



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

# Disease Impact – United States

*as of 11.22.20*

## Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES

354,313

TOTAL COVID-19 SUSPECTED CASES

169,733

TOTAL COVID-19 DEATHS

72,642

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

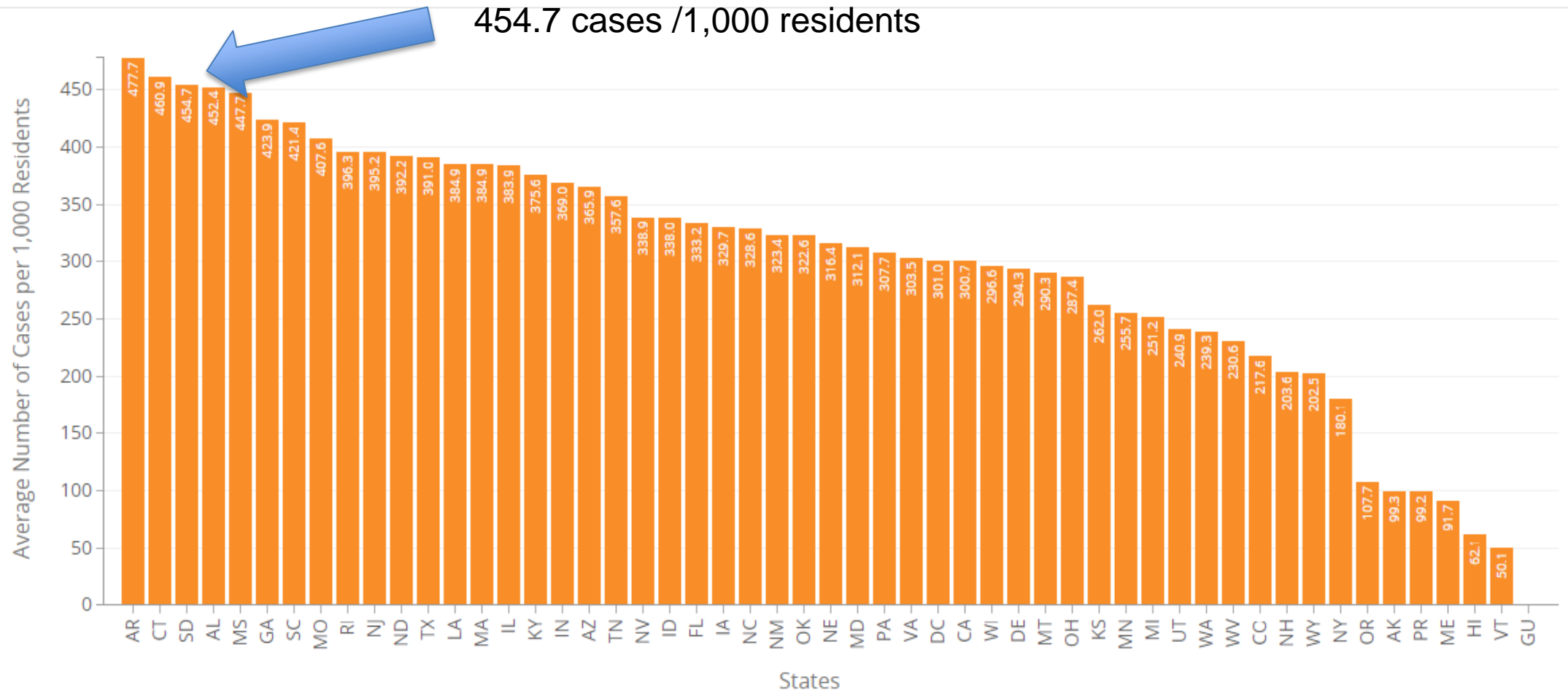
# Long Term Care in South Dakota

*Nursing Homes and Assisted Living Centers*

- **Current Total of LTC with Case – 120\***
- **Cumulative Total LTC Facility with Case – 207**
- **Cumulative Total Resident Active Cases – 805\***
- **Cumulative Total Resident Cases – 2,691**
- **Cumulative Total Resident Deaths – 562**
- **Total Active Cases in Staff – 433\***
- **Cumulative Total Case in Staff – 1,080**
- **Cumulative Total Staff Hospitalized – 24**

