COVID-19 RESPONSE

CONTRACT TRACING TRAINING
WHAT IS CONTACT TRACING?

Contact tracing is the process of finding out who has recently been in close contact with a person testing positive with COVID-19, and reaching out to those people to let them know they may have been exposed and guide them on what to do next.
It is important to protect health information
Potential consequences if information are not protected
Health information privacy and confidentiality
Oath of confidentiality, if applicable in the jurisdiction
Health information data security
Ethics of data collection during an outbreak
WHAT IS CORONAVIRUS DISEASE 2019?

COVID-19 is a viral respiratory illness caused by coronavirus (SARS-CoV-2) that has not been found in people before. Because this is a new virus, there are still things we are learning about COVID-19, such as how severe the illness can be, how well it is transmitted between people, and other features of the virus.
**CLINICAL PRESENTATION**

- Usually cause mild to moderate upper-respiratory tract illnesses, like the common cold

- Although some people never develop any signs or symptoms of disease, others are at high risk for severe disease (pneumonia, bronchitis) and death

- People at risk for severe disease and death include older adults and people with over pre-existing medical conditions

- Symptoms may include:
  - Fever
  - Shortness of Breath
  - Cough
  - Diarrhea
  - Sore throat
  - Headache
  - General unwell feeling
  - Loss of taste or smell
  - Fatigue/ excessive sleeping
  - Runny nose
MODE OF TRANSMISSION

- Infectious droplets can
  - Travel during sneezes, coughs, talking, and singing
  - Travel up to 6 feet
  - Land in eyes, nose, or mouth of people
  - Land on surfaces

- Masks can reduce transmission
  - Fewer droplets from infected person

Image Source: John Hopkins University
REDUCE TRANSMISSION

**WITHOUT** any intervention: each person will infect 2-3 others

**WITH** intervention: can dramatically reduce the number of cases.

Image Source: John Hopkins University
CASES AND CONTACTS

CONFIRMED CASE:
Symptomatic and asymptomatic persons who test positive for COVID-19

CLOSE CONTACT:
Person who has been within 6 feet of a confirmed case for at least 15 minutes or has had direct contact with the infected person’s secretions starting from 48 hours before illness onset. (or, for asymptomatic patients, 48 hours prior to positive specimen collection) until the time the case is released from isolation.
COVID-19 CONTACT TRACING STEPS

- 1 Confirmed Case Investigation
- 2 Close Contact Investigation
- 3 Close Contact Monitoring
- 4 Removal of Isolation/ Quarantine Criteria
CONFIRMED CASE INVESTIGATION

COVID-19 EXTENDED FORM

Today's Date: __/__/____  MAVEN #: ______________ Date of Test: ___/___/____

Last Name: ___________________________  First Name: ___________________________

Date of Birth: ___/___/____  Date of Death: ___/___/____  Age: __________男性 □  女性 □  未记录 □  护理人(者): ___________________________

Address: _____________________________________________________________  City: _____________________________  State: ______________  Zip Code: ______________  County: _____________________________

Phone: (Cell) ( ) __________ (Office) ( ) __________ (Other) ( ) __________  E-mail: _____________________________

Race: □ American Indian/Alaska Native  □ Asian  □ Black/African American  □ White  □ Declined  Ethnicity: □ Hispanic  □ Non-Hispanic  □ Declined

Primary Language: _____________________________  Interpreter Needed? □ No □ Yes

Occupation: _____________________________  Date Last Worked: ___/___/____

Name of Business/School: _____________________________

Supervisor Name: _____________________________  Phone: ( ) __________

Symptom Onset: ___/___/____  Time: __:__

Isolation Start Date: ___/___/____  End Date: ___/___/____

NO □ YES □ Clinical Signs and Symptoms

□ Fever Highest temp: _______ Date: ___/___/____

□ Today's Temp: _______ Duration in days _______

□ Felt feverish __________ Date of onset ___/___/____

□ Loss of Smell or Taste

□ Chills

□ Cough

□ Diarrhea

□ Difficulty Breathing/Shortness of Breath

□ Fatigue

□ Headache

□ Muscle Aches/pains (myalgia) __________

□ Runny Nose (rhinorrhea)

□ Rash

□ Respiratory Distress/Dyspnea __________

□ Sore Throat

□ Vomiting

□ Other: _____________________________

□ Other:

