PURPOSE:
The global COVID19 pandemic is anticipated to place unique stress on individual agencies and regional resources. This policy aims to guide resource allocation for optimal emergency response and patient transport during the declared State of Emergency in the Commonwealth of Virginia. Faced with the potential for demand to exceed regional response capacity, the overarching goal of this policy is to ensure the sustained provision of critical medical services during times of significantly increased call volume and/or significant reductions in available resources.

CRITERIA:
Activation: The policy is divided into LEVELS I, II & III. Activation of each level is made at the sole discretion of individual agency leadership based on current call volume and acuity, staffing, availability of mutual aid, availability of personal protective equipment and overall response capacity. Collaboration with local receiving Emergency Departments is also encouraged. Agencies should frequently reassess their operational level and consider upgrading or downgrading based on changes in demand and/or the availability of resources.

Low risk, low acuity patients (must meet all of the following):

Demographics:
- Age: 18 – 50 years old
- No history of chronic respiratory / lung disease
- No history of chronic heart failure or cardiomyopathy
- No history of diabetes (Type I or II)
- No history of liver disease
- Not severely obese
- No active cancer
- No condition resulting in immunosuppression or use of immunosuppressant medications
- No history of end-stage renal disease / chronic renal dialysis use
- No other condition resulting in significant disability or inability to independently complete activities of daily living (ADLs)
- Not a resident of a nursing home, assisted living facility or long-term care facility

Vital signs:
- Heart rate: 60 – 110
- Respiratory rate: 8 - 20
- SpO2: 94% or higher on room air
- Systolic blood pressure: 110-180mmHg
- Diastolic blood pressure: 50-100

Signs & Symptoms:
- GCS 15
- Full & unimpaired decision making capacity
- Blood glucose 60 – 200
- No complaint of non-pleuritic chest pain
- No complaint of abdominal pain
- Negative R.A.C.E., non-focal neurologic exam
- No respiratory distress
- No syncope
- No diaphoresis
- Able to tolerate fluids by mouth
- Available support network (responsible adult family / friend / caregiver)
LEVEL I: Normal Operations

Under LEVEL I conditions, local community transmission and disease burden are low. Individual agencies are able to provide service using standard or moderately increased staffing models.

2. Limit the number of personnel exposed to suspected or confirmed patients to only those needed to provide necessary care.
3. Follow standard protocols and procedures for low risk, low acuity patients.

LEVEL II: Surge in Patient Volume with Diminished Response Capacity

Under LEVEL II conditions, local community transmission and/or disease burden are moderate. Overall call volume is significantly increased and/or response capacity is limited by a significant reduction in staffing, PPE or other necessary resources. Individual agencies require an augmented response model to meet demand. Critical medical services are prioritized with alternatives offered to low risk, low acuity patients.

2. Consider delayed response to low acuity / worried well patients.
3. Consider non-ambulance initial response to conduct on-scene assessment and triage of low acuity / worried well patients.
4. Limit the number of personnel exposed to all patients to only those needed to provide necessary care.
5. Provide on-scene treatment, including provider assisted medication administration, per individual scope of practice and individual agency or PEMS Regional Protocols.
6. Advise low risk, low acuity patients of currently limited resources and offer alternatives to transport.
7. Consider telemedicine consult, if available.
8. Refer to PEMS administrative policy Patient Refusals for patients electing to decline treatment or transport.
9. Follow standard protocols and procedures for low risk, low acuity patients who decline alternatives to treatment or transport.
10. LEVEL II conditions should be documented in PCR.
Level III: Crisis Standards of Care

Under LEVEL III conditions, local community transmission and/or disease burden are high. Overall demand exceeds the capacity of agencies to be met either individually or collaboratively. Agencies must prioritize the allocation of resources to ensure the provision of critical medical services. Alternatives to transport are provided to low risk, low acuity patients.

It is assumed that any agency operating under LEVEL III conditions is doing so only after having exhausted all other reasonable options to provide routine service. Altered standards of care are acceptable only in crisis situations in attempt to provide the greatest good to the greatest number in need. As demand subsides and/or additional resources become available, the continued need for LEVEL III operations should be promptly reassessed.

1. Agencies operating under LEVEL III conditions should assign a hospital liaison officer and maintain open communication with receiving facilities regarding current demand and availability of resources.
3. Optimize resource allocation. Limit the number of personnel responding to all patients. Adopt delayed or atypical response to low acuity / worried well patients.
4. Consider non-ambulance initial response to conduct on-scene assessment and triage of low acuity / worried well patients.
5. Provide on-scene treatment, including provider assisted medication administration, per individual scope of practice and individual agency protocol.
6. Advise low risk, low acuity patients of currently limited resources and provide alternatives to transport.
7. Consider telemedicine consult, if available.
8. Refer to PEMS administrative policy Patient Refusals for patients electing to decline treatment or transport.
9. Providers should contact an EMS supervisor or designee for any low risk, low acuity patient declining alternatives to transport and confirm LEVEL III conditions. If LEVEL III conditions are confirmed, the crew will obtain contact information from the patient and provide VDH or CDC approved home care instructions. LEVEL III conditions should be documented in PCR.
10. Transport of low risk, low acuity patients is not advised under LEVEL III conditions.
11. If Return of Spontaneous Circulation (ROSC) cannot be obtained or sustained on scene, refer to Death & Criteria for Withholding Resuscitation.
12. Agencies should make a reasonable effort to contact low risk, low acuity patients within 24-48 hours of non-transport either in person or by telephone. Any patient experiencing new or worsening symptoms should be promptly reassessed.
ALTERNATIVES TO PATIENT TRANSPORT:

In an effort to conserve limited resources, low risk, low acuity patients should be offered a variety of alternatives to transport to an emergency department. Each agency should maintain an updated list of available resources in their area.

Examples include:

- VDH approved homecare instructions “What to do if you are sick with coronavirus disease 2019 (COVID19)”
- Virginia Department of Health hotline: 877-ASK-VDH3
- Primary care physicians: call to schedule
- Urgent care referral
- Community paramedicine programs, if locally available
- Telemedicine consult, if locally available
- Other locally available resources
APPENDIX A
Optional COVID-19 Resources Patients
10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)
Steps to help prevent the spread of COVID-19 if you are sick

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care
- **Stay home**: People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor**: Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation**: Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people in your home, this is known as home isolation
- **Stay away from others**: As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.
- **Limit contact with pets & animals**: You should restrict contact with pets and other animals, just like you would around other people.
  - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
  - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor
- **Call ahead**: If you have a medical appointment, call your doctor’s office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

Wear a facemask if you are sick
- **If you are sick**: You should wear a facemask when you are around other people and before you enter a healthcare provider’s office.
- **If you are caring for others**: If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.

Cover your coughs and sneezes
- **Cover**: Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose**: Throw used tissues in a lined trash can.
- **Wash hands**: Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often
- **Wash hands**: Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer**: If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water**: Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching**: Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items
- **Do not share**: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

[cdc.gov/COVID19]
Wash thoroughly after use: After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- Clean and disinfect: Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- Clean and disinfect areas that may have blood, stool, or body fluids on them.

- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found [here](#).

Monitor your symptoms

- Seek medical attention, but call first: Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
  - Call your doctor before going in: Before going to the doctor’s office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.

- Wear a facemask: If possible, put on a facemask before you enter the building. If you can’t put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.

- Follow care instructions from your healthcare provider and local health department: Your local health authorities will give instructions on checking your symptoms and reporting information.

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.

Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

**Call 911 if you have a medical emergency:** If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

**How to discontinue home isolation**

- People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:
  - **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
    - AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)
    - AND
    - at least 7 days have passed since your symptoms first appeared
  - **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
    - You no longer have a fever (without the use medicine that reduces fevers)
    - AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)
    - AND
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available [here](#).

Additional information for healthcare providers: [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#).
Qué hacer si contrae la enfermedad del coronavirus 2019 (COVID-19)

Si usted está enfermo con COVID-19 o sospecha que está infectado por el virus que causa el COVID-19, tome las medidas mencionadas a continuación para ayudar a prevenir que la enfermedad se propague a personas en su casa y en la comunidad.

**Quédese en casa, excepto para conseguir atención médica**
Debe restringir las actividades fuera de su casa, excepto para conseguir atención médica. No vaya al trabajo, la escuela o a áreas públicas. Evite usar el servicio de transporte público, vehículos compartidos o taxis.

**Manténgase alejado de otras personas y de los animales en su casa**

- **Personas:** en la medida de lo posible, permanezca en una habitación específica y lejos de las demás personas que estén en su casa. Además, debería usar un baño aparte, de ser posible.
- **Animales:** mientras esté enfermo, no manipule ni toque mascotas ni otros animales. Consulte [El COVID-19 y los animales](https://www.cdc.gov/COVID19-es) para obtener más información.