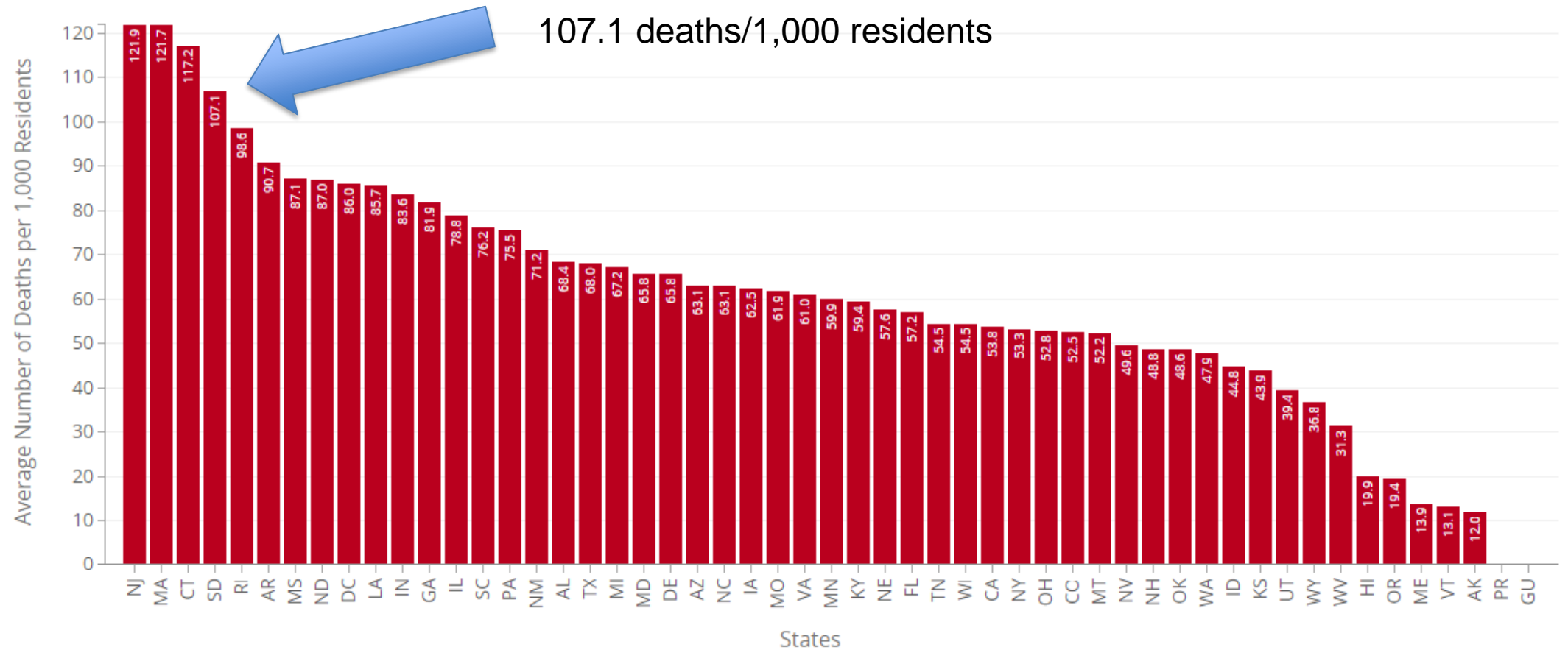
*\*self-reported by touch-base calls as of 12/07/2020 - all data is provisional*