CXR or CAT Scan □ No, Not Performed □ Yes Date: ___/___/____

□ New Abnormality  □ Scan was Normal

Did the patient receive a diagnosis of pneumonia? □ No □ Yes

Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)? □ No □ Yes

Did the patient experience any other complications with this illness? □ No □ Yes

Is the patient pregnant or 6 weeks post-partum? □ Yes, who is OB? _____________________________

Resident at a nursing home or assisted living facility? □ No □ Yes

Hospitalized? □ No □ Yes, where? _____________________________

Admit: ___/___/____ ICU? □ No □ Yes Discharge: ___/___/____

Specimen collected for COVID-19 testing? □ No □ Yes Collection Date: ___/___/____

Result: □ Negative  □ Positive  □ Indeterminate  □ Pending

Does the patient have any chronic medical conditions? □ No □ Yes

Asthma/reactive airway □ No □ Yes

Chronic lung disease □ No □ Yes

Diabetes mellitus □ No □ Yes

Kidney or renal disease □ No □ Yes

Non-cancer immunosuppressive condition □ No □ Yes

Cancer chemotherapy in past 12 months □ No □ Yes

Neurolog/Neurodevelopmental disorder □ No □ Yes

Other Chronic diseases: _____________________________

Does the patient smoke currently? □ No □ Yes

Health Care Worker? □ No □ Yes

Daycare Attendee/Staff? □ No □ Yes

Food Handler? □ No □ Yes
Household, Social, and Workplace
NOTIFY AND OBTAIN DEMOGRAPHICS AND OCCUPATION(s)

- Introduce yourself and identify your organization
- Confirm their identity and residence
- Discuss the positive test
- Describe the importance of the call
- Confirm that the call is confidential
- Obtain Occupation/ Employer
ASSESS For SYMPTOMS

- If Symptomatic
  - Document every symptom
  - Collect date symptoms started
  - Ask how client if currently feeling

- If Asymptomatic (no symptoms)
  - Collect / Verify date tested
ASSESS MEDICAL HISTORY AND RISK FOR COVID-19 COMPLICATIONS

- Pregnancy
- Asthma
- Chronic Lung Disease
- Diabetes
- Kidney Disease
- Immunosuppressed
- Cancer (Chemo in last 12mo)
- Smoker
## ASSESS RISK AND EXPOSURE

<table>
<thead>
<tr>
<th>Others Ill</th>
<th>Known exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Attend School</td>
<td>Enrolled Military</td>
</tr>
<tr>
<td>Recent Travel</td>
<td></td>
</tr>
</tbody>
</table>

### Others Ill / Has this patient had a known exposure to anyone with COVID-19 infection?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>Location of Exposure</th>
<th>Date of Exposure</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Is this patient in school?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>School Name and Location</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

### Is this patient in the military?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>Home base/branch?</th>
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<tbody>
<tr>
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</tbody>
</table>

### Has the patient traveled anywhere in the 14 days prior to onset of symptoms?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Details (Auto, Airline/Flight Info/Hotels/etc.):**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Dates</th>
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</tbody>
</table>
**PROVIDE ISOLATION RECOMMENDATIONS**

- Stress importance of isolation
- Describe what isolation looks like
- Ask about isolation barriers and help brainstorm possible solutions
- Provide removal of isolation criteria

**SYMPTOMATIC CASE**

- 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 (cough, shortness of breath) **AND**
- At least 10 days have passed since symptoms first appeared

**ASYMPTOMATIC CASE**

- At least 10 days have passed since the date of their first positive COVID-19 test assuming they have not developed symptoms

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**SOUTH DAKOTA DEPARTMENT OF HEALTH**
EXAMPLE: CALCULATING ISOLATION PERIOD

- Let’s assume that you call the case on May 10th.
- They tell you that they became ill May 9th.
- You know that they were infectious for 2 days before they became ill, and will be for at least 10 days after their onset.

May 9 + 10 days = May 19

Image Source: Center for Teaching and Learning, John Hopkins Bloomberg School of Public Health
ASSESS NEED FOR REFERRALS AND FOLLOW-UP

Question Examples:

- Do you have a thermometer?
- Do you have a safe place to stay?
- Will you need food soon? If so, how could you get it?
- Do you take any medications, and will you need a refill soon?
- Do you have a mask?
ASSESS LIVING SITUATION

Question Examples:

