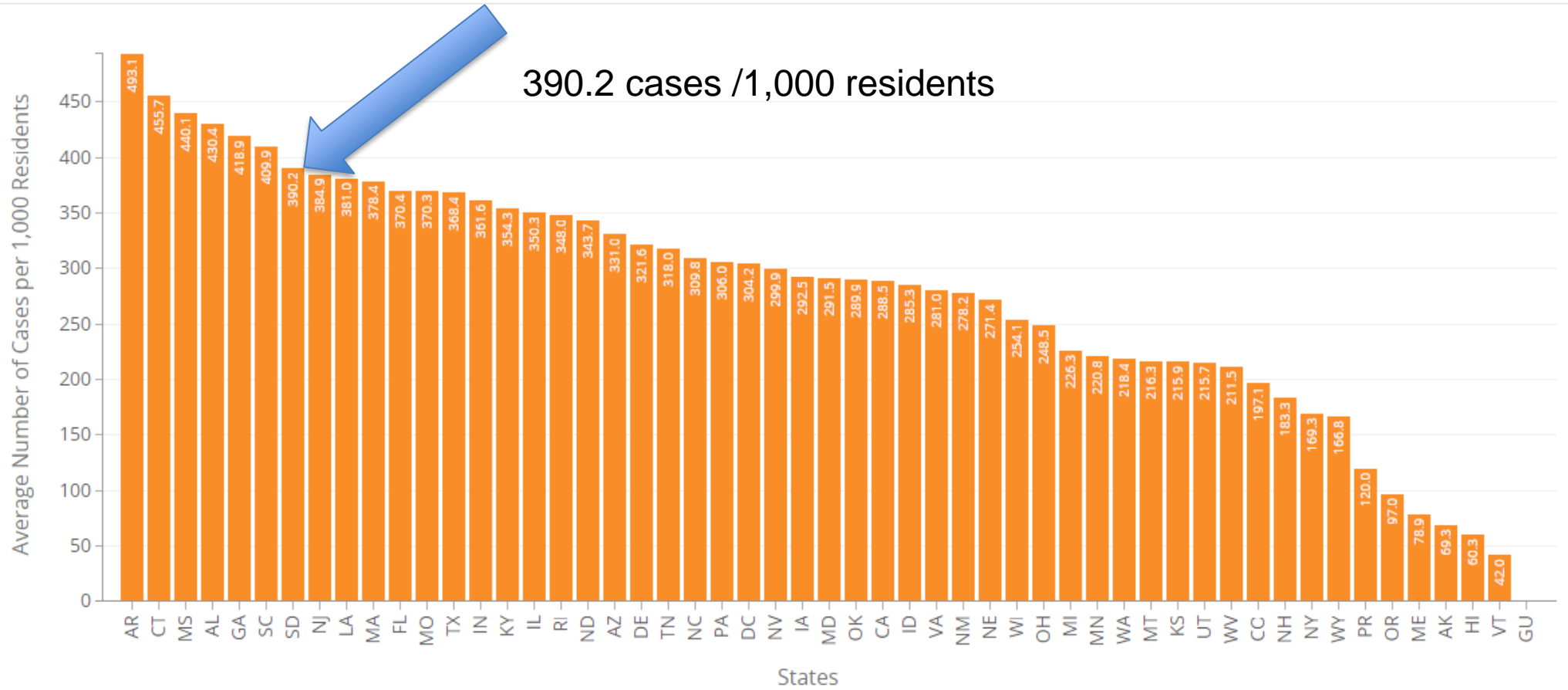
# Long Term Care in South Dakota

*Nursing Homes and Assisted Living Centers*

- **Total LTC Currently with a Case – 126\* (-1)**
- **Cumulative Total LTC Facility with Case – 197 (+1)**
- **Total Active Cases in a Resident – 935\* (+11)**
- **Cumulative Total Resident Cases – 2,498 (+96)**
- **Cumulative Total Resident Deaths – 476 (+61)**
- **Total Active Cases in Staff – 506\* (-84)**
- **Cumulative Total Case in Staff – 1,052 (+26)**
- **Cumulative Total Staff Hospitalized – 23 (0)**

