



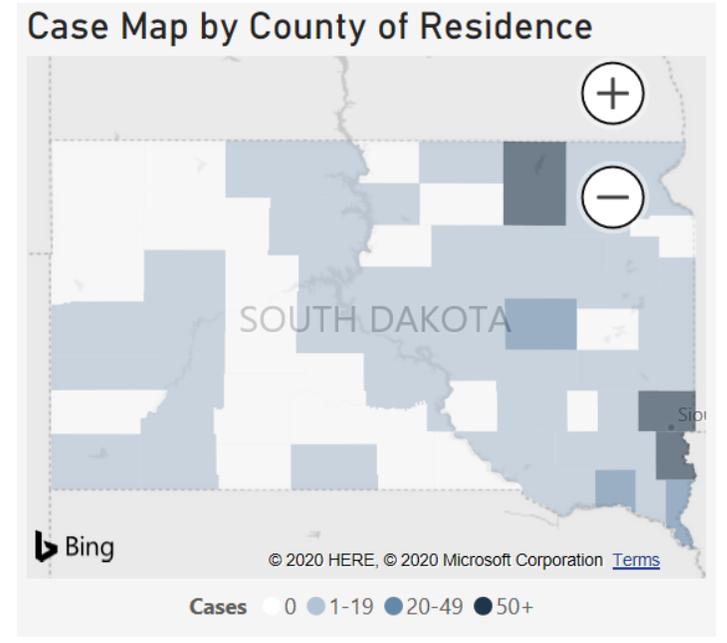
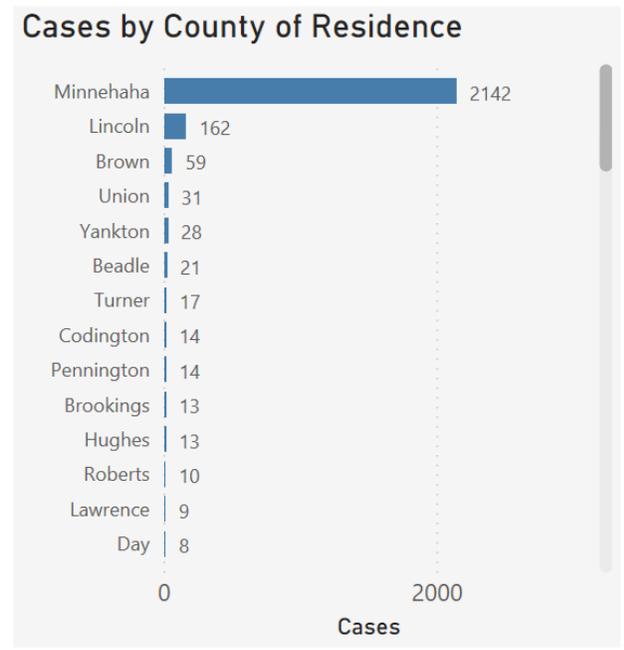
SOUTH DAKOTA
DEPARTMENT OF HEALTH

COVID.SD.GOV

(5/4/2020)

Current Peak Projections:

Active Cases	Currently Hospitalized	Recovered
811	71	1799
Total Positive Cases*	Ever Hospitalized**	Deaths***
2631	197	21