# Resident Average Cases per 1,000 Residents



as of 11/22/20

## Resident Average Deaths per 1,000 Residents



as of 11/22/20

# Statewide data as of 12/08/20 – all cases reported

RT-PCR Test  
Positivity Rate, Last 1  
Day  
**15.2%**

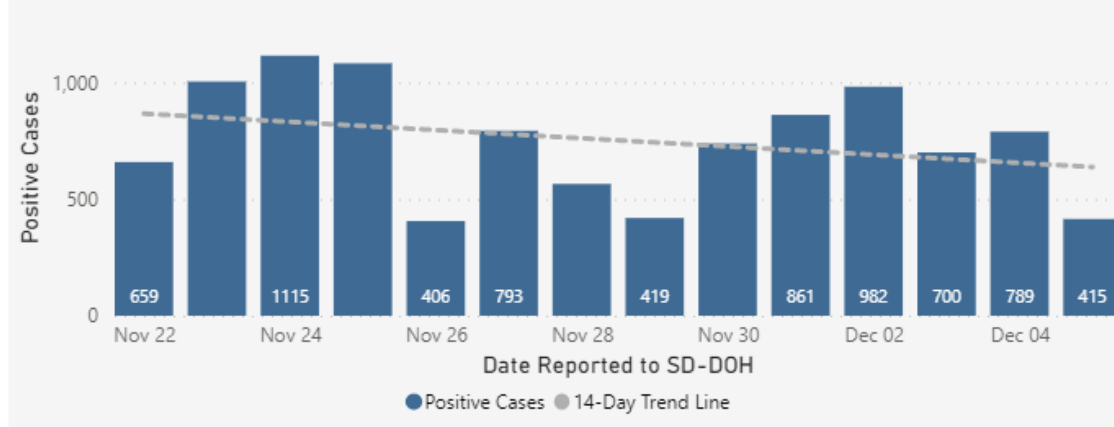
RT-PCR Test  
Positivity Rate, Last 7  
Days  
**13.3%**

RT-PCR Test  
Positivity Rate, Last  
14 Days  
**13.5%**

RT-PCR Test  
Positivity Rate,  
Cumulative  
**12.5%**

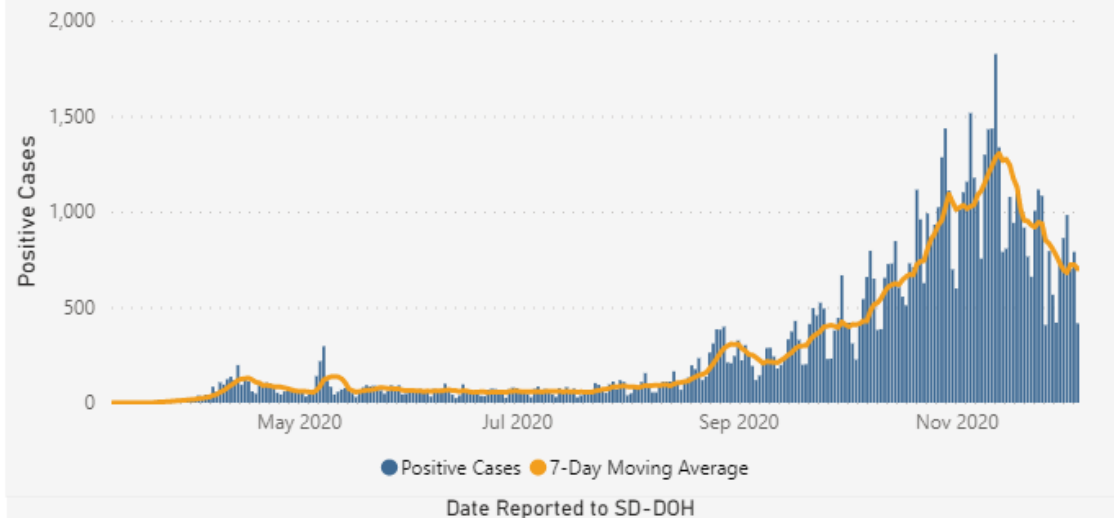
*RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time.*

## 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



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# 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

# Resources for Long Term Care

Given how this situation is evolving, please refer to the CMS Quality, Safety & Oversight's Coronavirus webpage <https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>,

In addition, the CMS Current Emergencies webpage for the most up to date information: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

We encourage all nursing homes to monitor the CDC website for information and resources, including the following site: "Preparing for COVID-19 in Nursing Homes" (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>).



# Resources for Long Term Care

Project Echo Clinical Rounds - including a series of sessions focused on nursing facility care: <https://hsc.unm.edu/echo/institute-programs/covid-19-response/us-covid19/hhs-aspr/>

Here is the link to the Nursing Home Resource Center: <https://www.cms.gov/nursing-homes> ;

and the specific link to CMS training designed to help staff combat the spread of COVID-19 in nursing homes: <https://qsep.cms.gov/welcome.aspx>

# 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 12.04.20). <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.***

# CDC Quarantine Options – 12/2/20

These options do not apply to residents of staff in Nursing Homes or Assisted Living Centers.

