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

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
390.2 cases /1,000 residents

as of 11/15/20
86.7 deaths/1,000 residents

as of 11/15/20
Statewide data as of 11/30/20 – all cases reported

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:

- **Positive Cases @ 14-Day Trend Line**

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:

- **Positive Cases**
- **7-Day Moving Average**

Date Reported to SD-DOH
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
STOP THE SPREAD OF GERMS

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.
- Clean and disinfect frequently touched objects and surfaces.
- Avoid touching your eyes, nose, and mouth.
- 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

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 advices.
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.
- 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 Prevention Updates
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


Contact 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:

• 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/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

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

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.


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: