Frequently Asked Questions for Patients

Dear @NAME@

Thank you for your inquiry regarding coronavirus infection. Listed below are responses to frequently asked questions regarding novel coronavirus called COVID-19.

COVID DISEASE BASICS

What is the 2019 novel coronavirus, called COVID-19?
Coronavirus refers to a family of viruses that cause a spectrum of diseases ranging from asymptomatic infection to severe life-threatening pneumonia. They're named for the spike proteins on the surface of the virus that make the virus look like a crown or star.
The 2019 novel coronavirus was identified as the cause of an outbreak of respiratory illness first detected in December 2019. The virus has been named SARS-CoV-2, and the disease it causes has been named coronavirus disease 2019, abbreviated as COVID-19. On March 11, 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization.

Are there different variants of the virus that causes COVID-19?
Yes. Viruses constantly change or "mutate." Experts have discovered several new variants of the viruses that causes COVID-19. They are studying to better understand how far they have spread, whether they affect people differently, and how well different vaccines will protect against them.

How does the virus spread?
The virus that causes COVID-19 spreads from person to person. Someone who has COVID-19 can spread the illness to others, even if they don't show any symptoms. The main mode of transmission occur through close-range contact (i.e. within six feet or two meters) via respiratory particles in the air after an infected person coughs or sneezes. This is similar to how influenza and other viruses spread. Virus particles can remain on contaminated surfaces for several days, but the CDC does not believe that this is the main way that the virus spreads. In some cases, like in indoor spaces where the same air keeps being blown around, virus in the particles might be able to spread to other people who are farther away.

What are the symptoms of COVID-19?
The symptoms of COVID-19 infections can range from asymptomatic to severe respiratory illness. Symptoms of the coronavirus may appear in as few as two days or up to 14 days after exposure. When symptoms do happen, they can include:

- Fever, cough, shortness of breath (most common)
- Headache, unexplained muscle aches, changes in taste and smell, sore throat, red eye, confusion, fatigue, stomach upset (nausea, vomiting, diarrhea) (less common)
- The CDC recommends seeking immediate medical attention if you develop any of the following emergency signs:
- Trouble breathing

- Persistent pain or pressure in the chest
- New confusion or inability to awaken or stay awake
- Bluish colored lips or face

[Use our online symptom checker in MyChart](#) or the [CDC's coronavirus self-checker](#) to get a better idea of what your next steps should be if you are feeling ill.

Are children more susceptible to COVID-19?
No, there is no evidence that children are more susceptible. Although infections in children have been reported, including very young children, most confirmed cases of COVID-19 have occurred in adults.

For more information, [please visit our FAQ on Coronavirus and Pediatric Patients.](#)

COVID PREVENTION & TESTING

What can I do to protect myself and others?
- **Get vaccinated:** The best way to prevent COVID-19 is to get vaccinated. People age 12 and older should receive COVID-19 vaccines. People who are fully vaccinated are at much lower risk of getting or spreading the virus. Once fully vaccinated, you may be able to start doing some things that you had stopped doing because of the pandemic.
- **Wear a mask:** It might help protect you from others who might be infected. If you are infected, if you don't have any symptoms, you are less likely to spread the infection to other people.
- **Practice social distancing:** Practice physical distancing by staying at least 6 feet away from other people as the virus can spread easily through close contact.
- **Wash your hands:** Wash your hands often with soap and warm water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are not available. Avoid touching your eyes, nose and mouth with unwashed hands.
- **Avoid crowds and poorly ventilated spaces:** Avoid indoor spaces like in restaurants, bars, fitness centers, or movie theaters.
- **Cover coughs and sneezes:** Cover your mouth and nose with a tissue when you cough, or sneeze then throw the tissue in the trash.
- **Clean and disinfect:** Clean and disinfect frequently touched objects and surfaces.
- **Avoid or limit traveling:** Any form of travel, especially if you spend time in crowded places increases risk of getting and spreading infection.

Many states, including [California](#), have policies in order to limit the spread of this virus. It is highly recommended that you follow policies implemented by your local government.

