



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

# Disease Impact – United States

*as of 11.29.20*

## Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

377,510

TOTAL RESIDENT COVID-19 DEATHS

76,542

TOTAL STAFF COVID-19 CONFIRMED CASES

322,690

TOTAL STAFF COVID-19 DEATHS

1,162

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

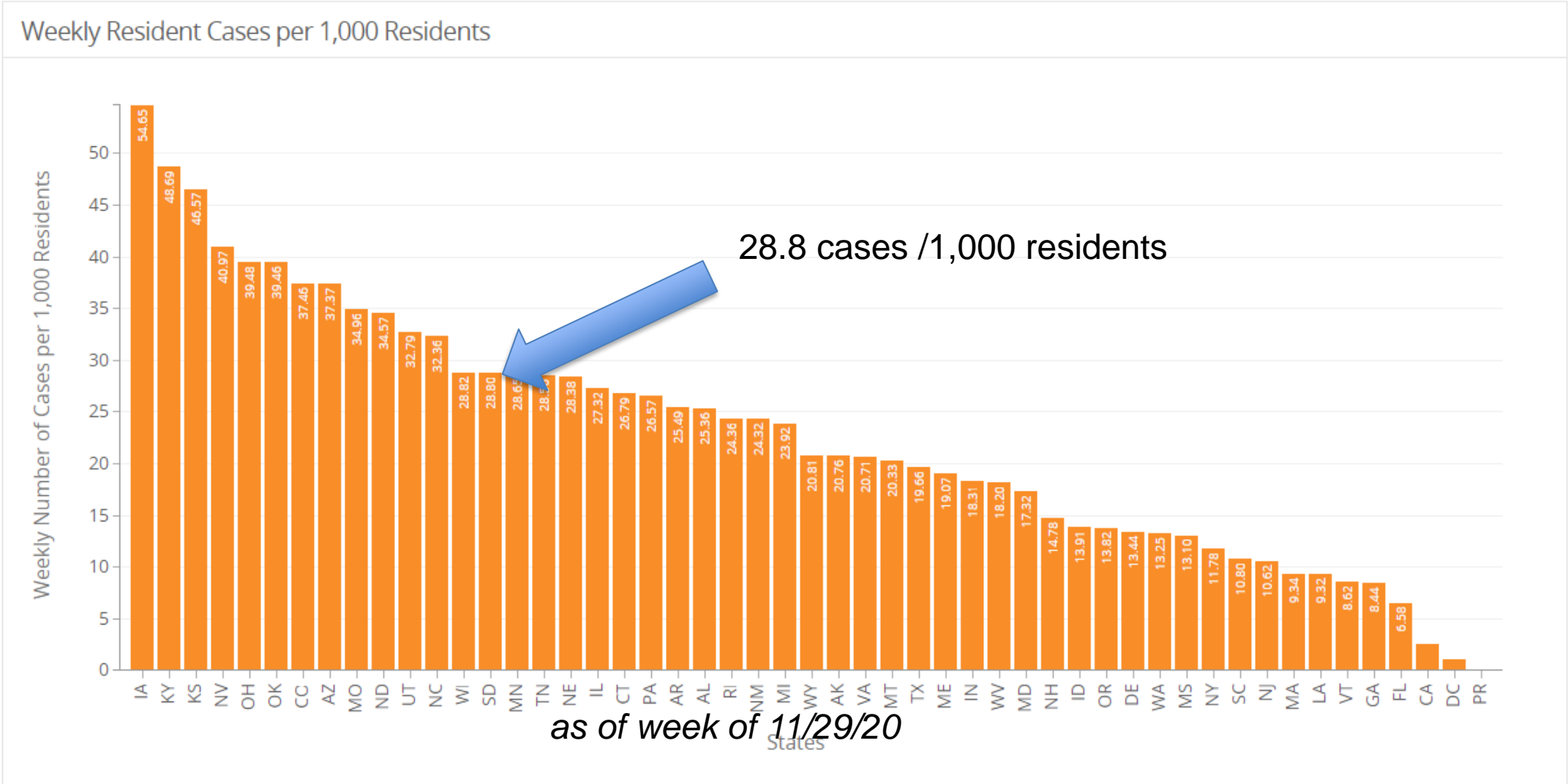
# Long Term Care in South Dakota

*Nursing Homes and Assisted Living Centers*

