Frequently Asked Questions

SYMPTOMS

1. What are the symptoms of COVID-19?

   Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. These symptoms may appear 2-14 days after exposure and include fever, cough, and shortness of breath.

2. Can I do a self-screening for COVID-19 symptoms and risks?

   The Centers for Disease Control and Prevention has developed a screening tool which asks about symptoms, potential risks (e.g., recent travel history), and potential contact with others who may have COVID-19. Based on your answers to the questions, the screening tool will identify next steps.

TESTING

3. Who are the people at greatest need to be tested for COVID-19?

   Priority population for COVID-19 testing include symptomatic healthcare workers, hospitalized individuals, and individuals in communal living (e.g., long term care facilities).

4. Who is being tested? Is there an order of testing priority?

   The SD Public Health Laboratory is testing the priority populations listed above. Any healthcare provider can order a test for their patients at the provider’s discretion. Healthcare providers can send tests to commercial testing facilities if the patient does not meet the criteria of the SD Public Health Laboratory. However, the Department of Health recommends good stewardship practices for the use of specimen collection supplies and tests.

5. I’ve been tested for COVID-19 but have not yet gotten my test results. Who should I contact?

   If you have been tested for COVID-19 but have not yet received your results, contact your healthcare provider. Tests performed by the SD Public Health Laboratory have a one-day turnaround time. This timing is dependent on availability of testing supplies. The SD Public Health Laboratory reports the results back to the submitting laboratory. The submitting laboratory notifies the healthcare provider who will notify the patient of their results. Tests performed by commercial testing facilities can take up to 7 days for results.

6. Why won’t my healthcare provider test me for COVID-19 if I have the symptoms?

   80% of people who get COVID-19 will have mild to moderate symptoms and recover without medical care. If you are not in one of the priority populations and think you have COVID-19, the best thing you can do is stay home for 7 days after your illness started AND your fever is gone AND your symptoms have improved for 72 hours. For help in determining when you can end home isolation, click here. A positive test for COVID-19 will not change your healthcare provider’s recommendation for medical care unless you are very sick and require hospitalization.
RECOMMENDATIONS

7. **Beyond hand washing and social distancing, what else can I do?**

   Individuals who have fever and other symptoms, such as a cough or difficulty breathing, should stay home and call their healthcare provider for medical advice. The best way to prevent contracting and spreading COVID-19 is to reduce exposure.

   During this time, it’s natural to feel stress, anxiety, grief, and worry. Everyone reacts differently, and your own feelings will change over time. Taking care of your emotional health during this time will help you think clearly and react to urgent needs to protect you and your family. Self-care is essential. Remember to maintain some level of normalcy. If you or someone you know needs help with mental health issues (e.g., depression, anxiety, suicidal thoughts), call 1-800-273-8255.

8. **What is the difference between isolation and quarantine?**

   Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease like COVID-19. Isolation is for people who are **already sick**. Isolation separates and restricts the movement of the sick individual so they can’t spread the disease. Quarantine is for people who are **not sick** but may have been exposed. Quarantined individual must stay at home or another location so they don’t unknowingly spread the disease to others. For more information about isolation and quarantine, click here.

9. **How long can the COVID-19 virus live on surfaces?**

   While there is still a lot to learn about COVID-19, as a general guide here’s how long the virus can live on some of the surfaces people probably touch on a daily basis: metal – 5 days; wood – 4 days; plastic – 2-3 days; cardboard – 24 hours; aluminum – 2-8 hours; glass – up to 5 days; and paper – up to 5 days. To reduce the chance of catching or spreading coronavirus, individuals should **clean and disinfect** all surfaces and objects in their home and office every day. After visiting the drugstore or supermarket, or bring in takeout food or packages, people should wash their hands for at least 20 seconds with soap and warm water.

10. **What can employers do to help reduce the spread of COVID-19?**

    Encourage employees to stay home if they are sick. If you suspect an employee is ill or has been exposed, follow CDC guidelines and separate them from others as soon as possible and send them home. More detailed strategies are outlined by the CDC here and within the Department of Health COVID-19 Business Q&A.

11. **What should owners of public establishments do during this time?**

    Consider business arrangements and innovative ideas to support critical infrastructure sectors, as defined by the Department of Homeland Security, as those employees have a special responsibility to maintain their normal work schedule. More frequently asked questions for employers regarding workplace safety can be found at in the COVID-19 Business Q&A.
FOOD SAFETY

12. Can COVID-19 be spread through food including restaurant take-out, refrigerated or frozen packaged food?

Coronaviruses are generally thought to be spread from person to person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 associated with food. Anyone handling, preparing and serving food should always follow safety food handling procedures, such as washing hands and surfaces often. Before preparing or eating food it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

13. If a worker in a meat processing plant became infected with coronavirus, would the meat produced at that facility be safe to eat?

Public health and food safety experts do not have any evidence to suggest that COVID-19 can be transmitted by food or food packaging.

HEALTHCARE READINESS

14. What steps have been taken in South Dakota to flatten the curve? What could be some next steps?

We believe the interventions being implemented now are effective: committing to social distancing, school closures, remote work recommendations, hand washing, etc. By practicing social distancing, we can slow the spread of this virus. Together, we can lessen the impact to our state’s healthcare system. We will continue to evaluate the situation and make additional recommendations as appropriate. For updated information, visit covid.sd.gov.

15. How many respirators and ventilators are available in South Dakota? Is there a backup plan in place if South Dakota has more patients than there are available respirators and ventilators?

Ventilator availability fluctuates rapidly and can change multiple times in a single day, like many other medical supplies. We will continue to manage critical equipment, such as ventilators, daily to ensure all available equipment is deployed where it is most needed.

16. Where do South Dakota's three major healthcare providers stand regarding readiness?

The Department of Health works closely with partners throughout the year to build and maintain relationships, infrastructure and expertise necessary to prepare for and respond to public health emergencies. This planning includes contingencies for additional capacity as the need arises. Individual hospitals and facilities also have preparedness plans in place.