Do I need to wear mask if I am fully vaccinated?
The U.S. Centers for Disease Control and Prevention (CDC) announced that [fully vaccinated people can resume activities](#) without wearing a mask or physically distancing, except where required by other rules and regulations. There are no changes to our current infection prevention control recommendations – including masking and physical distancing – in UCSF Health facilities. This is in order to protect ourselves and others against infection. It is often not known whether

patients have been vaccinated when they arrive in need of care, and we provide care for many highly immunocompromised patients who may remain vulnerable to COVID-19 even after vaccination. Transmission can also occur through unprotected exposures or pre-symptomatic co-workers or visitors in common areas, whose vaccination status may not be known.

Is UCSF Health testing for COVID-19?
UCSF Health is doing testing at various locations including drive-through sites, Respiratory Symptom Clinic and our emergency room. We perform these tests using a polymerase chain reaction (PCR) technique similar to that used in testing for COVID-19 by the Centers for Disease Control and Prevention (CDC).

PCR allows scientists to detect very small amounts of virus in a sample obtained with a swab from a patient's nose and throat.
Test results can be expected typically between 24-72 hours. Test results are published in MyChart, and we will telephone you if the results are positive. You will receive a robotic call if it is negative.

How much does a COVID-19 test cost?
Governor Gavin Newsom issued a directive requiring health insurance companies to waive member cost-sharing amounts for screening and testing for the COVID-19 disease. The federal government passed the Families First Coronavirus Response Act, which provides free coronavirus testing to individuals without insurance. Both of these edicts are for testing only and do not apply to treatment for the disease.

Is there a blood test for COVID-19?
No. There is no blood test for COVID-19.

If a person is infected with COVID-19 and they recover, are they immune?
It is not known if infection with COVID-19 results in long-lasting immunity. This is still under active investigation.

UCSF HEALTH PREPARATIONS
Is UCSF Health prepared for COVID-19?
Yes. At UCSF Health, we are working around the clock to make sure you receive the high- quality care you expect, while keeping everyone – our patients and health care workers – safe during this challenging situation. [Learn more about how UCSF Health has prepared for COVID- 19.](#)

What is UCSF Health doing to protect patients?
UCSF Health has instituted many practices to protect patients. We isolate patients who are waiting for test results and those who have tested positive and require hospitalization.
We require all individuals entering our facilities to be screened for symptoms. Will I be safe in the hospital if UCSF Health is treating proven or suspected COVID-19 patients?

UCSF Health cares for patients with complex health conditions and has expertise in treating patients with infections and in infection prevention and control. We have taken measures to help ensure the safety of all patients at UCSF Health.

Our infection prevention practices and protocols are aimed at protecting our faculty, providers and

staff, as well as other patients and visitors.

Everyone, including employees and visitors entering our hospitals and clinics will be screened for symptoms and known high-risk exposures, and everyone will be required to wear a mask to prevent spread of infection to others.

Across the UCSF Health campus, we have rooms that can be used to safely isolate and care for patients with COVID-19. We also have the ability to adapt additional rooms and hospital areas to care for larger numbers of patients if needed.

GETTING CARE
What should I do if I think I have COVID-19?
If you think you have been exposed to COVID-19 and develop a fever and symptoms such as cough or difficulty breathing, call your health care provider or our patient hotline at 415-514- 7328. Please use the UCSF MyChart "Coronavirus & Flu Symptom Checker" before you call the hotline. If you are a patient of the UCSF Cancer Center, please contact that clinic for specific instructions prior to calling the UCSF coronavirus line.

In the meantime, if you feel sick, take the following precautions:

- Avoid public areas and stay away from others in your home. If you can use a separate bedroom and bathroom, do so.
- Cover your mouth and nose when coughing or sneezing.
- Wear a mask to cover your nose and mouth if you have cough and are around other people in your home or in public. Please do not wear a mask with a valve, as these masks allow droplet release and do not protect others who may be nearby.
- Wash your hands after touching your face, before eating, after using the bathroom. If soap and water is not available, use hand sanitizer with >60% alcohol.
- Avoid sharing personal household items.
- Clean all high touch services every day such as counters, tabletops, doorknobs, phones, keyboards. Use a household cleaning spray or wipe according to label instructions.
- Monitor your symptoms. If you feel your symptoms are worsening, contact your health care provider.

Watch a video that explains more.
If you have a medical emergency, call 911 and notify the dispatch personnel that you have or are being evaluated for COVID-19.

Should I go to the emergency room if I am sick?
If you are sick, please contact your physician or call our patient hotline at 415-514-7328 so that we can best triage your situation.