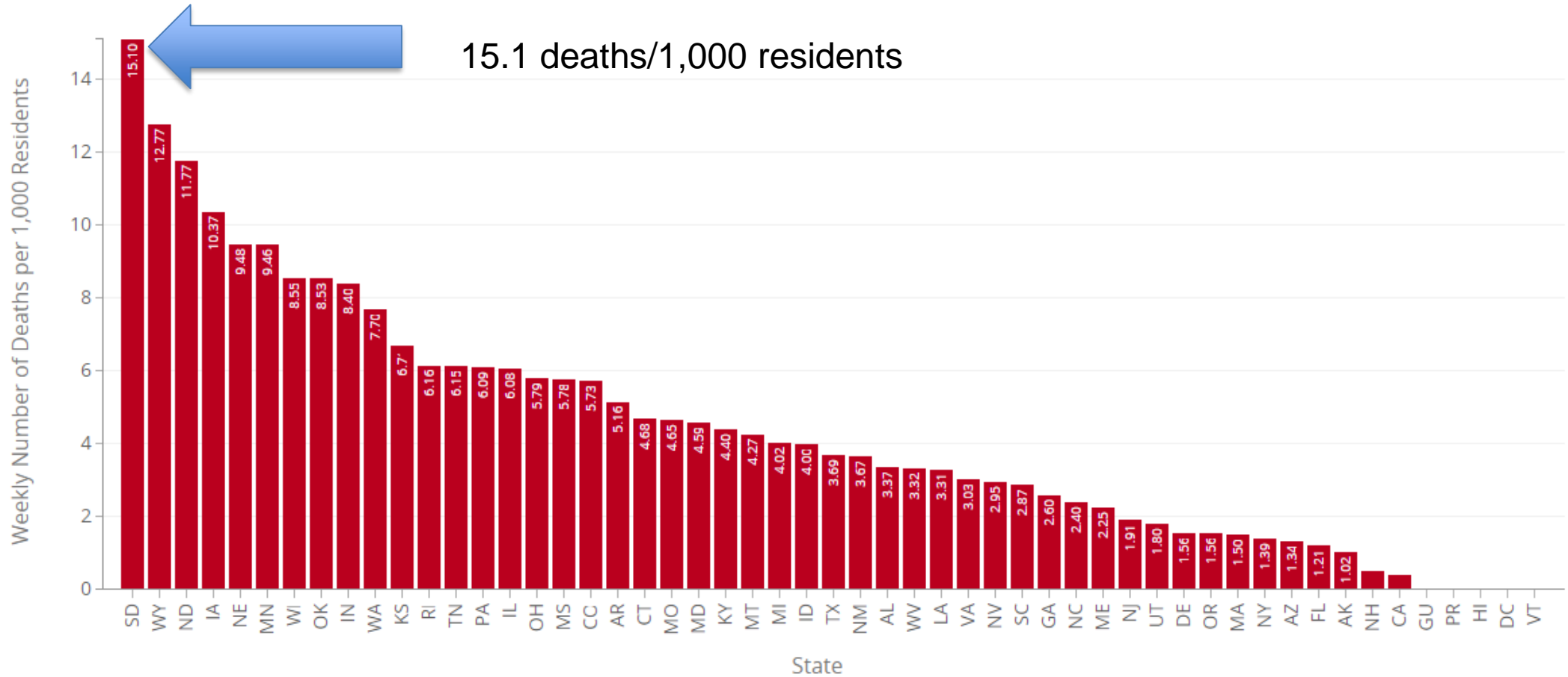
- **Current Total of LTC Facilities with Case – 89\***
- **Cumulative Total LTC Facilities with Case – 210**
- **Cumulative Total Resident Active Cases – 630\***
- **Cumulative Total Resident Cases – 2,877**
- **Cumulative Total Resident Deaths – 616**
- **Total Active Cases in Staff – 258\***
- **Cumulative Total Case in Staff – 1,092**
- **Cumulative Total Staff Hospitalized – 24**