**Llame antes de ir al médico**
Si tiene una cita médica, llame al proveedor de atención médica y digale que tiene o que podría tener COVID-19. Esto ayudará a que en el consultorio del proveedor de atención médica se tomen medidas para evitar que otras personas se infecten o expongan.

**Use una mascarilla**
Usted debería usar una mascarilla cuando esté cerca de otras personas (p. ej., compartiendo una habitación o un vehículo) o de mascotas y antes de entrar al consultorio de un proveedor de atención médica. Si no puede usar una mascarilla (por ejemplo, porque le causa dificultad para respirar), las personas que vivan con usted no deberían permanecer con usted en la misma habitación, o deberían ponerse una mascarilla si entran a su habitación.

**Cúbrase la nariz y la boca al toser y estornudar**
Cúbrase la nariz y la boca con un pañuelo desechable al toser o estornudar. Bote los pañuelos desechables usados en un bote de basura con una bolsa de plástico adentro; lávese inmediatamente las manos con agua y jabón por al menos 20 segundos o límpieselas con un desinfectante de manos que contenga al menos 60% de alcohol, cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron. Si tiene las manos visiblemente sucias, es preferible usar agua y jabón. Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.

**Limpie las manos con frecuencia**
Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Si no hay agua y jabón disponibles, limpielas con un desinfectante de manos que contenga al menos un 60% de alcohol, cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron. Si tiene las manos visiblemente sucias, es preferible usar agua y jabón. Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.

**Limpie todos los días todas las superficies de contacto frecuente**
Las superficies de contacto frecuente incluyen los mesones, las mesas, las manijas de las puertas, las llaves y grifos del baño, los inodoros, los teléfonos, los teclados, las tabletas y las mesas de cama. Limpie también todas las superficies que puedan tener sangre, heces o líquidos corporales. Use un limpiador de uso doméstico, ya sea un rociador o una toallita, según las instrucciones de la etiqueta. Las etiquetas contienen instrucciones para el uso seguro y eficaz de los productos de limpieza, incluidas las precauciones que debería tomar cuando aplique el producto, como usar guantes y asegurarse de tener buena ventilación mientras lo esté usando.

**Vigile sus síntomas**
Busque atención médica rápidamente si su enfermedad empeora (p. ej., si tiene dificultad para respirar). Antes de hacerlo, llame a su proveedor de atención médica y digale que tiene COVID-19, o que está siendo evaluado para determinar si lo tiene. Póngase una mascarilla antes de entrar al consultorio. Estas medidas ayudarán a que en el consultorio del proveedor de atención médica se pueda evitar la infección o exposición de las otras personas que estén en el consultorio o la sala de espera.

**Pídale a su proveedor de atención médica que llame al departamento de salud local o estatal**. Las personas que estén bajo monitoreo activo o automonitoreo facilitado deben seguir las indicaciones provistas por los profesionales de salud ocupacional o de su departamento de salud local, según corresponda.

Si tiene una emergencia médica o necesita llamar al 911, avísele al personal del centro de llamadas que tiene COVID-19 o lo están evaluando para determinarlo. De ser posible, póngase una mascarilla antes de que llegue el servicio médico de emergencias.

**Interrupción del aislamiento en la casa**
Los pacientes con COVID-19 confirmado deben permanecer bajo precauciones de aislamiento en la casa hasta que el riesgo de transmisión secundaria a otras personas se considere bajo. La decisión de interrumpir las precauciones de aislamiento en la casa debe tomarse según cada caso en particular, en consulta con proveedores de atención médica y departamentos de salud estatales y locales.

**www.cdc.gov/COVID19-es**
VDH Daily Monitoring Log for Coronavirus (COVID-19)

Name: __________________________________________

These charts are being provided to help with monitoring for coronavirus disease (COVID-19) for the 14 days since the last possible exposure. Please use them to record your temperature and any symptoms, should they occur. Symptoms of COVID-19 may occur 2-14 days after exposure.

Ideally, measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log. It is good to take your temperature at around the same times each morning and evening. For your most accurate temperature, do not eat, drink, or exercise for 30 minutes before taking your temperature, and do not take any fever-lowering medications (aspirin, Tylenol, Aleve, etc.).