How should I manage my need for routine medical care for chronic conditions during this time?
At this time, UCSF Health is able to offer both in person and video visits, in which you can interact with your provider via video and receive management recommendations without coming into the clinic. Your clinician will work with you to determine which option is best. We feel confident that the in-person visits are safe as our staff are vaccinated and are wearing masks.

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If a video visit is the best option, the first step to setting this up is to activate your MyChart account and call your provider's clinic to set up the visit.

TREATMENT

I've heard mixed information about various medications and their impact on COVID-19. What does UCSF think?
There is much information being shared on social media and other forums, not all of which are scientifically based. Medical professional societies are reacting in real time to developments and sharing consensus recommendations. Our physicians at UCSF are meeting daily to make consensus decisions on what is best for our patients based on available data and experience of our colleagues. The best available data indicate that it is safe to continue your regular medications that some patients may have been prescribed.

Currently, most patients with COVID-19 do not require treatment. For certain cases, doctors might recommend medicine that seem to help some people who are severely ill or at risk of getting severely ill. Doctors might recommend being part of a clinical trial. A clinical trial is a scientific study that tests new medicines to see how well they work. Do not try any new medicines or treatments without talking to a doctor.

What are the UCSF Health visitor guidelines during this pandemic?
In accordance with the San Francisco Department of Public Health, all visitors and personnel not involved in direct patient care or infrastructure maintenance are not allowed in our clinical facilities. We have implemented health screenings at the entrances of our facilities to screen for those who have a cough, fever or shortness of breath. Any visitor or employee with those symptoms isn't allowed to enter. Because of the improvement in Covid-19 rates in San Francisco and California, we are adjusting our visitor policies. Please visit
https://www.ucsfhealth.org/covid/visitor-restrictions-due-to-covid-19
to see the most current recommendations.

UCSF COVID BASICS FOR TRANSPLANT AND OTHER IMMUNOSUPPRESSED PATIENTS

I am taking medications that suppress my immune system. Do I need to take special precautions?
Based on experience with other viral respiratory infections it is possible that COVID-19 will be more severe in the immunosuppressed population. The effect of immunization on duration of viral shedding and clinical outcomes remains unknown for this population.

- Immunosuppressed patients should follow the following precautions:
- Continue SARS-CoV-2 vaccination and your household members and caregivers to reduce exposure risk.
- Wear a mask or cloth face covering when possible.
- If you need to go out, avoid crowded public spaces staying at least 6 feet away from all other persons.
- Wash your hands often with soap and warm water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

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- Avoid all non-essential travel.

Should I continue to take my immunosuppressive medications?

Yes, continue to take your immunosuppressive medications. If you are sick with fever or respiratory symptoms, contact your medical team for guidance on continuing your immunosuppressive medications. Check with your doctor about your immunosuppression if you have any questions.

Will donated organs be safe?

Organ procurement organizations will screen donors for exposure and symptoms. Potential donors with suspected COVID-19, or contact with someone with COVID-19, will not be used. Donors with exposure risk and no symptoms may be considered on a case-by-case basis. This is a rapidly evolving situation, and these guidelines may change in response to new information.

Will living organ donation be safe?

Living donors with travel to a high-risk area in the last 14 days may be deferred for a period of time. Potential living donors should be advised to not travel. Routine testing of living and deceased donors for COVID-19 is an evolving situation and may be recommended in certain settings.

UCSF COVID BASICS PATIENTS WITH HIV

I am HIV positive. Do I need to take special precautions?

Currently there is little experience with COVID-19 in HIV positive patients. It is possible that patients with low CD4 counts and poorly controlled HIV infection will be more susceptible to COVID-19 and have more serious disease. You should continue taking your HIV medicine and follow the advice of your health care provider. All HIV positive patients should follow guidelines to decrease their chance of COVID -19 infection:

- Continue SARS-CoV-2 vaccination and your household members and caregivers to reduce exposure risk.
- Wear a mask or cloth face covering when possible.
- If you need to go out, avoid crowded public spaces staying at least 6 feet away from all other persons.
- Wash your hands often with soap and warm water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid all non-essential travel.

I am HIV positive. Do I need to contact my physician to obtain an extended supply of my antiretroviral medications?

Currently there are no expected medication shortages, but make sure you have a 30-day supply of your HIV medicine and any other medicines or medical supplies you need for managing your HIV. Obtaining an extended supply (90 days) of antiretroviral medications may be possible depending on insurance and the use of specialty pharmacies. Obtaining a supply beyond 90 days

is not recommended at this time.