*\*self-reported by touch-base calls as of 12.15.2020 - all data is provisional*

# Resident Cases and Deaths per 1,000 Residents



## Weekly Resident Deaths per 1,000 Residents



as of 11/22/20

# Statewide data as of 12.15.20 – all cases reported

RT-PCR Test Positivity Rate, Last 1 Day  
**10.6%**

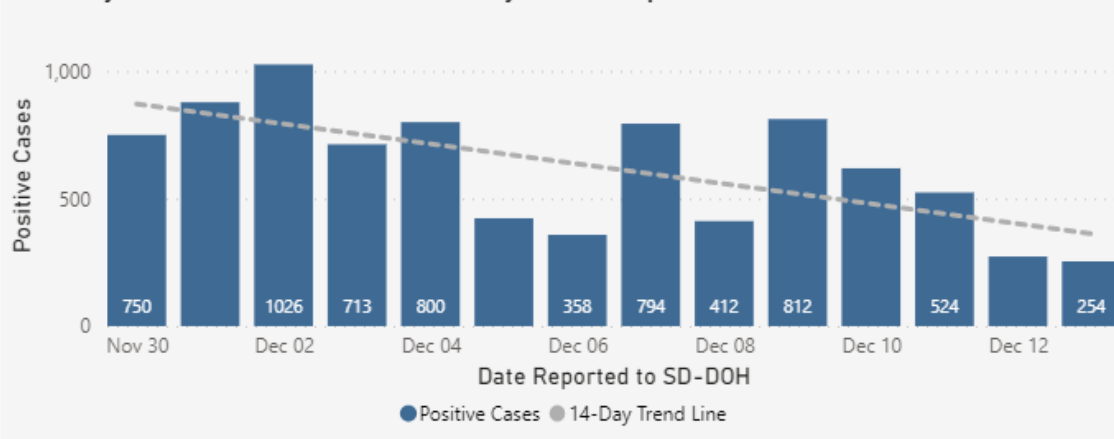
RT-PCR Test Positivity Rate, Last 7 Days  
**9.9%**

RT-PCR Test Positivity Rate, Last 14 Days  
**11.6%**

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

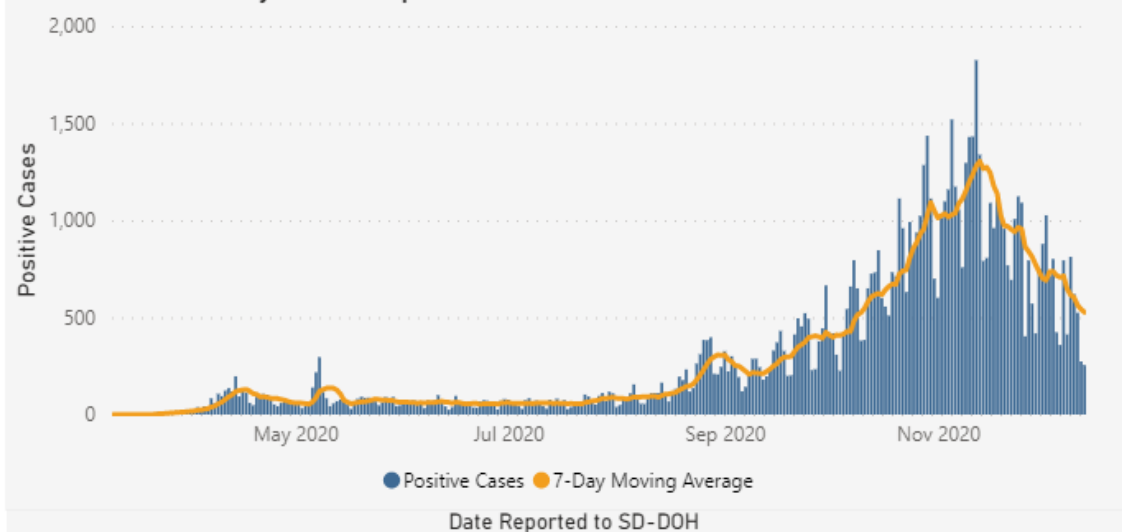
*RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time.*