- Let me just doublecheck the address where you are staying. (confirm address).
- What does your living situation look like?
- How many rooms, bedrooms, bathrooms? Are there shared common areas (e.g., kitchen/dining room/living room/laundry/elevator)?
- Who lives there with you? What are their names/ages? (make a list)
- Who else stays there from time to time? When was the last time they were there? What are their names/ages?
- What children are in the home?
- Would it be possible for you to have access to your own room and bathroom?
- How safe do you feel in your current living situation?
- Is there an alternate place that you could stay?
- Would you consider moving to an offsite location to support you and protect your family/household during your isolation?
Prepare to Obtain Close Contacts

IDENTIFY INFECTION PERIOD

*Asymptomatic Confirmed Cases’ infections period is difficult to define. Obtain Close Contacts starting 48 hours prior to test date.
Anyone who have been within 6 feet of a Confirmed Case for at least 15 minutes or has had direct contact with the infected person’s secretions starting from 48 hours before illness onset. (or, for asymptomatic patients, 48 hours prior to positive specimen collection) until the time the case is released from isolation.

ask about... HOUSEHOLD ☐ SOCIAL ☐ WORKPLACE

- Start with open ended questions
- Transition to closed ended questions, as needed

Question Examples:
- Do you have any caretakers or housemates?
- Would looking at a calendar help jog you memory?
- Where have you traveled?
- Have you attended any social gatherings?
- Have you had any visitors?
- Do you work outside the home?
CONTACT CONFIRMED CASE WORK PLACE

- Notify Confirmed Case workplace in-order to provide exclusion recommendations for Confirmed Case and Close Contacts
- Obtain additional Workplace-Close Contacts demographics
- Provide mitigation strategies
- The South Dakota Department of Health will notify the Tribal Health Director if a public notice is being issued
Let’s **assume** Confirmed Case fully recovers by May 19\(^{th}\) … (This information is not need for original interview)

Now that you know their infectious period, you can help identify close contacts

You call case on May 10\(^{th}\) and can ask about contacts they had from May 7\(^{th}\) through May 10\(^{th}\)
WRAPPING-UP
CONFIRMED CASE INTERVIEW

- Answer questions
- Summarize conversation; including recommendations
- Notify Confirmed Case about follow-up call (release from isolation)
- Provide phone number to call with future questions

SOUTH DAKOTA COVID-19 INFORMATION LINE
Questions about COVID-19? We’re here to help.

PLEASE CALL 1-800-997-2880
## Close Contact Investigation Form

**COVID-19 Extended Form**  
**Today's Date:** / /  
**MAVEN #:**  
**Date of Test:** / /  

**Last Name:**  
**First Name:**  
**Date of Birth:** / /  
**Date of Death:** / /  
**Age:**  
**Male** ☐  
**Female** ☐  
**Guardian(s):**  
**Address:**  
**City:**  
**State:**  
**Zip Code:**  
**Phone:** (Cell) ( )  
**Other ( ) ( )  
**E-mail:**  
**Race:**  
☐ American Indian/Alaska Native ☐ Hawaiian  
☐ Asian ☐ Islander ☐ Black/African American ☐ White ☐ Declined  
**Ethnicity:**  
☐ Hispanic ☐ Non-Hispanic ☐ Declined  
**Primary Language:**  
**Interpreter Needed:** ☐  

**Occupation:**  
**Date Last Worked:** / /  
**Name of Business/School:**  
**Address:**  
**Supervisor Name:**  
**Phone:** ( )  

**Symptom Onset:** / /  
**Time:**  
**Isolation Start Date:** / /  
**End Date:** / /  

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>Clinical Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Fever</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Highest temp: Date: / / /</td>
</tr>
</tbody>
</table>
| ☐  | ☐   | Today's Temp:  
| ☐  | ☐   | Felt feverish........... Date of onset / / / |
| ☐  | ☐   | Loss of Smell or Taste  
| ☐  | ☐   | Chills                      |
| ☐  | ☐   | Cough                      |
| ☐  | ☐   | Diarrhea                    |
| ☐  | ☐   | Difficulty Breathing/Shortness of Breath  
| ☐  | ☐   | Fatigue                     |
| ☐  | ☐   | Headache                    |
| ☐  | ☐   | Muscle Aches/pains (myalgia)  
| ☐  | ☐   | Runny Nose (rhinorrhea)  
| ☐  | ☐   | Rash                        |
| ☐  | ☐   | Respiratory Distress/Dyspnea |
| ☐  | ☐   | Sore Throat                 |
| ☐  | ☐   | Vomiting                    |
| ☐  | ☐   | Other:                      |
| ☐  | ☐   | Other:                      |