UCSF COVID BASICS FOR WOMEN & PREGNANT PATIENTS

Where can I get up-to-date information on COVID-19 in pregnancy?
There are several reliable sources of information, including:

- American College of Obstetricians and Gynecologists
- Centers for Disease Control and Prevention
- Society for Maternal Fetal Medicine (SMFM), FAQ on coronovirus in pregnancy: https://www.smfm.org/covid19, https://www.smfm.org/covidfamily
- OBG Project: COVID-19 updates: https://www.obgproject.com/category/covid-19/
- COVID-19 and Pregnancy webinars, register here: https://whrcportal.ucsf.edu/whrcmember/

Can I get pregnant during the COVID-19 pandemic?
Yes. At this time, there is not a recommendation to delay spontaneous conception (trying to get pregnant on your own) or initiate infertility treatments.

I am pregnant. Do I need to take special precautions?
Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections. We now know that pregnancy is a risk factor for severe illness due to COVID-19, and are at higher risk for complications due to COVID-19. Pregnant women should follow the same precautions as non-pregnant patients including obtaining a COVID-19 vaccine when available (you can get it at any time safely in pregnancy).

Can I get prenatal care during the COVID-19 pandemic?
Yes! We continue to follow protocols to protect our patients and health care workers from COVID-19 exposure. We converted some of the traditional prenatal visits to telehealth visits. This doesn't mean that you won't see a provider in-person, but the number of in-person visits are limited. Ultrasounds, routine blood work (e.g. genetic testing), and non-stress testing will continue to be all in-person. This modified type of prenatal care has been shown not to increase poor pregnancy outcomes. Your healthcare provider will teach you how to do kick-counts to be sure your fetus is healthy and thriving. We also ask that you obtain an upper arm electronic blood pressure cuff and weight scale at home so you can provide this information during telehealth visits.

We encourage patients to think of this as an opportunity for us to innovate (and hopefully improve) the quality and delivery of our care.

I have heard of people delivering in hospitals without a support person. What will happen to me?
Our visitor and support policies change with the newest COVID-19 restrictions, so please ask your provider for up-to-date information. Provided your support people are healthy and asymptomatic without exposure to COVID-19, at this time, we allow two support people during the labor and delivery process. In addition, we allow a Doula to be with you during your birth experience, in addition to your two support people. In the postpartum areas, there is one healthy support person allowed.
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I heard about a COVID-19 registry for pregnant patients. What is that?

The UCSF study called PRIORITY (Pregnancy CoRonavIrus Outcomes RegIsTrY) was a nationwide study of pregnant or recently pregnant women who are either under investigation for COVID-19 or have been confirmed to have COVID-19. This study is no longer enrolling. We are now enrolling patients in the ASPIRE study, for pregnant and lactating patients who have obtained a COVID-19 vaccine during those time periods.

Are pregnant women with COVID-19 infection at increased risk of adverse pregnancy outcomes?

Yes, we now know that pregnant patients with COVID-19 are at higher risk of being hospitalized and intubation (breathing tube down the throat) then they would be if not pregnant. However, available data shows that there is no increased risk of pregnancy loss, including miscarriage and stillbirth. Severe COVID-19 illness in the mother often necessitates preterm delivery. At this time, there is no evidence that there is harmful transmission to the fetus or an increased risk of congenital anomalies (in contrast to Zika, for example, which significantly and severely affects the developing baby). We do not have any data on long-term health effects on infants either with COVID-19, or those exposed to the virus that causes COVID-19 in utero.

I am pregnant (or breastfeeding), can I get a COVID vaccine?

Yes. We support our pregnant and lactating patients having access to the COVID vaccines, as this can save your life, improve pregnancy outcomes and may be of benefit to the fetus and newborn. Though the original vaccine trials excluded pregnant patients, follow-up studies in pregnant individuals did not show harm to the patient nor the fetus. There was not an increase in adverse pregnancy events, including fetal anomalies, miscarriage or stillbirths, in the patients who got the vaccine while pregnant. In fact, we have new data showing there may be benefit to the baby! As the protective antibodies against the COVID virus generated by the patient because of the vaccine can cross the placenta and protect the newborn. These antibodies have also been found in breastmilk, so there may be added benefit to be vaccinated and protect your newborn this way as well! Many of our patients have safely received the vaccine already.