Monitoring Hot Spots
Monitoring Hospitalizations

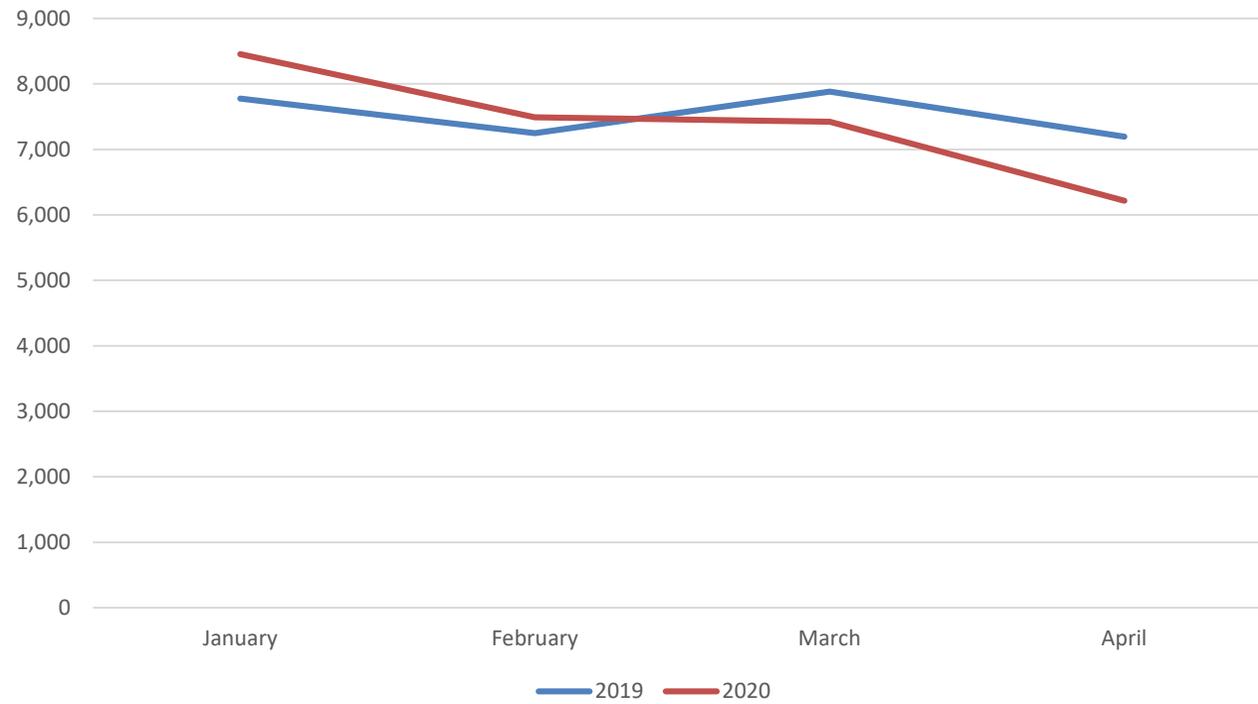
EMS Survey

- Quick and easy information for local EMS directors to complete
 - Assist EOC in identifying potential critical areas of need
 - Assessment of workforce needs

 - Initial Results (based on 54 responses)
 - 29.6% have seen a reduction in active workforce due to COVID-19
 - 18.5% have had members of their agency quarantined
 - Potential need of assistance if one or two member crews had to be quarantined
 - 18.5% if one 2-member crew had to be quarantined
 - 40.7% if two 2-member crews had to be quarantined
- 

EMS Data

EMS Calls by Month Comparison



Overall Emergency Medical Service call volume summary

January	February	March	April
32.6% Reduction	46.2% Reduction	56.8% Reduction	59.1% Reduction

SD Emergency Medical Services Preparedness

PPE Requests:

- Email: COVIDResourceRequests@state.sd.us
 - Fax: 605.773.5942
 - Phone: 605-773-3048
- 

Bi-directional Transfers

- Working with Health Systems
 - Discussions on incoming and outgoing patient movement
 - EMS agencies transferring into tertiary centers may be asked to transfer lower acuity patients out
 - CMS 1135 waivers would allow EMS agencies to bill for services
- 

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)

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/>.





Partnership with the SD National Guard

- Regular EOC Communications
- Hospital to ACS Planning
- Statewide Surge Planning
- Digital Radios

Activation Status-Trigger Points

- EOC monitoring hot spots
- Communicating with EMS agencies
- NG Partnerships at a local level
- Resource knowledge
 - Workforce scarcity
 - Inter-facility transfer challenges

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.



