



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

Information current as of 3/30/2020

# **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](mailto: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

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

As of 03/30/2020



# 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 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
<b>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</b>			
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 <sup>a</sup>	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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<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
<b>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</b>			
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 <sup>b</sup>	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves <sup>a,b</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) <sup>a</sup>	Low	Self with delegated supervision	None

# 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

# Other Key points