**CXR or CAT Scan**  
☐ No, Not Performed  
☐ Yes  
**Date:** / / /  

**New Abnormality**  
☐ Yes  
**Scan was Normal**  
☐ No, Not Performed  
**Yes**  

**Did the patient receive a diagnosis of pneumonia?**  
☐ No ☐ Yes  

**Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)?**  
☐ No ☐ Yes  

**Did the patient experience any other complications with this illness?**  
☐ No ☐ Yes  

**Is the patient pregnant or 6 weeks post-partum?**  
□ Yes ☐ No  
**If, yes, who is OB?**  

**Resident at a nursing home or assisted living facility?**  
☐ No ☒ Yes  
**Hospitized?**  
☐ Yes ☐ No  
**Yes, where?**  

**Admit: / / / ICU?**  
☐ No ☐ Yes  
**Discharge:** / / /  
**Specimen collected for COVID-19 testing?**  
☐ No ☐ Yes  
**Collection Date:** / / /  

**Result:**  
☐ Negative ☐ Positive ☐ Indeterminate ☐ Pending  

**Does the patient have any chronic medical conditions?**  
☐ No ☐ Yes  
**Asthma/reactive airway**  
☐ No ☐ Yes  
**Chronic lung disease**  
☑ No ☐ Yes  
**Diabetes mellitus**  
☐ No ☐ Yes  
**Kidney or renal disease**  
☐ No ☐ Yes  
**Non-cancer immunosuppressive condition**  
☑ No ☐ Yes  
**Cancer chemotherapy in past 12 months**  
☑ No ☐ Yes  
**Neurologic/neurodevelopmental disorder**  
☐ No ☐ Yes  
**Other Chronic diseases:**  
□ Yes ☐ No  
**Does the patient smoke currently?**  
☐ No ☐ Yes  
**Health Care Worker?**  
☐ No ☐ Yes  
**Daycare Attendee/Staff?**  
☐ No ☐ Yes  
**Food Handler?**  
☐ No ☐ Yes
CLOSE CONTACT INVESTIGATION

Close Contact Investigations are very similar to Confirmed Case Investigation

- Notify and Obtain Demographics and Occupation
  - Do Not release any original patient information
- Assess for Symptoms
- Assess Medical History and Risk for COVID-19 Complications
- Assess Risk and Exposure
- Provide Isolation/Quarantine Instructions
  - Also, provide Quarantine End date (assuming they do not develop symptoms)
- Assess Need for Referrals and Follow-up
- Assess Living Situation
  - Example: Due to living space Close Contact cannot exclude from family members – including a family member who is at high risk for developing complications.
- Wrap-up Close Contact Interview

A Close Contact should be notified of their exposure as soon as possible (within 24 hours of contact elicitation). The Confirmed Case may elect to notify some or all of their Close Contacts before the Contact Tracer.
CLOSE CONTACT RECOMMENDATIONS

SYMPTOMATIC CLOSE CONTACTS
Close Contacts with symptoms should immediately self-isolate and be referred for testing and medical care. Contacts with no primary healthcare provider will need linkage to telemedicine or phone consultation.

ASYMPTOMATIC CLOSE CONTACTS
Close Contacts with no symptoms will be asked to self-quarantine for 14 days from their last potential exposure. The last potential exposure would initially be determined by the case investigator.

- The incubation period for Covid-19 is approximately five days on average, but symptoms can take as long as two weeks to develop. Infected people can spread infection to others during pre-symptomatic or asymptomatic periods. Anyone with symptoms can be contagious.

- True quarantine entails complete separation from everyone outside the immediate household and, for safety, separation from older and medically vulnerable people within

- If there are additional exposures during the quarantine period (for example, another family member becomes ill), the quarantine period needs to be extended until 14 days after the latest possible exposure.
EXAMPLE: CALCULATING QUARANTINE PERIOD

- Let’s assume you make a call to a contact on May 13th.
- Based on the call, you understand that their last contact with the Confirmed Case was on May 10th.
- So, they should receive instructions to quarantine for 14 days since that last exposure.

\[ \text{May 10} + 14 \text{ days} = \text{May 24} \]

Image Source: John Hopkins University
EXAMPLE: CALCULATING QUARANTINE PERIOD FOR CLOSE CONTACT WHO LIVES WITH CONFIRMED CASE THAT DOES NOT ISOLATION