I am pregnant and work in health care. Should I continue working?

Most often times, yes. Sometimes, modified duties are suggested, depending on the kinds of patients you are exposed to and the procedures you are directly performing. Talk to your direct supervisor and come up with a plan that works for you. Nationally, all pregnant health care workers are not being pulled from work routinely.

Per the CDC: Pregnant healthcare personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings. Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

Can pregnant women pass the virus to their baby during pregnancy and delivery?

The virus that causes COVID-19 is thought to spread mainly by close contact with an infected person through respiratory droplets. Few cases of COVID-19 have been reported in newborns,

and the majority of pregnant women with COVID-19 who have been studied have given birth to healthy unaffected babies. One study found that among nine pregnant women with COVID-19 pneumonia, amniotic fluid, cord blood and breast milk samples all tested negative for the virus, as did throat swabs from the children following birth. Another very small study reported a few newborns who tested positive for the virus, but had no adverse effects or symptoms. It is not clear when these babies got infected with the virus.

Can nursing women pass the virus to their baby during breastfeeding?
COVID-19 has not been detected in breastmilk although data are limited. If an infected mother decides to breastfeed, she should wear a face mask and wash her hands. You can refer to the CDC website for additional information on pregnancy and breastfeeding with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html

Can I get an abortion during the COVID-19 pandemic?
Yes. As hospitals make difficult decisions about cancelling elective surgeries to reduce potential exposures and limit use of personal protective equipment, it's important to highlight that abortions are not elective procedures. Abortions are time-sensitive and a delay in care can increase risks associated with the procedure. Certain states have tried to push legislation limiting access to abortion care in this time period. In California, this is not the case.

The Obstetrics and Gynecologic professional organizations issued a joint statement on 3/18/20. In brief, the joint statement states the following: "The American College of Obstetricians and Gynecologists and the American Board of Obstetrics & Gynecology, together with the American Association of Gynecologic Laparoscopists, the American Gynecological & Obstetrical Society, the American Society for Reproductive Medicine, the Society for Academic Specialists in General Obstetrics and Gynecology, the Society of Family Planning, and the Society for Maternal-Fetal Medicine, do not support COVID-19 responses that cancel or delay abortion procedures. Community-based and hospital-based clinicians should consider collaboration to ensure abortion access is not compromised during this time."

Can I get birth control during the COVID-19 pandemic?
Yes. Talk to your OBGYN or Primary Care Provider about their availability to see you for birth control counseling via a telehealth visit. There are many types of birth control that can be prescribed without an in-person physical examination: hormonal contraception pills, the Nuvaring, or hormonal patch. Long-acting reversible contraception like a Nexplanon or Intrauterine Device (IUD, like the Mirena) require an in-person visit for insertion.

Check out the Planned Parenthood website to make appointments for contraception counseling. When last checked, their centers continue to be open across the country and in-person visits require a screening process.

UCSF COVID BASICS CHILDREN

Are children more susceptible to the virus that causes COVID-19 compared with the general population and how can infection be prevented?
No, there is no evidence that children are more susceptible. Most children with COVID-19 had a

milder course of illness, although severe cases have occurred. Babies under 1 year of age and Children with some underlying medical conditions (obesity, asthma, chronic lung disease, diabetes, sickle cell disease, congenital heart disease, immunosuppression, genetic, neurologic or metabolic conditions, or medical complexity) are at risk for more severe disease.

Children should engage in usual preventive actions to avoid infection, including cleaning hands often using soap and water or alcohol-based hand sanitizer, avoiding people who are sick, getting a COVID-19 vaccine when their age group is approved, and staying up to date on vaccinations, including influenza vaccine.

Do the symptoms of COVID-19 differ in children compared with adults?
Children with COVID-19 have cold-like symptoms, such as fever, runny nose, and cough. In addition, children may have classic symptoms of COVID-19 such as new loss of taste or smell, sore throat, difficulty breathing, headaches, or muscle aches. Gastrointestinal symptoms, such as nausea, vomiting or diarrhea, as well as runny nose and sore throat may be more prominent in children than adults. Infants may present with poor feeding. Generally, children have tended to have milder symptoms than adults.

