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 the common cold 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 Wuhan City, Hubei Province, China, 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.

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 principle mode of transmission is thought to occur mainly via respiratory droplets that travel up to six feet in the air after an infected person coughs or sneezes. This is similar to how influenza and other viruses spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. There is also some evidence that 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.

Is the coronavirus airborne?
There is limited research about how long the virus stays in the air. The virus is mostly transmitted when people are in close contact with one another, spread by droplets produced when an infected person sneezes or coughs.

What are the symptoms of COVID-19?
The symptoms of COVID-19 infections can range from very mild to severe respiratory illness and may include fever, cough and shortness of breath. These symptoms can be very similar to those for influenza, so it may be difficult to distinguish without clinical testing. Patients with this virus have had mild to severe respiratory illness with symptoms that can include:

- Fever, cough, shortness of breath (most common)
• Headache, unexplained muscle aches, changes in taste and smell, sore throat, eye conjunctivitis, 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

Symptoms of the coronavirus may appear in as few as two days or up to 14 days after exposure, according to the U.S. Centers for Disease Control and Prevention (CDC).

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?

Currently, there is no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. The U.S. Centers for Disease Control and Prevention (CDC) recommends everyday preventive actions to help prevent the spread of respiratory viruses.

• 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 close contact with people who are sick.
• Stay home and do not travel or go to work or school when you are sick.
• Cover your mouth and nose with a tissue when you cough or sneeze then throw the tissue in the trash. Then wash your hands with soap and water.
• Clean and disinfect frequently touched objects and surfaces.
• Wear a cloth face covering while you are outside and in public settings. Please do not wear a mask with a valve, as these masks allow droplet release and do not protect others who may be nearby.
• Practice physical distancing by staying at least 6 feet away from other people, especially if COVID-19 is currently spreading in your community. Many states, including California, have implemented shelter in place policies that encourage all residents to remain home except for trips for essential services. In order to limit the spread of this virus, it is highly recommended that you follow policies implemented by your local government. You can find more information about the shelter in place policy here.

Should I start wearing a mask when I’m out in public?
The CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, such as grocery stores and pharmacies.

The CDC also recommends that those who are ill should wear a facemask when around other people and before you enter a healthcare provider’s office. Employees and visitors to UCSF Health hospitals and clinics are now wearing masks at all times to further reduce the risk of spread of COVID-19 among our workforce and patients.

At UCSF Health, we support the use of face masks or face coverings. Please note that physical distancing, i.e. maintaining at least 6 feet away from others, is still required, even when wearing a mask.

Reasons we support the use of face masks:
- The highly contagious nature of the virus
- The potential for asymptomatic and pre-symptomatic transmission
- Empiric evidence from Asia, where masks are routinely used
- Supplies of hospital-grade masks for health care workers must continue to be a priority, but extra surgical masks or homemade masks of multilayered cotton will likely provide more protection compared to wearing nothing during this epidemic.

Of note, it is important to avoid wearing a mask that contains a valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling. The latest Order of the Public Health Officer in San Francisco (C19-12 “Requiring Face Covering”) specifically prohibits masks of this type. Valves permit droplet release from the mask, putting others nearby at risk.

An increasing number of cities in the U.S. are embracing this recommendation: "Stay in place, keep your space, and cover your face."

Can I get COVID-19 by touching surfaces?
Research suggests that COVID-19 lives for up to 72 hours on hard, shiny surfaces and up to 24 hours on cardboard, paper and fabric. It is not known if the virus present on surfaces remains infectious, surfaces suspected of contamination should be disinfected.
It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose or eyes. This is why hand-washing is always a good practice.

**Is UCSF Health testing for COVID-19?**

UCSF Health is doing testing at various locations including drive-through sites, Respiratory Symptom Clinics 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 also those who have tested positive and require hospitalization.

We require all individuals entering our facilities to be screened for symptoms.

Due to the national testing supply shortages, we test patients whose symptoms are serious enough to require more advanced care.

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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 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.

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, we recommend video visits for routine, non-urgent medical visits. UCSF Health is 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.
• If you are unable to do a video visit, we recommend postponing non-urgent visits.
• Your clinical team is also available to respond to your questions via MyChart and telephone.
• We can also see you in a face-to-face visit for urgent issues that cannot be resolved via telehealth, telephone or MyChart.

If possible we recommend keeping at least a one-month supply of medications for chronic conditions. Your insurance company may limit the amount you can keep on hand (consider a mail order pharmacy). Keep over the counter home remedies available, if you need to treat fever at home. We recommend keeping acetaminophen at home, as this is safe for most older adults.

If you are caring for an older adult with dementia, the Alzheimer’s Association provides useful tips and information

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, including heart / blood pressure medicines such as the ACE inhibitor and ARB classes of drugs that some patients may have been prescribed.

Currently, most patients with COVID-19 do not require treatment. For the minority of patients that become more ill, therapy is supportive. At this time, there is no specific treatment for COVID-19. Studies are underway to test antiviral medications and work is in progress to develop a vaccine. We do not currently recommend the use of hydroxychloroquine for the treatment or prevention of COVID-19 in the outpatient setting, but studies are being performed to see if this might be beneficial.

