SOUTH DAKOTA
DEPARTMENT OF HEALTH

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COVID.SD.GOV

(4/20/2020)

Current Peak Projections:

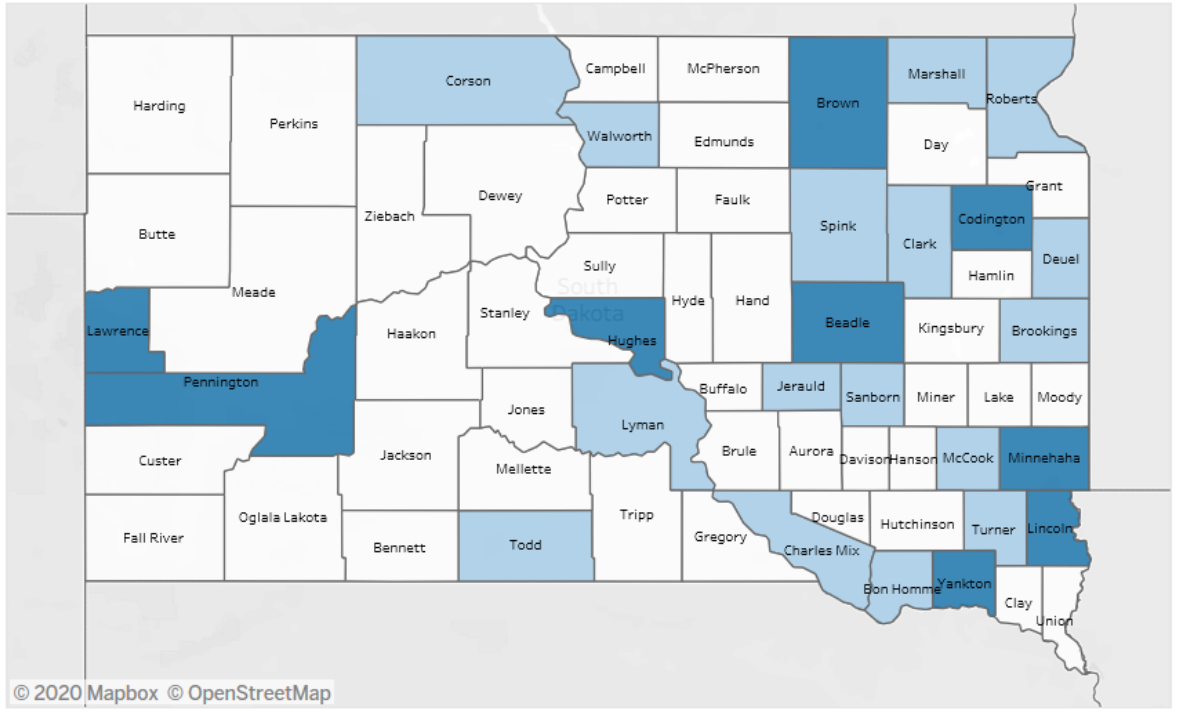
SOUTH DAKOTA CASE COUNTS	
Test Results	**# of Cases**
Positive*	1635
Negative**	10427
Pending***	0

**Positive test results include testing conducted by the South Dakota Public Health Laboratory and private laboratories.*
***Negative test results include testing conducted by the South Dakota Public Health Laboratory and private laboratories.*
****Tests currently pending at the South Dakota Public Health Lab. This number does not include pending results at private labs. If you have been tested and are waiting for results, contact your healthcare provider*

COVID-19 IN SOUTH DAKOTA	
Number of Cases	1635
Ever Hospitalized*	74
Deaths**	7
Recovered	646

**Cumulative persons who have been hospitalized to date.*
***The Department does not report deaths until a certified death record has been filed. By law, a death record must be filed within 5 days of the date of death.*

Level of Community Transmission or Impact of COVID-19 by County, South Dakota



Impact Level

- No Community Spread
- Minimal/Moderate Community Spread
- Substantial Community Spread

CDC GUIDANCE FOR HEALTHCARE PROVIDERS

CDC issued guidance to healthcare facilities in the event that illness is identified.

- Evaluating and reporting persons under investigation
  - Evaluating PUIs and Asymptomatic Close Contracts
- Healthcare infection control guidance
- Clinical care guidance
- Home care guidance
- Guidance for EMS
- Healthcare personnel with potential exposure guidance
- Inpatient Obstetrics Care
- Disposition of patients with novel coronavirus
- Collection and testing of postmortem samples

Emergency Management Assistance Compact

On March 23, 2020, Governor Noem issued **Executive Order 2020-07** which recognizes the licenses of medical professionals licensed in another state in accordance with the Emergency Management Assistance Compact. The following professions licensed in other states have the authority to practice in SD based on an active license in another state. They do not need to gain another license in SD. It is recommended that if you are utilizing the services of one of the professionals licensed in other states that you verify the licensure status of that individual. Please contact the board office with any questions that you have during this Coronavirus Pandemic.