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

## **Updated Guidance on Antigen Testing for SARS-CoV-2 (12/5/2020)**

### **Summary of Recent Changes**

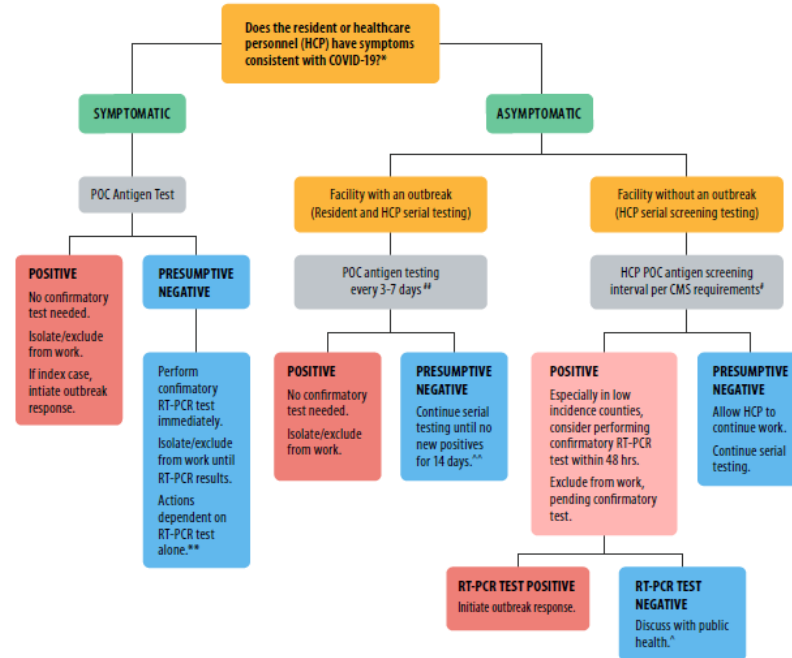
Revisions were made on December 5, 2020 including:

- The word “rapid” has been deleted because FDA has authorized laboratory-based antigen tests.
- New section on processing of antigen tests, reflecting what has been learned on how to minimize the risk of false results.
- Revised section on evaluating the results of antigen tests, introducing a new testing algorithm, and reflecting what has been learned about the performance of antigen tests and the need to implement confirmatory testing.

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>



CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES



This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors including community incidence, characteristics of different antigen testing platforms, as well as availability and turnaround times of RT-PCR, further inform interpretation of antigen test results.

RT-PCR: reverse-transcriptase polymerase chain reaction

POC: point-of-care

HCP: healthcare personnel

**Index case:** a newly identified case of SARS-CoV-2 infection in a resident or HCP in a nursing home facility with no known infections of SARS-CoV-2 infection in the previous 14-day period.

**COVID-19 outbreak response in a nursing home** is triggered when one nursing home-onset SARS-CoV-2 infection in a resident or one HCP SARS-CoV-2 infection.

\* Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

\*\* Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if retesting by RT-PCR is warranted.

# [CDC recommendations for testing asymptomatic HCP in facilities without a case](#)

## [CDC guidance on testing residents of nursing homes, CDC guidance on testing HCP](#)

^ In discussion with the local health department, community incidence and time between antigen test and RT-PCR test can be utilized to interpret discordant results and determine when HCP can return to work.