Where can patients with recovered COVID-19 donate blood for convalescent sera treatment trials?
Researchers are currently investigating whether convalescent sera (blood plasma from recovered patients that contains COVID-19 antibodies) may be beneficial to patients who are critically ill from COVID-19. Whether this approach is truly beneficial requires rigorous study. Recovered patients interested in donating can contact the Red Cross (https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html) or Vitalant (https://www.vitalant.org/COVIDFree).

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. In addition, we have tightened our visitor policy, suspending all routine visitation at our hospitals and clinics (with some exceptions) until the transmission of COVID-19 is no longer a threat.

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.

Immunosuppressed patients should follow the following precautions:
- 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 touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people outside of your home.
- Do not come to work if you are sick.
- Avoid all non-essential travel.

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- Cover your mouth and nose with a tissue when you cough or sneeze and throw the tissue in the trash. Then wash your hands with soap and water.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home as much as possible, and if you need to go out, avoid crowded public spaces staying at least 6 feet away from all other persons.
- Wear a mask or cloth face covering when you are in public places, such as the grocery store. Please do not wear a mask with a valve, as these masks allow droplet release and do not protect others who may be nearby.

**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:
- 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 touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people outside of your home.
- Do not come to work if you are sick.
- Avoid all non-essential travel.
-Cover your mouth and nose with a tissue when you cough or sneeze and throw the tissue in the trash. Then wash your hands with soap and water.
-Clean and disinfect frequently touched objects and surfaces.
-Stay home as much as possible, and if you need to go out, avoid crowded public spaces staying at least 6 feet away from all other persons.
-Wear a mask or cloth face covering when you are in public places, such as the grocery store. Please do not wear a mask with a valve, as these masks allow droplet release and do not protect others who may be nearby.

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 coronavirus in pregnancy: https://www.smfm.org/covid19
- Weekly 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 are no recommendations around delaying spontaneous conception (trying to get pregnant on your own). However, the American Society of Reproductive Medicine states that if you’re at risk (suspected symptoms or exposure to a COVID-19 positive patient within 14 days) or have confirmed COVID-19, you should avoid pregnancy. There is no cause for alarm if you’re already pregnant.

There are very limited and conflicting data on a possible risk of congenital malformations in the setting of fever in early pregnancy. Data from the SARS epidemic in 2003 and the MERS epidemic in 2012-2013 are reassuring, suggesting that there was no increased risk of fetal loss or congenital anomalies associated with infection early in pregnancy. Currently, there are
inadequate data on COVID-19 and the risk of miscarriage or congenital anomalies.

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. It is possible that pregnant women will be more susceptible to COVID-19 and have more severe infection, however so far pregnant people do not seem to be experiencing more infections or more severe symptoms than non-pregnant adults. Pregnant women should follow the same precautions as non-pregnant patients:

- 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 touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people outside of your home.
- Do not come to work if you are sick.
- Avoid all non-essential travel.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw the tissue in the trash. Then wash your hands with soap and water.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home as much as possible, and if you need to go out, avoid crowded public spaces staying at least 6 feet away from all other persons.
- Wear a mask or cloth face covering when you are in public places, such as the grocery store. Please do not wear a mask with a valve, as these masks allow droplet release and do not protect others who may be nearby.

Can I get prenatal care during the COVID-19 pandemic?
Yes. As we work to protect our patients and health care workers from COVID-19 exposure, health care providers are rethinking about how we can best provide care to our patients. Like many other fields, we have 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 will be more limited, especially for lower risk patients. Ultrasounds, routine blood work (genetic testing and third trimester labs), and non-stress testing will continue.

Your healthcare provider will teach you how to do kick-counts to be sure your fetus is healthy and thriving. It will be helpful if you have a blood pressure cuff (arm cuff, not a wrist 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?

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Provided your support person is healthy without exposure to or symptoms of COVID-19, we allow one visitor for most deliveries. Support during the birthing process is key to patient trust and experience. However, the COVID-19 pandemic has forced hospitals to make some difficult decisions in order to preserve the health of patients and health care workers. While it may feel extreme, with limited availability of masks and other personal protective equipment, limited resources for the critically ill, and risks of exposure to coronavirus infection, hospitals have had to make decisions regarding visitors in order to protect patients, health care workers, and visitors.

Most hospitals are trying to take enough preventative measures so that they can continue guaranteeing one healthy support person can stay by the side of a pregnant patient through the labor and postpartum period.

**I heard about a COVID-19 registry for pregnant women. What is that?**

UCSF is currently enrolling patients in the PRIORITY (Pregnancy CoRonavIrus Outcomes ReglsTrY) Study, 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 being done to help patients and doctors better understand how COVID-19 impacts pregnant women and their newborns.