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



SOUTH DAKOTA DEPARTMENT OF HEALTH

# We must all remain vigilant.



## 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.

# 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](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.

# 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>

## CMS Targeted COVID-19 Training for Frontline Nursing Home Staff.

## CMS Targeted COVID-19 Training for Nursing Home Management.

Financial incentive for employees of eligible nursing homes and assisted living centers to complete the CMS training. **This incentive is available for all employees of a Nursing Home and or an Assisted Living Center.**

A pre-test and post-test are required.

The grant will be with the facility. The provider will pay their employee. Please note, the same timeline applies to all providers.

- Email Lori Konst at [Lori.Konst@state.sd.us](mailto:Lori.Konst@state.sd.us) you are interested in this incentive for your staff by **December 16, 2020.**
- Grants will be issued via DocuSign to the provider by December 18.
- The employee must show proof of completion to their facility administrator by December 21. Providers should retain a list of those staff completing the training. The incentive will also be paid to employees who have already completed the training.
- Facilities must invoice the Department of Health by COB December 22, 2020 for payment. The provider must provide us the number of staff, with a list of staff, trained in order to receive reimbursement. The DOH does not need the certificate.

Please contact Pam Evenson at email [Pam.Evenson@state.sd.us](mailto:Pam.Evenson@state.sd.us) if you have questions with accessing the CMS training.



# 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.***

## CMS/CDC follow up

- Facilities with >10 cases of COVID may be receiving a call from CMS.
- They may ask facilities questions regarding preparedness and support from the state during their outbreak response.
- As required by CMS, SD DOH will follow up with your facility if they indicate that more support from state entities is needed.



## Too Much PPE?!

And other infection control updates



- It is NOT recommended to double glove, wear two gowns, or double mask.
- Too much PPE can create risks:  
cross contamination, not performing hand hygiene frequently or effectively, or getting in the way of performing tasks appropriately.



### Summary of Recent Changes

Updates as of December 14, 2020

As of December 14, 2020

- Added links to Frequently Asked Questions addressing Environmental Cleaning and Disinfection and assessing risks to patients and others exposed to healthcare personnel who worked while infected with SARS-CoV-2
- Described recommended IPC practices when caring for patients who have met **criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection.**
- Added reminders that:
  - Double gloving is not recommended when providing care to patients with suspected or confirmed SARS-CoV-2 infection
  - In general, HCP caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time.

## Approaches and Infection Control Guidance after Vaccine Administration Recommendations as of 12/14/2020





## Post Vaccine Considerations for Healthcare Personnel

(12/14/2020)

- Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination.
- Most systemic post-vaccination signs and symptoms are mild to moderate in severity and occur within the first three days of vaccination.
- Strategies are needed to effectively manage post-vaccination systemic signs and symptoms and limit *unnecessary* work restrictions.
- Vaccinated HCP should continue to follow all [current infection prevention and control recommendations](#) to protect themselves and others from SARS-CoV-2 infection.
- *Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should **not** be attributed to the COVID-19 vaccine, as **vaccination does not influence the results of these tests.***

**Considerations to minimize the impact of post-vaccination systemic signs and symptoms on healthcare staffing include:**