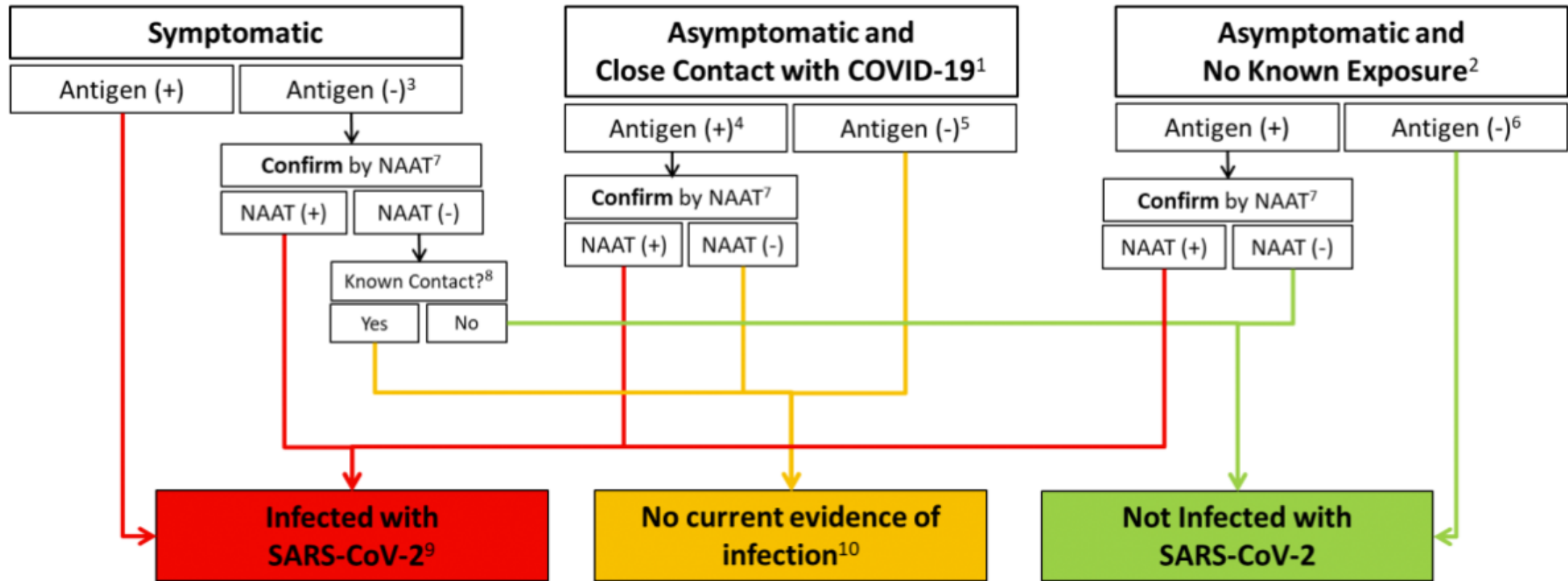
\*\* If an antigen test is presumptive negative in a facility with an outbreak, residents should be placed in transmission-based precautions or HCP should be allowed to continue working while monitoring for symptoms.



August 21, 2020 11:41 AM 319635-A

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Figure 1. Antigen Test Algorithm



 [View Larger](#)

## Updated Guidance on Cleaning and Disinfecting Environmental Surfaces

- How are environmental surfaces involved in the transmission of infections?
- How does one interrupt transmission of pathogens from environmental surfaces?
- Where can I find detailed information on cleaning and disinfection?
- Why is cleaning of surfaces important?
- What detergents are used for routine environmental cleaning in healthcare settings?
- Are there ways to audit the cleaning process?
- What are no-touch devices or NTDs?
- What information if available about the use of electrostatic sprayers or foggers for the disinfection of rooms and surfaces in healthcare environments?
- Is ultraviolet germicidal irradiation (UVGI) recommended for disinfection of air and surfaces in the healthcare setting?

Cleaning and disinfecting environmental surfaces CDC [website](#)

FAQ: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>





## CDC: Updated Guidance on Ventilation

### Considerations to Improve Ventilation

Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants. Obtain consultation from experienced Heating, Ventilation and Air Conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. Some of the recommendations below are based on [Guidance for Building Operations During the COVID-19 Pandemic](#) from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE). In addition to buildings, ventilation considerations are also important when you have multiple persons within vehicles, including public transportation (buses, subways, trains, school buses, carpools, and rideshares). Not all considerations are applicable for all scenarios.



## Ventilation FAQs

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Safe PPE use & resources from NETEC:

<https://repository.netecweb.org/items/show/964>

 **NETEC**  
NATIONAL EMERGENCY PUBLIC HEALTH TRAINING AND EDUCATION CENTER

# PRACTICE PPE SAFETY

**DO**

**DON'T**

### Reduce Environmental Bioburden



Keep all surfaces clean and avoid touching PPE or bed/counter. Use single patient use equipment.

### Use Additional Barriers as Needed



Consider using a towel or pad to protect clothing and PPE, especially within 3 feet of the patient.

### Doff Meticulously

- 1 Remove gown and gloves
- 2 Remove goggles/face shield
- 3 Remove mask



Use your facility's protocol in the order and location specified. Remove mask/respirator last.

### Disinfect Gloves With Hand Sanitizer



Use alcohol-based hand sanitizer on gloves frequently and prior to doffing gloves.



### Forget About Your Own Condition



Pay attention to how you feel and any indicators of PPE problems like foggy goggles.

### Touch Your Skin or Hair



Tie back long hair and consider headbands or pins to decrease temptation to touch hair or face.

### Contaminate PPE



Avoid leaning against bed rails and counters. Don't touch your PPE.

### Adjust Goggles, Face Shield, or Mask



Secure eyewear and mask or respirator to prevent adjustments in the patient environment.

04-20-20 - Emory University, created by Visual Medical Education