- The Close Contact must quarantine themselves immediately, and for 14 days following the recovery of the case
  - So, quarantine will be longer than 14 days for some contacts
- Let’s assume we call the case on May 13\(^{th}\), and the person they live with became ill on May 9\(^{th}\)
- Let’s also assume that the case will be fully recovered by May 19\(^{th}\) (10 days)
- Therefore, 14 days after their last infectious contact would be June 2\(^{nd}\)

Image Source: John Hopkins University
CLOSE CONTACT MONITORING

- Self-monitor daily for symptoms [NOTE: Include instructions on how close contacts can report symptoms to the health department and agreed upon reporting times.]
  - If you have a thermometer, check and record your temperature twice a day.
  - Contact a healthcare provider immediately if you:
    - Feel feverish or have a temperature of 100.4°F or higher
    - Develop a cough or shortness of breath
    - Develop mild symptoms like sore throat, muscle aches, tiredness, or diarrhea

- SD Department of Health has text illness monitoring available
  - An automated text message is sent to Close Contact inquiring about symptom development.
CONFIRMED CASE REMOVAL OF ISOLATION

- Follow-up with Confirmed Case and assess symptoms
- Release Confirmed Case from isolation according to CDC removal from isolation criteria
  - Confirmed Case may still need to obtain permission from workplace as they may use different criteria for case to return to work.
- If criteria is not yet met, coordinate additional follow-up call
- Members of sovereign nations are informed that they need to contact their tribal leaders to confirm that they have permission to be released from isolation or quarantine.

SYMPTOMATIC CASE

- 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 (cough, shortness of breath) AND
- At least 10 days have passed since symptoms first appeared

ASYMPTOMATIC CASE

- At least 10 days have passed since the date of their first positive COVID-19 test assuming they have not developed symptoms

REMOVAL OF ISOLATION CRITERIA FOR HEALTH CARE WORKER

SYMPTOMATIC HEALTH CARE WORKER
- SD DOH releases from isolation using Time-Based Strategy.

**TIME-BASED STRATEGY**
- 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 (cough, shortness of breath) AND
- At least 10 days have passed since symptoms first appeared

**TEST-BASED STRATEGY**
- Resolution of fever without the use of fever-reducing medications AND
- Improvement in respiratory symptoms (cough, shortness of breath) AND
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

ASYMPTOMATIC HEALTH CARE WORKER
- At least 10 days have passed since the date of first positive COVID-19 test assuming they have not developed symptoms

CLOSE CONTACT REMOVAL OF QUARANTINE/ISOLATION

SD DOH monitors Close Contacts during quarantine.
- If Close Contact does not develop symptoms then they are told during original interview they can stop quarantine on 14th day.
- Members of sovereign nations are informed that they need to contact their tribal leaders to confirm that they have permission to be released from isolation or quarantine.

SYMPTOMATIC & ASYMPTOMATIC CONTACTS
- At least 14 days have passed since last exposure AND
- 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 (cough, shortness of breath)
IMPORTANT TO REMEMBER

Accurately record what people say

Write legibly, someone eventually has to read it!

Persistence gets the job done
Okay to ask why they are refusing
Call multiple times, including evenings or weekends

Note the date & time
Fill out all of fields

SOUTH DAKOTA DEPARTMENT OF HEALTH
1. Do a practice run until you’re comfortable with the questionnaire
2. Find a quiet place to conduct your interviews
3. Be non-judgmental
4. Avoid leading the responder
5. Accurately record what people say
6. Ensure confidentiality, beginning with conducting interviews in a private location
7. Gently re-direct, as needed
8. Probe if answers are vague, particularly about time of symptom onset
9. Work with epidemiology staff to provide language interpretation, if needed
10. Thank interviewee at closing and explain how info will be used
Isolation and quarantine help protect the public by preventing exposure to people who have or may have a **CONTAGIOUS DISEASE**.

**ISOLATION** separates sick people with a contagious disease from people who are not sick.

**QUARANTINE** separates and restricts the movement of people who are exposed to a contagious disease to see if they become sick.