- Vaccinating HCP preceding 1-2 days off, during which they are not required to be in the facility.
- Staggering delivery of vaccine to HCP in the facility so that not all HCP in a single department, service, or unit are vaccinated at the same time. Staggering considerations may be more important following the second dose when systemic symptoms after vaccination, such as fever, are more likely to occur.
- Informing HCP about the potential for short-term systemic signs and symptoms post-vaccination and potential options for mitigating them if symptoms arise (e.g., nonsteroidal anti-inflammatory medications or acetaminophen).
- Developing a strategy to provide timely assessment of HCP with systemic signs and symptoms post-vaccination, including providing or identifying options for SARS-CoV-2 viral testing, so it is readily available if indicated. Testing should have rapid turnaround time from collection time to result reporting (< 24 to 48 hours).
- Offering nonpunitive sick leave options (e.g., paid sick leave) for HCP with systemic signs and symptoms post-vaccination to remove barriers to reporting these symptoms.

CDC provides a table with suggested approaches on how to evaluate post-vaccine side effects. This is for individuals who have:

- 1) Received the vaccine within the past 3 days and
- 2) Are not known to have had unprotected exposure to SARS-CoV-2 in a [community](#) or [healthcare](#) setting in the previous 14 days.

*Ultimately, clinical judgement should be used to determine the likelihood of infection versus post-vaccination symptoms and the indicated clinical approach.*

HCP Signs and Symptoms	Suggested approach	Additional notes
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### Infection prevention and control considerations for residents of long-term care facilities with systemic signs and symptoms following COVID-19 vaccination

- Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination.
- Preliminary data from mRNA COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms are
  - mild to moderate in severity,
  - occur within the first three days of vaccination (the day of vaccination and following two days, with most occurring the day after vaccination),
  - resolve within 1-2 days of onset,
  - and are more frequent and severe following the second dose and among younger persons compared to those who are older (>55 years).
- \*Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are **not consistent** with post-vaccination symptoms, and instead **may be symptoms of SARS-CoV-2 or another infection.**

Until efficacy of the vaccine in the general population is understood, resultant reduction in disease, severity, or transmission; or the duration of protection, **residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.**

- Close monitoring of residents for symptoms of COVID-19
- Universal source control: physical distancing (when possible), hand hygiene, and optimizing engineering controls.
- Use of personal protective equipment (PPE), including universal use of a facemask and eye protection for healthcare personnel in areas experiencing moderate to substantial community transmission who are caring for residents not suspected to have SARS-CoV-2 infection, is also recommended.

## Evaluating & Managing Residents with Post-Vaccine signs and Symptoms

- The [table](#) provided by the CDC is for use in evaluating residents who have received a COVID-19 Vaccination within 3 days.
- All symptomatic residents should be assessed; the approaches suggested in the table should be tailored to fit the clinical and epidemiologic characteristics of the specific case.
- In any situation, positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should **not** be attributed to the COVID-19 vaccine, as **vaccination does not influence the results of these tests.**

HCP Signs and Symptoms	Suggested approach	Additional notes
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Note: Facilities that are conducting outbreak testing for SARS-CoV-2 transmission, or evaluating residents who have had [prolonged close contact](#) with someone with SARS-CoV-2 infection in the previous 14 days, should care for residents following [all recommended infection control practices](#) including placement in Transmission-Based Precautions with use of all recommended personal protective equipment, and [performing appropriate testing](#).

## Additional information on COVID-19 vaccines and recommendations:

<https://www.cdc.gov/vaccines/covid-19/index.html>

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>

SD DOH Vaccine site for HCP: <https://doh.sd.gov/COVID/Vaccine/Providers.aspx>

Additional CDC materials about the vaccine recommendation process, vaccine safety, and the Pharmacy Partnership for Long-Term Care Program:

[How CDC is Making Vaccine Recommendations](#)

[Ensuring COVID-19 Vaccines Work](#)

[Ensuring the Safety of COVID-19 Vaccines in the United States](#) (includes material about V-SAFE, VAERS, Vaccine Safety Datalink, among other topics)

[Frequently Asked Questions about COVID-19 Vaccination](#)

[Pharmacy Partnership for Long-Term Care Program FAQs](#)

[COVID-19 Vaccination Reporting Data Systems](#)