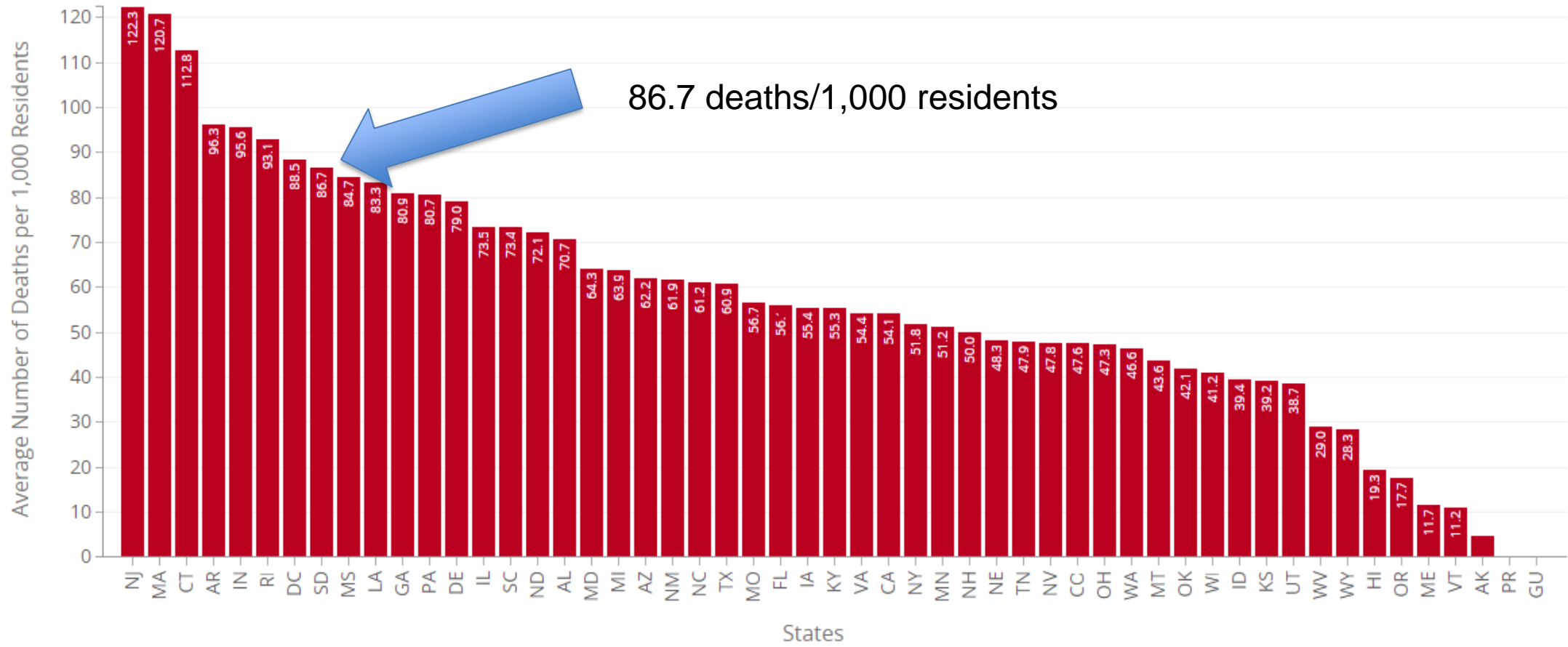
*\*self-reported through touch-base calls as of 11/30/2020 - all data is provisional*