Are children at increased risk for severe illness, morbidity, or mortality from COVID-19 infection compared with adults?
Children with confirmed COVID-19 often present with mild symptoms and though severe complications (Multisystem Inflammatory Syndrome in Children—MISC, acute respiratory distress syndrome, septic shock, or death) have been occurred. However, as with other respiratory illnesses, certain populations of children may be at increased risk of severe infection, such as children with underlying health conditions.

Are there any treatments available for children with COVID-19?

There are currently no antiviral drugs recommended or licensed by the U.S. Food and Drug Administration for COVID-19. Clinical management includes prompt implementation of [recommended infection prevention and control measures](#) in healthcare settings and supportive management of complications. See more information on CDC [Clinical Guidance for COVID-19](#). Children and their family members should engage social distancing in addition to the usual actions to prevent the spread of respiratory infections, including covering coughs, cleaning hands often with soap and water or alcohol-based hand sanitizer, and staying up to date on vaccinations. Children should not socialize with children from other households, except when absolutely necessary (e.g., daycare that allows essential employees to continue working). Remdesivir has received Emergency Use Authorization (EUA) or compassionate care in some situations to treat children.

UCSF COVID BASICS FOR OLDER ADULTS

Are older adults more susceptible to the virus that causes COVID-19 compared with the general population?
There is evidence that older adults (over age 60), especially those with cancer, diabetes, or cardiovascular disease are at higher risk of getting very sick from this illness. People living in senior communities (such as assisted living or nursing homes) are at particularly high risk due to

the increased ability for viruses to spread rapidly in this environment. Older adults with additional medical problems (heart disease, diabetes, lung problems, and potentially dementia) are at the highest risk. Please see the [CDC's specific guidance](#) for older and adults and people with chronic conditions.

Do the symptoms of COVID-19 differ in older adults compared with the general population?
The most common symptoms of COVID-19 are fever, cough, and shortness of breath. Older adults may not have these typical symptoms and may instead have more vague symptoms like fatigue or confusion. In some cases, COVID-19 infection evolves into more severe symptoms, which can include shortness of breath, pain/pressure in the chest, confusion or sleepiness, or bluish color of the lips or face. These are emergency warning signs for which you should seek emergency care.

Are older adults at increased risk for severe illness from COVID- 19 infection compared with younger adults?
Reports suggest that older adults are at increased risk for severe illness, morbidity and mortality, and that risk increases with increasing age and certain comorbidities (other medical problems) like heart disease, lung disease and diabetes.

How can older patients help prevent infection?
Older adults and other high-risk patients should receive SARS-CoV-2 vaccination and engage in preventive actions to avoid infection, including cleaning hands often using soap and water or alcohol-based hand sanitizer, avoiding people outside of their immediate household or those with COVID-19 exposure or infection.

In addition to these important preventive actions, higher risk adults should stay at home as much as possible ("social distancing"), avoid crowds, and stock up on necessary supplies/medications (try to recruit a friend or family member to help with this). It is advised to avoid all non-essential travel, including plane trips and cruises. Social distancing can lead to loneliness and isolation, which can also be detrimental to your health. It is critical to still connect with others (e.g. via telephone, video call, or email) to reduce loneliness. The Institute on Aging offers a free 24/7 Friendship Hotline: 1-800-971-0016. You may also go for a walk outside, in a non-crowded area, and should still try to stay active at home.

If leaving the home for groceries and medications, ideally shop when the stores are less crowded, and be sure to wash your hands well both before and after. Even better, ask a family member or friend to drop off groceries and medications at your door.

How should I manage my need for routine medical care for chronic conditions during the COVID-19 pandemic?
In addition to normal, in-person visits, UCSF and your providers are able to offer telehealth visits, in which you can interact with your provider via video and receive management recommendations without coming into the clinic. The first step to setting this up is to activate your MyChart account and call your provider's clinic to set up the visit. Setting up telehealth is less daunting than you might think, and we are here to help you get started! Consider recruiting a friend or family member to help set up your phone, tablet, or computer for the first visit.

<u>UCSF COVID BASICS COPING STRATEGIES</u>
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If you are experiencing high levels of anxiety, fear, and/or stress in response to the COVID-19 pandemic, you are not alone. Below is a list of evidence-based resources and strategies to help you cope with this challenging time.