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
- 

SD Emergency Medical Services

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](#)
- 

Infection Control in EMS

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Healthcare-Associated Infections & AR Program Coordinator

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

As of 05/02/2020



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
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or 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

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

Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or 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

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



N-95 Decon

<https://www.battelle.org/inb/battelle-critical-care-decontamination-system-for-covid19>

Battelle was awarded a contract by the Defense Logistics Agency (DLA) on behalf of the U.S Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA) to provide N95 decontamination at no charge to HCP as defined in the EUA.

The Battelle CCDS™ Process

COLLECTION	RECEIPT	PROCESS	RETURN
<ul style="list-style-type: none">• Health care centers label and collect PPE• PPE is double bagged and boxed• PPE is shipped to the decontamination location using commercial carrier	<ul style="list-style-type: none">• Battelle receives and logs PPE into inventory database using barcodes• PPE is staged for decontamination	<ul style="list-style-type: none">• Battelle loads PPE into decontamination chamber• PPE undergoes a decontamination cycle• PPE is sampled to ensure it is free of residual decontamination• PPE is packaged and staged for return	<ul style="list-style-type: none">• PPE is returned to original customer via commercial carrier

Healthcare providers can begin to stockpile used N95s immediately. Our operation sites will accept shipments once enrollment is finalized, so getting equipment ready to send now will speed the process. Marking each individual N95 and packing per the instructions is vitally important to comply with Battelle's FDA EUA and protect the safety of our staff.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) (updated April 30, 2020)

Symptom-based strategy. Exclude from work until:

At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**

At least 10 days have passed *since symptoms first appeared*

Test-based strategy. Exclude from work until:

Resolution of fever without the use of fever-reducing medications **and**

Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**

Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

Time-based strategy. Exclude from work until:

10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used.

Counterfeit respirators: what you need to know



How to spot a NIOSH-approved respirator

- ✓ An approval label on or within the packaging of the respirator.
- ✓ An abbreviated approval on the filtering face piece respirator (FFR) itself.

Source: National Institute for Occupational Safety and Health (NIOSH)

Signs a respirator may be counterfeit

- No markings at all on the FFR.
- No approval number on the respirator or headband.
- No NIOSH markings.
- NIOSH spelled incorrectly.
- Decorative fabric or add-ons (for example, sequins).
- Claims to be approved for children's use.
- Ear loops instead of headbands.

Visit [CDC.gov/NIOSH](https://www.cdc.gov/NIOSH) for respirator guidance.

Visit usfa.fema.gov/coronavirus for fire and EMS COVID-19 updates.



Federal Healthcare
Resilience Task Force



U.S. Fire Administration
Working for a fire-safe America



FEMA

<https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>



SOUTH DAKOTA DEPARTMENT OF HEALTH

April 29, 2020

South Dakota Guidance on Evaluating Persons for Novel Coronavirus (COVID-19) Infection

General Testing Recommendations

Medical providers should consider testing individuals, using a viral test, with the following signs and symptoms of COVID-19: (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

- Cough or
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Please note that not everyone may need a test because most people have mild illness and can recover at home without medical care.

Two kinds of tests are available for COVID-19: viral tests and antibody tests.

(<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>)

- A viral test tells you if you have a current infection (<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>)
- An antibody test might tell you if you had a previous infection, but a “positive” test is difficult to interpret due to the variable performance of the antibody tests currently available (<https://www.cdc.gov/coronavirus/2019-ncov/testing/serology-overview.html>)

Testing at the South Dakota Public Health Laboratory

The following groups of individuals will be prioritized for testing:

- Hospitalized patients
- Healthcare workers, first responders, and active military, with symptoms
- Individuals living or working in institutional settings, such as long-term care facilities, with symptoms
- Underinsured or uninsured individuals, with symptoms
- Low-income individuals or those unable to pay for testing, with symptoms
- Homeless individuals with symptoms

If you test positive or negative for COVID-19, no matter the type of test, you still should take preventive measure to protect yourself and others. Preventive measures include the following:

(<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>)