## Resident Average Cases per 1,000 Residents



as of 11/15/20

# Resident Average Deaths per 1,000 Residents



as of 11/15/20

# Statewide data as of 11/30/20 – all cases reported

RT-PCR Test Positivity Rate, Last 1 Day  
**17.0%**

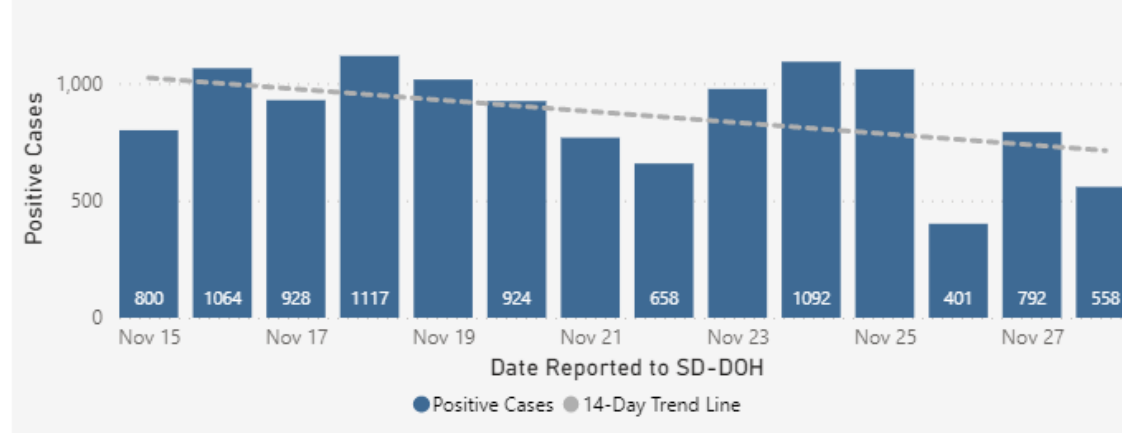
RT-PCR Test Positivity Rate, Last 7 Days  
**13.6%**

RT-PCR Test Positivity Rate, Last 14 Days  
**14.0%**

RT-PCR Test Positivity Rate, Cumulative  
**12.4%**

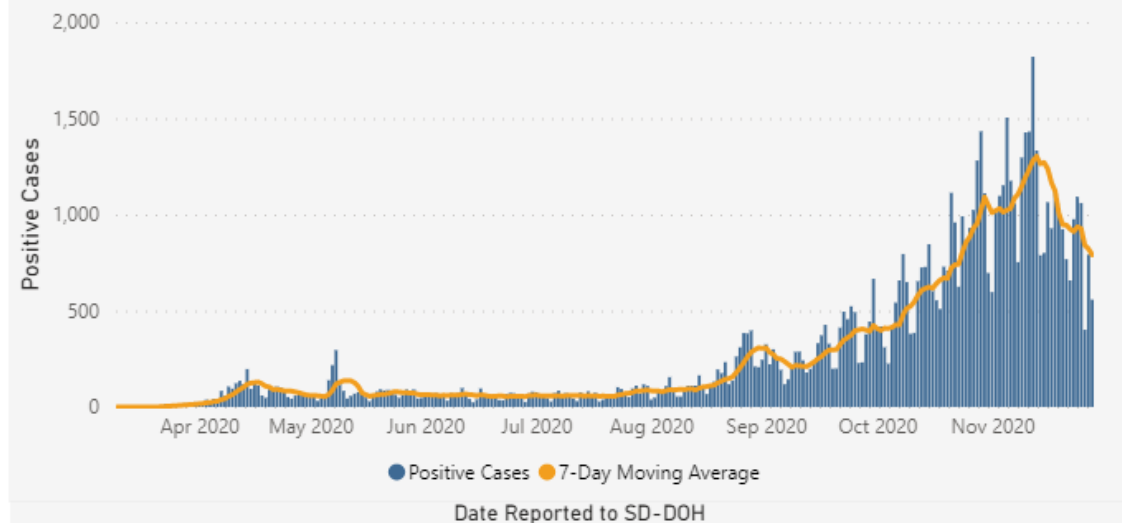
*RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time.*

14-Day Trend of Positive Cases by Date Reported to SD-DOH



*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.*

Positive Cases by Date Reported to SD-DOH



# 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



Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



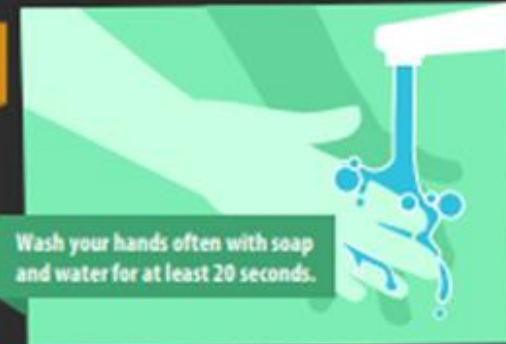
Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)



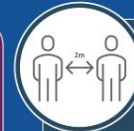
## PERSONAL PREVENTIVE MEASURES

Diligently practicing hand hygiene, respiratory etiquette, and physical distancing whenever possible at work, at home and in the community.