If you feel feverish or develop mild symptoms (e.g., cough, sore throat), stay home, rest, and separate yourself from other people in your home as much as possible. Most people sick with COVID-19 develop mild symptoms that get better without medical help. By staying home, you reduce the chance of spreading the illness to others, including healthcare workers who are needed to care for the more seriously ill. Learn more about what to do if you are sick.

If you are at a higher risk of getting very sick with COVID-19 (e.g., 65 years or older or have other health issues like chronic lung disease, heart disease, diabetes, cancer, or a weakened immune system) or if your illness is getting worse (e.g., difficulty breathing or persistent fever after using fever-reducing medication), call your healthcare provider.

- If it is determined that you should go to an emergency department for further evaluation, and if it is not a medical emergency, you should have a family member or a friend drive you in a private car. Do not take public transportation (such as a train, subway/metro, bus, taxi). Carry any paperwork (for example: fever chart and local health department contact information) with you so you can show them when you arrive at the emergency department.

- If you become very ill and it is a medical emergency, call 9-1-1. Tell the operator about your travel history or exposure to someone sick with COVID-19 and symptoms and let the ambulance crew know when they arrive.

You may wish to record contact information for your healthcare provider, the health department, and a local emergency department for easy reference if you become ill or if you have questions.

- Local Health Department:
  - Name: __________________________________________
  - Phone Number: __________________________________

- Healthcare Provider:
  - Name: __________________________________________
  - Phone Number: __________________________________

- Local Emergency Department:
  - Name: __________________________________________
  - Phone Number: __________________________________
Daily Monitoring Log for COVID-19

Use the table below to record temperature and symptoms each day as a way to help monitor your health if you have been potentially exposed to COVID-19. For each symptom listed, indicate “Y” for “Yes” and “N” for “No”. Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _________________________________________________
Date of last exposure or travel departing date: _______________________
Date to complete monitoring (14 days following last known exposure or 14 days after a sick household contact has been released from isolation): _______________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications taken today?*</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>If yes, list:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature (morning)</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
</tr>
<tr>
<td>Temperature (evening)</td>
<td>____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
<td>_____ oF</td>
</tr>
<tr>
<td>Felt feverish/warm/sweaty</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Chills?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Cough?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>If ‘yes’ for cough, specify productive or dry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Shortness of breath?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Difficulty breathing?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Weakness/Fatigue/very tired?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Muscle ache?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Abdominal pain/stomach pain?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Lack of Appetite/not hungry?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Headache?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Other Symptoms/Comments?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

*List all “medications taken today.” Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html
Daily Monitoring Log for COVID-19

Use the table below to record temperature and symptoms each day as a way to help monitor your health if you have been potentially exposed to COVID-19. For each symptom listed, indicate “Y” for “Yes” and “N” for “No”. Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): ____________________________________________

Date of last exposure or travel departing date: ____________________

Date to complete monitoring (14 days following last known exposure or 14 days after a sick household contact has been released from isolation): ____________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>1/1/20</th>
<th>1/2/20</th>
<th>1/3/20</th>
<th>1/4/20</th>
<th>1/5/20</th>
<th>1/6/20</th>
<th>1/7/20</th>
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Medications taken today?* Y N
If yes, list:

Temperature (morning) _______ °F
Temperature (evening) _______ °F

Felt feverish? Y N
Chills? Y N
Cough? Y N
If ‘yes’ for cough, specify productive or dry Y N

Sore throat? Y N
Shortness of breath? Y N
Difficulty breathing? Y N
Weakness/Fatigue? Y N
Muscle ache? Y N
Abdominal pain? Y N
Lack of Appetite? Y N
Headache? Y N
Other Symptoms/Comments? Y N

*List all “medications taken today.” Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html
APPENDIX B
COVID-19 Resources
for Providers and Community Leaders
For Providers and Community Leaders: Helping People Manage Stress Associated with the COVID-19 Virus Outbreak

When the public learns of an outbreak of an infectious disease such as COVID-19, they may experience anxiety and show signs of stress, even if the objective risk of getting sick is very low. Concerns about transmission from person to person may affect accessibility of social supports and reduce community cohesion. Although public health authorities are working to contain the spread of the virus, disease outbreaks are unpredictable. If more cases occur, members of the public may well become increasingly concerned and some may begin to panic.