What can I do for exercise?
- Continue to move while practicing physical distancing. More than ever before we know that our physical health affects our mental health. Exercise can reduce stress reactivity and even improve symptoms of depression and anxiety.
- There are a variety of online resources with guided exercise routines that offer an opportunity to move even if you do not currently have access to a safe place to exercise outside.

Some examples include:
- Yoga Works offers many high quality, free classes each day, including a wide range of yoga styles, pilates, toning classes, and classes for children: https://www.yogaworks.com/classes/live/
- "Yoga with Adriene" provides free online yoga for a range of abilities and bodies: https://www.youtube.com/user/yogawithadriene
- Planet Fitness live streams strength and cardio classes every day at 7pm EST: https://www.facebook.com/planetfitness/
- There are a wide variety of app-based fitness programs currently offering free cardio and strength training workouts throughout the pandemic, including Barry's Bootcamp, Crunch Fitness, and Peloton. Links to these and several other fitness programs are available here: https://www.cbsnews.com/news/coronavirus-free-online-workout-gyms- live-stream-classes-during-outbreak/

How can I stay connected to friends and family during social distancing?
Social distancing" is a misnomer. What we actually need to do now is physical distancing, while we work hard to stay socially connected! Take time to stay in touch with friends and family by phone, video, text, or email. In addition to sharing social support about the current crisis, it is a good idea to talk about other topics you would normally discuss. Consider hosting a dinner using FaceTime or Zoom so you can talk while you eat (and talk about some positive things, not just this crisis).

How can I stay updated on news and world events?
Reading or watching an excess of news about a traumatic event can create symptoms of post-traumatic stress disorder. Try to limit COVID-19 media exposure to no more than twice a day (for example, check for updates in the morning and before dinner) and try to avoid reading about COVID-19 before bedtime. Before sending alarming headlines to friends and family, pause to consider whether the information will be helpful or hurtful.

What other techniques can I use to reduce stress?
Guided Imagery:
Guided imagery is a tool that can create images in your mind to bring about a desired physical response, such as feeling more relaxed. Studies show that it can be helpful for coping with stress, anxiety, and sleep. The UCSF Osher Center for Integrative Medicine has free guided imagery

recordings at this web page: https://osher.ucsf.edu/guided-imagery-meditation- resources

Mindfulness and Meditations Apps for All Levels of Experience:
Developing a regular meditation practice (ideally about 20 minutes per day) is a powerful way to reduce stress, calm anxiety, improve your physical and emotional health, and sleep better.

Here are several meditation apps to get you started:
- Headspace: Two-week free trial for the general public.
- Calm: Seven-day free trial. A meditation, sleep, and relaxation app that also provides resources specifically for coping with COVID-19 anxiety.
- Stop, Breathe & Think: Always free, and includes recordings for children.
- Insight Timer: Always free. This is not a daily app, but rather a great library where you can search for various types of meditations and lengths by excellent teachers.
- 10% Happier: Free and paid options available.
- UCLA Mindful App: Free and has meditations led by Diana Winston,Director of Mindfulness Education at UCLA's Mindful Awareness Research Center.
- Ziva Meditation: Two-week introductory course led by Emily Fletcher designed to help you develop a daily, independent meditation practice. This is a paid online course that is 50% off for the general public and free for health care professionals during the pandemic.

Breathing exercises:
If you are learning a breathing exercise for the first time, the most important thing is to choose one that you can easily learn. This one is simple for beginners and helps to active the part of the nervous system required to feel relaxed. It is called "4-5-6" because those are the number of seconds spent in each phase of the breath cycle. Here are the instructions:
- After breathing all of the air out of your lungs, inhale through your nose to the count of four.
- Then pause the breath with full lungs before exhaling, to the count of five.
- Follow the pause with a very full exhalation through your nose to the count of six. The last couple counts will be an active exhalation, really pushing out as much air as is comfortable.
- Do this for eight breaths in a row.
- While practicing this exercise, be aware of how you are breathing. The exercises should be done with diaphragmatic breathing, moving your abdomen in and out with each breath. Many of us breathe more with our chests than our abdomens, but the opposite is more effective for these breathing exercises.

Further Resources:
UCSF department of psychiatry well-being and coping during COVID-19:
https://psychiatry.ucsf.edu/coronavirus
UCSF Campus Life Services:
https://campuslifeservices.ucsf.edu/wellnesscommunity/28/staying_social_and_well

UCSF COVID BASICS FOR PATIENTS WITH UPCOMING SURGERY OR PROCEDURE

How has UCSF determined that it is now safe to being scheduling surgeries or

Updated 6/13/21
UCSF COVID Clinical Work Group
Merged with Web FAQs

procedures?