### BUILDING CLEANING AND BARRIERS

Removing the sources of exposure as much as possible, by means such as environmental cleaning and physical barriers.



### MODIFIED POLICIES, PROCEDURES AND PRACTICES

Containing and adjusting the movement of employees to minimize exposure to the virus, while taking into consideration functional and operational requirement and capacity, to support physical distancing.



### PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is the last line of defence when all other measures are not practical, inadequate or exhausted. The use of PPE to prevent exposure should follow the Public Health Agency of Canada's public health guidance and Health Canada's Public Service Occupational Health Program advisories.



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# Personal Protective Equipment

All requests for PPE from DOH must be:

- Emailed to [COVIDResourceRequests@state.sd.us](mailto: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](mailto: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 recommendations voiced by CMS. These are not requirements/rules/regulations and are not in writing.***



## Infection Control Assessment & Response (ICAR)



***Discuss your COVID-19 readiness and protocols with an infection preventionist.***

Free, easy to schedule at a time that works best for your facility and can be completed over the phone!

***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>



Contact [DOHinfectioncontrol@state.sd.us](mailto:DOHinfectioncontrol@state.sd.us) to schedule your ICAR today!



## PPE: Use, Reuse, Extended Use...

- Take time to determine how much you have, may need, or will go through:  
PPE preservation planning toolkit:

<https://files.asprtracie.hhs.gov/documents/ppepp-toolkit-fact-sheet-hrwg.pdf>

- Review CDC guidelines on mitigation strategies and safe use/re-use of PPE:  
Avoid cross-contamination of extended use PPE from a COVID area to a non-COVID area!

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

- Ensure staff is re-educated on PPE donning, doffing and extended use strategies in your facility:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

## Increase in Hospital-Acquired Carbapenem-Resistant *Acinetobacter baumannii* Infection and Colonization in an Acute Care Hospital During a Surge in COVID-19 Admissions — New Jersey, February–July 2020


### Summary

#### What is already known about this topic?


Carbapenem-resistant *Acinetobacter baumannii* (CRAB) causes health care–associated infections that are challenging to contain and often linked to infection prevention and control (IPC) breaches.

#### What is added by this report?

A New Jersey hospital reported a cluster of 34 CRAB cases that peaked during a surge in COVID-19 hospitalizations. Strategies to preserve continuity of care led to deviations in IPC practices; CRAB cases decreased when normal operations resumed.



#### What are the implications for public health practice?



Hospitals managing surges of patients with COVID-19 might be vulnerable to outbreaks of multidrug-resistant organism (MDRO) infections. Maintaining IPC best practices (e.g., MDRO surveillance and hand hygiene and environmental cleaning audits) to the extent possible could mitigate spread.



## Repeat positive COVID test after 90-day period

- CMS QSO guidance encourages testing of individuals after 90-day timeframe from initial illness.
- *Extended detection or new infection?*  
Depends: SD DOH is checking with the provider that ordered the testing to see if they think this is extended detection or repeat infection. Based on symptoms, other etiologies, etc.
- CDC document that may help providers determine extended detection vs. reinfection:  
<https://www.cdc.gov/coronavirus/2019-ncov/php/reinfection.html>

### Other Testing Considerations

In keeping with current [CDC recommendations](#) staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months after symptom onset. Until more is known, testing should be encouraged again (e.g., in response to an exposure) 3 months after the date of symptom onset with the prior infection. Facilities should continue to monitor the CDC webpages and [FAQs](#) for the latest information. The facility should consult with infectious diseases specialists and public health authorities to review all available information (e.g., medical history, time from initial positive test, Reverse Transcription-Polymerase Chain Reaction Cycle Threshold (RT-PCR Ct) values, and presence of COVID-19 signs or symptoms). Individuals who are determined to be potentially infectious

### CDC FAQ on reinfection:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing,-Isolation,-and-Quarantine-for-Persons-Who-Have-Recovered-from-Previous-SARS-CoV-2-Infection>