- Know how COVID-19 spreads to avoid being exposed to the virus

Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES



SCAN HERE FOR MORE INFORMATION

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

Follow guidance from state, tribal, local, and territorial authorities.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html?deliveryName=USCDC_2067-DM26911

For more information, please visit [CORONAVIRUS.GOV](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)



SOUTH DAKOTA DEPARTMENT OF HEALTH

Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19:

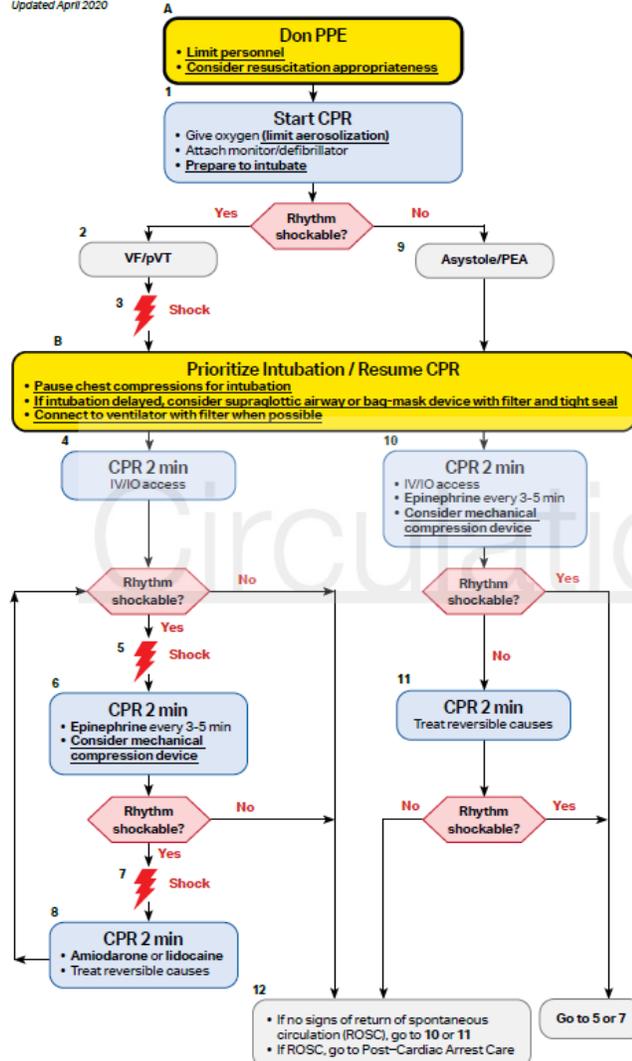
**From the Emergency Cardiovascular Care Committee and Get With the Guidelines®-Resuscitation Adult and Pediatric Task Forces of the American Heart Association in Collaboration with the American Academy of Pediatrics, American Association for Respiratory Care, American College of Emergency Physicians, The Society of Critical Care Anesthesiologists, and American Society of Anesthesiologists:
Supporting Organizations: American Association of Critical Care Nurses and National EMS Physicians**

<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463>

- Reduce provider exposure to COVID-19
- Prioritize oxygenation and ventilation strategies with lower aerosolization risk.
- Consider the appropriateness of starting and continuing resuscitation.
- BLS Healthcare Provider Adult & Pediatric Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients
- ACLS Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients

ACLS Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients

Updated April 2020

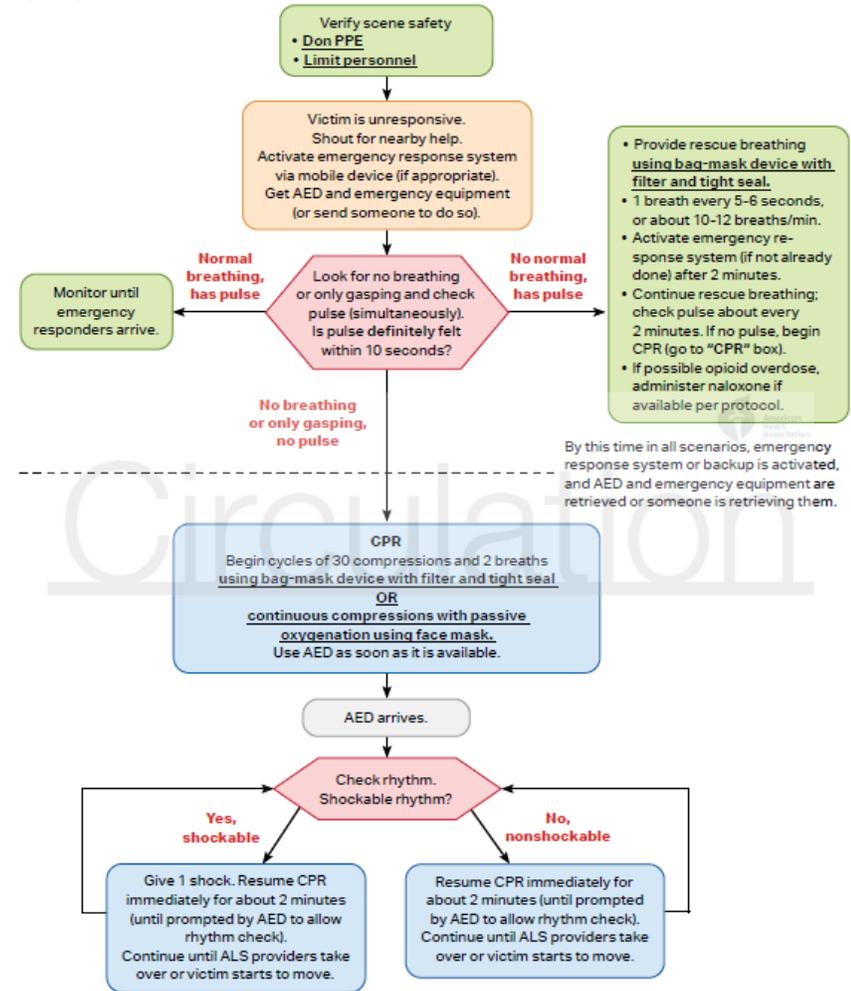


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CPR Quality
<ul style="list-style-type: none"> • Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil. • Minimize interruptions in compressions. • Avoid excessive ventilation. • Change compressor every 2 minutes, or sooner if fatigued. • If no advanced airway, 30:2 compression-ventilation ratio. • Quantitative waveform capnography <ul style="list-style-type: none"> - If P_{ETCO_2} < 10 mm Hg, attempt to improve CPR quality. - Intra-arterial pressure <ul style="list-style-type: none"> - If relaxation phase (diastolic) pressure < 20 mm Hg, attempt to improve CPR quality.
Shock Energy for Defibrillation
<ul style="list-style-type: none"> • Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered. • Monophasic: 360 J
Advanced Airway
<ul style="list-style-type: none"> • Minimize closed-circuit disconnection • Use intubator with highest likelihood of first pass success • Consider video laryngoscopy • Endotracheal intubation or supraglottic advanced airway • Waveform capnography or capnometry to confirm and monitor ET tube placement • Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions
Drug Therapy
<ul style="list-style-type: none"> • Epinephrine IV/IO dose: 1 mg every 3-5 minutes • Amiodarone IV/IO dose: First dose: 300 mg bolus. Second dose: 150 mg. • Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.
Return of Spontaneous Circulation (ROSC)
<ul style="list-style-type: none"> • Pulse and blood pressure • Abrupt sustained increase in P_{ETCO_2} (typically ≥ 40 mm Hg) • Spontaneous arterial pressure waves with intra-arterial monitoring
Reversible Causes
<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen ion (acidosis) • Hypo-/hyperkalemia • Hypothermia • Tension pneumothorax • Tamponade, cardiac • Toxins • Thrombosis, pulmonary • Thrombosis, coronary

BLS Healthcare Provider Adult Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients

Updated April 2020



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<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463>