



SOUTH DAKOTA
DEPARTMENT OF HEALTH

SD Emergency Medical Services And the COVID-19 Response



SD Emergency Medical Services Health

Workforce Health:

- [Handling COVID-19 Anxiety and Stress](#)
 - [SD 211 Call Center](#)
 - [Self Isolation Guidance](#) (for self and family)
 - Temperature Checks
 - For on call staff
 - Hospitals
 - Protect yourself and your patients as if they have COVID-19
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SD Emergency Medical Services Preparedness

PPE Requests:

- Email: COVIDResourceRequests@state.sd.us
 - Fax: 605.773.5942
 - Phone: 605.773.3048
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SD Emergency Medical Services Actions

Collaboration:

- [Transport agencies](#)
 - Facility feedback
 - Extended recert deadline
 - Online classes
 - General and CDC communications
 - Pearson Vue Centers
 - [PSAPs](#)
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SD Emergency Medical Services Communications

Communications:

- General feedback
 - Questions/concerns
 - Receiving, disseminating CDC guidance
 - Weekly calls
 - PPE supply processes
 - Transport agencies
 - Risk Assessment
 - Temp checks, self quarantine
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Infection Control in EMS

Kipp Stahl, BSN, RN

Kipp.stahl@state.sd.us

Healthcare-Associated Infections & AR Program Coordinator

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

As of 04/05/2020



Recommended Personal Protective Equipment (PPE)

EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard precautions and use PPE below:

- N-95 or higher-level respirator or facemask (if a respirator is not available)
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Gloves
- Gown (if Shortage, prioritized for aerosol-generating procedures, or high-contact Patient care)

Recommended Personal Protective Equipment (PPE)

Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE

- Remove PPE and perform Hand Hygiene before driver enters cab
- If the transport vehicle does **not** have an isolated driver's compartment, a respirator or facemask should continued to be worn

All personnel should avoid touching their face while working

Precautions for Aerosol-Generating Procedures

An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.

EMS clinicians should exercise caution if an aerosol-generating procedure:

- bag valve mask (BVM) ventilation,
- oropharyngeal suctioning,
- endotracheal intubation,
- nebulizer treatment,
- continuous positive airway pressure (CPAP),
- bi-phasic positive airway pressure (biPAP),
- or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.



EMS Transport of a PUI or Patient with Confirmed COVID-19

EMS clinicians should notify the receiving healthcare facility prior to patient arrival.

Keep the patient separated from other people as much as possible.

Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle. Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.

When possible, use vehicles that have isolated driver and patient compartments

- Close the door/window between these compartments before bringing the patient on board.

- During transport, vehicle ventilation in both compartments should be on non-recirculated mode

- If the vehicle has a rear exhaust fan, turn it on

- Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf> )

If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Cleaning

- After transporting the patient, leave the rear doors of the transport vehicle
- Wear a disposable gown and gloves when cleaning.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly
- Routine cleaning and disinfection procedures are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle in accordance with standard operating procedures
- Clean and disinfect reusable patient-care equipment before use on another patient
- Follow standard operating procedures for the containment and disposal of used PPE
- Follow standard operating procedures for containing and laundering used linen.

Healthcare Personnel with Potential Exposure

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 <i>(until 14 days after last potential exposure)</i>	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None



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Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^a	Low	Self with delegated supervision	None

Healthcare Personnel with Potential Exposure

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

^aThe risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

^bThe risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

Additional Scenarios:

- Refer to the footnotes above for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.

** With this guidance, and risk to staff, it may be a great idea for Staff to start performing daily self monitoring of temperature and symptoms.

Other Key Points

- Strategies to Optimize the Supply of PPE and Equipment (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>)
- Other steps to take to keep yourself safe
- Surgical mask on patient
- Avoid touching you face (eyes, Nose, or Mouth while working
- CDC has issued guidance on the use of cloth facemasks for general public
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

This is not PPE, but with this new guidance facilities may choose to wear cloth mask when social distancing may not be possible, but wear N95 or surgical mask when PPE is needed

- Provide tissues to patients to help with secretion management
- Universal face masking
- CMS – Guidance –
 3. Long-term care facilities should immediately implement symptom screening for all

An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.