This stress is normal and may be more pronounced in people with loved ones in parts of the world hardest hit by the outbreak. Healthcare providers, community and religious leaders, and government officials all have a role to play in helping people cope effectively and manage their stress in the current climate of concerns about COVID-19 transmission. They can:

- provide the public with accurate and calming information about COVID-19 risk
- help the public recognize signs of stress in themselves and their loved ones
- teach them how to relieve anxiety reactions, and
- provide them with resources so they can seek further help if necessary

Important Key Principles

There are five key principles for healthcare providers, community leaders, and others concerned with the psychological welfare of the public to follow when providing help in situations like the COVID-19 outbreak. Keep in mind that there is room for significant local variation and innovation in ways of embodying these principles in care efforts. The principles are:

*Promote a Sense of Safety.* Infectious disease outbreaks can challenge individuals’ psychological sense of safety, leaving them worried about infection and, potentially, death. All interventions that help restore a sense of relative safety can help minimize psychological consequences. In the case of COVID-19, fears can be reduced through education about the means of virus transmission, what individuals can do to protect
themselves and their loved ones, and accurate information about the likelihood of severe illness and risk of death related to the illness.

**Promote a Sense of Self- and Community-Efficacy.** Infectious diseases like COVID-19 can engender feelings of helplessness about preventing infection, managing the course of illness, and protecting one’s family. Feelings of helplessness and anger may also arise if people have concerns about the government’s perceived transparency and capacity to manage public health (i.e., control the spread of disease). Therefore, it is important that individuals, families, and organizations be empowered to take control of the situation to the extent possible.

Encouraging active coping that aligns with public health guidance and messaging is also important. For example, encouraging people to read COVID-19-related information from trusted sources like the Centers for Disease Control and Prevention (CDC) website is likely to increase a sense of confidence in their ability to take action. Information about using technology to safely support and share information and resources helps promote community efficacy and a sense of control in responding to the situation.

**Promote a Sense of Connectedness.** Social support is a crucial resource in dealing with all stressors. In an outbreak---where people are urged to stay away from the sick, avoid large gatherings, and may even face quarantine of themselves or their loved ones---it can be challenging to maintain. Healthcare providers can help facilitate connectedness through the use of technology, including telephone support groups, text messaging and email mutual support forums, facilitated web-based chat rooms and video calling. These methods can be especially important for people separated because of quarantine. Healthcare providers can also help people work through the anger and guilt that they may feel about staying away from loved ones in cases of quarantine.

**Promote a Sense of Calming.** Both through personal contacts and public messages, healthcare providers and community leaders can help make a stressful time feel less turbulent. Healthcare providers can promote relaxation strategies via apps, brief advice, and training programs. They can also help correct inaccurate negative beliefs about the virus. For their part, public officials should work to reassure the public and stop the spread of rumors.

**Promote a Sense of Hope.** Public communication efforts can focus on what is being done to address the outbreak, resources that are available to help those affected by the COVID-19 virus, hopeful messages related to positive aspects of the large-scale response and the time-limited nature of the outbreak, and inspirational stories of healing and transcending challenging circumstances.

**Fostering Adaptive Functioning in the Public**

With these key principles in mind, leaders can take concrete steps to maximize public trust, foster social connections, support community and individual wellbeing, and promote adaptive behavior change.

Healthcare providers should

- Clearly and authoritatively convey risk and resilience messages.
- Use a flexible style of communication that is tailored to the stress level and threat level of each person.
• Be culturally competent and thoughtful of people’s views, priorities, and preferences.
• Address deficits in knowledge, trust, materials, and resources as they emerge.
• Contact the PTSD Consultation Program with questions about managing stress related to COVID-19 via email at PTSDconsult@va.gov or phone: 866-948-7880.

Community leaders should
• Develop and provide materials that include evidence-informed coping tips and self-care facts.
• Direct people to resources—-websites, social media, news outlets—-that provide authoritative information.
• Engender in the public a sense of safety and control.
• Increase the likelihood that communities and individuals will be able to create their own maps for navigating through the situation by empowering self-efficacy.
• Disseminate information that promotes social connectedness, calming—-rather than fear—-and feelings of safety and hope.
• Provide guidance about building resilience, including tips for increasing social support, maintaining optimism, setting goals, achieving emotional and social balance, and employing multiple types of problem-solving and coping.
• Incorporate hospice and faith communities in community response plans.
• Identify individuals at risk and facilitate access to appropriate mental health services.

References