<table>
<thead>
<tr>
<th><strong>ISOLATION</strong></th>
<th><strong>QUARANTINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation is for people who are <strong>ALREADY SICK</strong>.</td>
<td>Quarantine is for people who are <strong>NOT SICK</strong>, but may have been exposed.</td>
</tr>
<tr>
<td>Isolation separates and restricts the movement of sick people so they can’t spread disease.</td>
<td>Quarantined people may or may not become sick</td>
</tr>
<tr>
<td>Isolation in a home means separating yourself from others in the household.</td>
<td>Quarantined people should stay at home or another location so they don’t unknowingly spread the disease.</td>
</tr>
<tr>
<td>A sick person isolating at home should seek medical treatment if unable to manage symptoms.</td>
<td>If you are quarantined and you become ill, you can seek medical treatment from a healthcare provider.</td>
</tr>
<tr>
<td>Isolation is usually voluntary, but in a public health emergency. Officials have the authority to isolate people who are sick.</td>
<td>Quarantine can be voluntary, but in a public health emergency, officials have the authority to quarantine people who have been exposed to an infectious disease.</td>
</tr>
<tr>
<td>Stop isolation only if you’ve had no fever for at least 72 hours; AND have improvement respiratory symptoms; AND at least 10 days have passed since your symptoms first appeared.</td>
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**SOUTH DAKOTA DEPARTMENT OF HEALTH**
## COVID-19: What to do if someone is sick

<table>
<thead>
<tr>
<th>Stay</th>
<th>Stay home. Most people recover at home without needing medical care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay away</td>
<td>Stay away from people as much as possible.</td>
</tr>
<tr>
<td>Wear</td>
<td>Wear a cloth face covering over your nose and mouth if you must be around other people, even at home.</td>
</tr>
<tr>
<td>Keep</td>
<td>Keep your distance and cover your coughs and sneezes if you must be around other people.</td>
</tr>
<tr>
<td>Clean</td>
<td>Clean your hands often.</td>
</tr>
<tr>
<td>Avoid</td>
<td>Avoid sharing personal household items.</td>
</tr>
<tr>
<td>Clean and disinfect</td>
<td>Clean and disinfect frequently touched objects and surfaces.</td>
</tr>
<tr>
<td>Monitor</td>
<td>Monitor your symptoms for emergency warning signs, including trouble breathing.</td>
</tr>
</tbody>
</table>
When to Seek Emergency Medical Attention

• Look for **emergency warning signs** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**
  • Trouble breathing
  • Persistent pain or pressure in the chest
  • New confusion
  • Inability to wake or stay awake
  • Bluish lips or face
• *This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

• **Call 911 or call ahead to your local emergency facility:** Notify the operator that you are seeking care for someone who has or may have COVID-19.
<table>
<thead>
<tr>
<th>Action</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Separate</strong></td>
<td>Separate a household member who is sick</td>
</tr>
<tr>
<td><strong>Keep</strong></td>
<td>Keep people at higher risk separated from anyone who is sick. If possible, have only one person in the household take care of the person who is sick. This caregiver should be someone who is not at higher risk for severe illness and should minimize contact with other people in the household.</td>
</tr>
<tr>
<td><strong>Provide</strong></td>
<td>Provide a separate bedroom and bathroom for the person who is sick, if possible. If you cannot provide a separate room and bathroom, try to separate them from other household members as much as possible.</td>
</tr>
<tr>
<td><strong>Maintain</strong></td>
<td>If possible, maintain 6 feet between the person who is sick and other family or household members.</td>
</tr>
</tbody>
</table>
Separate a household member who is sick

If you need to share a bedroom with someone who is sick, make sure the room has good air flow.

- Open the window and turn on a fan to bring in and circulate fresh air if possible.
- Maintain at least 6 feet between beds if possible.
- Sleep head to toe.
- Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person’s bed.

If you need to share a bathroom with someone who is sick, the person who is sick should clean and disinfect the frequently touched surfaces in the bathroom after each use. If this is not possible, the person who does the cleaning should:

- Open outside doors and windows before entering and use ventilating fans to increase air circulation in the area.
- Wait as long as possible before entering the room to clean and disinfect or to use the bathroom.

If you are sick, do not help prepare food. Also, eat separately from the family.
Limit Errands

Family members should leave only when absolutely necessary. Essential errands include going to the grocery store, pharmacy, or medical appointments that cannot be delayed (e.g., infants or individuals with serious health conditions in need of aid).

Choose one or two family members who are not at a higher risk to run the essential errands.

Don’t ride in a car with members of different households. If that’s not possible:

- Limit close contact and create space between others in the vehicle.
- Improve air flow in the car by opening the window or placing air conditioning on non-recirculation mode.
Limit Errands

Avoid touching high-touch surfaces such as handrails, and wash hands or use hand sanitizers as soon as possible after leaving.

Wear a cloth face covering, avoid crowds, practice social distancing, and follow the recommended tips for running errands.

Wash your hands immediately after you return home.
THANK YOU