- Physicians and Surgeons (SDCL 36-4)
- Physicians Assistants (SDCL 36-4A)
- Advance Life Support Personnel (SDCL 36-4B)
- Respiratory Care Practitioners (SDCL 36-4C)
- Registered and Practical Nurses (SDCL 36-9)
- Certified Nurse Practitioners And Certified Nurse Midwives (SDCL 36-9A)
- Medical Assistants (SDCL 36-9B)
- Physical Therapists (SDCL 36-10)
- Dietetics and Nutrition (SDCL 36-10B)
- Pharmacies and Pharmacists (SDCL 36-11)
- Social Workers (SDCL 36-26)
- Psychologists (SDCL 36-27A)
- Occupational Therapists (SDCL 36-31)
- Professional Counselors (SDCL 36-32)
- Marriage and Family Therapists (SDCL 36-33)
- Addiction and Prevention Professionals (SDCL 36-34)
- Speech-Language Pathologists (SDCL 36-37)
- Basic Life Support (SDCL 34-11)

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ATTENTION RETIRED OR INACTIVE MEDICAL PROFESSIONALS:
Governor Noem is reaching out to our state's licensed medical professionals (physicians, nurses, EMTs, etc.) who are willing to volunteer their services during this COVID-19 pandemic through the Department of Health's Statewide Emergency Registry of Volunteers in South Dakota (SERV SD). SERV SD coordinates the pre-registration of medical and health care professionals who may be willing to volunteer in the event of an emergency.

Whether you work in a health field or not, active or retired, if you have an interest in assisting your community or state during the COVID-19 pandemic, we invite you to join SERV SD. SERV SD will create a database of medical and health care volunteers who can be mobilized immediately in response to an emergency. **Participation in a deployment opportunity is optional. You may decide at the time a call is made to volunteer if you are willing and able to respond.**

Registering with SERV SD is easy. Go to **https://volunteers.sd.gov/**.

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PRECAUTIONS TO AVOID ILLNESS

What can you do?

- Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
  - Q&A for Consumers: Hand Sanitizers and COVID-19
- Cover your coughs and sneezes with a tissue.
- Avoid close contact with people who are sick.
- Refraining from touching your eyes, nose and mouth.
- Clean frequently touched surfaces and objects.
- Individuals at higher risk for severe COVID-19 illness, such as older adults and people who have chronic medical conditions like heart, lung or kidney disease, should take actions to reduce your risk of exposure.
- Create a family plan to prepare for COVID-19 and develop a stay at home kit with food, water, medication, and other necessary items.
- Recommendation Regarding the Use of Cloth Face Coverings (CDC)

Cleaning and Disinfection Recommendations:

- Environmental Cleaning and Disinfection Recommendations (CDC)
- COVID-19: How to Clean and Disinfect
- Disinfecting Your Facility if Someone is Sick (CDC)

South Dakota Travelers Returning Home: What You Should Know?

South Dakota's healthcare system is prepared to identify and treat cases of COVID-19.

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SD Emergency Medical Services And the COVID-19 Response

Current Events: (4/20/2020)

- Alternative Care Sites – EMS Transportation Completed
- Hospital EMTALA Regulations

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SD Emergency Medical Services Health

Workforce Health:

- Handling COVID-19 Anxiety and Stress
- SD 211 Call Center and SDML work
- Self Isolation Guidance (for self and family)
- Temperature Checks
  - For on call staff; if symptomatic, contact your PCP
    - HCP are high priority for testing
  - All facilities are implementing temperature checks
- 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

SD Emergency Medical Services Actions

Collaboration:

- Transport agencies; ACS transportation
- Facility feedback
- EMT recertification extended to June 30, 2020
- Avera and Sanford offering free CME
- General and CDC communications
- Pearson Vue Centers
- PSAPs

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Infection Control in EMS

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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.pdfpdf icon).

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 *(until 14 days after last potential exposure)*	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

Healthcare Personnel with Potential Exposure

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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)[b]	Low	Self with delegated supervision	None

Healthcare Personnel with Potential Exposure

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

[a]The 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).
[b]The 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.

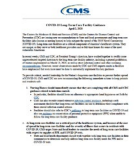
Other Key Points

- 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 me possible, but wear N95 or surgical mask when PPE is needed
- Provide tissues to patients to help with secretion management
- Universal face masking
- Other PPE options (university, area companies)
- 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.



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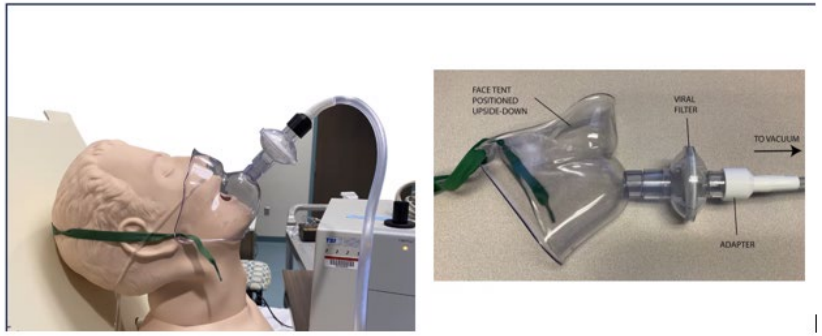
Other Info

- **Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (updated 4-13-20)** https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- CDC COVID-19 – What's new
- SD DOH Contact tracing – How does that work
- Asymptomatic close contact healthcare workers return to work
- As community transmission intensifies

Other Info

- **NETEC Webinars - Healthcare Workers and Masks**
  The what, how and why of masks for healthcare workers caring for patients during the COVID-19 outbreak.
- https://netec.org/training-2/

NEW – Serological Testing for SARS-CoV-2: Numerous tests are commercially available for serologic testing (aka antibody testing) for SARS-CoV-2. SDPHL recommends caution when evaluating and implementing antibody tests for SARS-CoV-2. Many tests, particularly those from overseas, are advertised as FDA and/or FDA-EUA approved but they are not approved. It is imperative that your facilities rigorously evaluate COVID-19 serological tests under consideration before implementation. More information about FDA-EUA approved serology tests for COVID-19 can be found on the FDA website.
https://doh.sd.gov/lab/assets/LabAlert16_TestingUpdates.pdf



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