During our COVID pandemic response period, UCSF Health has continued to perform essential surgeries and procedures for patients in whom a delay could cause harm to the patient. We have been weighing the risk of delay against the benefit that can be achieved by moving forward with the care plan on an ongoing basis for all planned surgeries and procedures. This evaluation has been done as a team between experts in caring for patients with complex health conditions and experts in infection prevention and control. Our medical and surgical teams have taken measures to help ensure the safety of all patients at UCSF Health. We have not had any in-hospital transmission of COVID-19 which we think is a reassuring sign that having a procedure performed now at UCSF can be done safely.

Will I be safe in the hospital if UCSF Health is treating proven or suspected COVID-19 patients?

Our infection prevention practices and protocols are aimed at protecting our faculty, providers and staff, as well as other patients and visitors.

Everyone, including employees and visitors entering our hospitals and clinics, will be screened for symptoms and known high-risk exposures. Everyone will be offered a mask to wear as a way to contain their respiratory secretions and to prevent spread of infection to others.

Across the UCSF Health campus, we have rooms that can be used to safely isolate and care for patients with COVID-19. We also have the ability to adapt additional rooms and hospital areas to care for larger numbers of patients if needed.

How does COVID affect my recovery from a surgery or procedure?

We want to perform your surgery or procedure in the safest possible circumstances. One of our healthcare members will reach out ahead of time to ask you about possible symptoms of COVID-19 to ensure that we are not performing any surgery or procedure at a time when you are sick. Even if you do not show any symptoms of the virus, we will be scheduling patients for coronavirus testing in the days leading up to their procedure to be even more confident that they are unlikely to undergo a procedure with possible coronavirus infection present. We are doing this as a precautionary measure so that we have all of the information we need to provide you with an ideal care experience and promote a smooth recovery.

Please let us know if you have had close exposure to someone who is known or suspected to have COVID-19 (such as a household member or caregiver), as we may need to adjust our plans to reflect this.

Can my family or friends come to the hospital on the day of surgery, or to visit me in general?

During COVID-19, the rules for visiting patients in our hospitals fall into three categories: Visitation Level 1, Level 2 and Level 3. The current level can change at any time, so look here for the latest information before you go.

Current level: We are at Visitation Level 1. Check the [visitor policy](#) to see the rules and restrictions for that level. The existing visitor limitations for Ambulatory and Periop areas remain unchanged.

Does the current COVID situation change my length of stay after my surgery or procedure?

While we think that coming to the hospital for your surgery or procedure is safe, we also believe that minimizing your length of stay after surgery will help further reduce your risk of exposure to COVID-19. Your clinical teams are working with you to anticipate any post-surgical and post-procedural needs you might have, including a ride home, support during your recovery, and a place to go to after your procedure. Our goal is to keep you in the hospital until your health is strong enough for you to leave the hospital safely while ensuring that your post-procedural length of stay is the minimum length necessary to reduce your exposure risk to any virus. If you have issues that need to be addressed prior to your surgery or procedure to ensure a smooth transition out of the hospital afterward, please raise them with your care team before coming to the hospital.

Does having a surgery or procedure make me more likely to get COVID?
No, having a surgery or procedure does not increase your chances of developing COVID-19. Our infection prevention practices and protocols are aimed at protecting our patients, providers and staff. Everyone, including employees and visitors entering our hospitals and clinics, will be screened for symptoms and known high-risk exposures. Everyone will be offered a mask to wear as a way to contain their respiratory secretions and to prevent spread of infection to others. Patients who are known to be infected with COVID-19 are kept in special isolation to protect other patients, providers and staff.

Can I post-pone my surgery or procedure until the COVID-19 crisis is over?
With any planned surgery or procedure, we must weigh the risk of delay with the benefit that can be achieved by moving forward with your surgery or procedure. In some situations, it may not be safe to delay further. At this point, we consider even elective surgery to be safe and encourage patients to resume all aspects of their health care.

We have expertise in caring for patients with complex health conditions, and in infection prevention and control. Our medical and surgical teams have taken measures to help ensure the safety of all patients at UCSF Health, and we have not had any in-hospital transmission of COVID-19.