You may be able to join if:
- You are pregnant or have been pregnant within the last 6 weeks
- You were diagnosed with COVID-19; or have been evaluated for COVID-19 since January 1st, 2020

Please visit [https://priority.ucsf.edu/](https://priority.ucsf.edu/) for more information and fill out this form if you are interested in joining the study: [https://ucsf.co1.qualtrics.com/jfe/form/SV_8cyexkjt9NrcGdD](https://ucsf.co1.qualtrics.com/jfe/form/SV_8cyexkjt9NrcGdD)

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

We do not have very much information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS and MERS] during pregnancy, but there is not evidence that these risks are increased with COVID-19. There are mixed data about the risk of birth defects after high maternal fever in general. There is currently no evidence regarding optimal delivery route (vaginal vs. C-section) or timing, therefore, these decisions should be made on an individual basis in partnership with your doctor.

At this time, there is no information 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 and work in health care. Should I continue working?**

Talk to your boss and come up with a plan that works for you. The American College of OB/Gyn (ACOG) and Society for Maternal-Fetal Medicine both look to the CDC for guidance on this.

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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 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. The CDC currently recommends separation of mother and baby if there is concern that mother may be positive for COVID-19. This doesn’t mean that your baby can’t have your breast milk. Pumping is perfectly acceptable, as long as you take appropriate hand/skin hygiene precautions. Mothers can express breastmilk but should wash their hands thoroughly and disinfect the pump and bottles after use. Someone who is healthy should feed the child. 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.

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 require an in-person visit. Talk to your doctor to see what circumstances may merit an office visit for one of these options. At times, you may want to think about the risks and benefits of going into the office (and possible exposure to COVID-19) for a visit; if you decide to wait, consider trying another option or continuing what you’re currently using, and coming in at a later time when the pandemic has subsided.

Check out the Planned Parenthood website to make appointments for contraception counseling. When last checked on 3/23/20, 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. Although infections in children have been reported, including very young children, most confirmed cases of COVID-19 have occurred in adults.

Infection among children was fairly uncommon during prior Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) outbreaks. 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, and staying up to date on vaccinations, including influenza vaccine.

**Do the symptoms of COVID-19 differ in children compared with adults?**

Limited reports of children with COVID-19 in China have described cold-like symptoms, such as fever, runny nose, and cough. Gastrointestinal symptoms, particularly vomiting, as well as runny nose and sore throat may be more prominent in children than adults. Generally, children have tended to have milder symptoms than adults.

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Are children at increased risk for severe illness, morbidity, or mortality from COVID-19 infection compared with adults?
There have been very few reports of the clinical outcomes for children with COVID-19 to date. Limited data suggest that children with confirmed COVID-19 may present with mild symptoms and though severe complications (acute respiratory distress syndrome, septic shock, or death) have been reported, they appear to be uncommon. 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).

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 more susceptible and 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 adults and people with chronic conditions like heart disease, lung disease and diabetes: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

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, morbidity, or mortality 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 engage in usual 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, and staying up to date on vaccinations, including influenza vaccine.

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?
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. At the current time, we recommend video visits for routine, non-urgent medical visits. If you are unable to do a video visit, we recommend postponing non-urgent visits. Your clinical team is also available to respond to your questions via MyChart and telephone. We can also see you in a face-to-face visit for urgent issues that cannot be resolved via telehealth, telephone or MyChart.

If possible we recommend keeping at least a one-month supply of medications for chronic conditions. Your insurance company may limit the amount you can keep on hand (consider a mail order pharmacy). Keep over the counter home remedies available, if you need to treat
fever at home. We recommend keeping acetaminophen at home, as this is safe for most older adults.

Advance care planning is an important element of routine medical care, and this is a critical time to ensure that you have completed your advance directive. Talk to your doctor about this, and head to “PREPARE for your Care” at https://prepareforyourcare.org/welcome in order to create a plan today.

If you are caring for an older adult with dementia, the Alzheimer’s Association provides useful tips and information here: https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care

UCSF COVID BASICS COPING STRATEGIES

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

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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 activate 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 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.

**Can I continue to obtain medical and surgical care while shelter-in-place is in effect?**
The current shelter-in-place order allows people to seek care. In the rare situation where you may be stopped and asked for proof of your visit, your clinical team can provide you with an appointment letter via MyChart or the mail.

UCSF Health and your providers are able to offer telehealth visits for times when you can interact with your provider via video and receive management recommendations without coming into the clinic. Video visits are for routine, non-urgent medical visits. The first step to setting this up is to activate your MyChart account, and call your provider’s clinic to set up the visit.

If your clinical team has been in contact with you regarding scheduling your surgery or procedure, it’s been determined that the benefits of proceeding with your procedure outweigh the risks of coming to UCSF even while shelter-in-place is in effect. Medical and surgical care are considered essential needs and you should be able to come to UCSF for care.

**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?**
UCSF Health teams are working around the clock to stay on top of the evolving COVID-19 situation to ensure both excellent patient care as well as family and visitor safety.

Under the authority of City and County of San Francisco Health Officer Order No. C19-06, UCSF Health is restricting visitors in all of our hospital and clinic facilities until the transmission of COVID-19 is no longer a threat. At the current time, patients are not allowed to have visitors while in the hospital or clinic.

There are some important exceptions to visitor restriction, including:

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• Family members of patients who are in comfort care/hospice care.
• Visits by anyone who is legally authorized to make decisions for the patient, whether by operation of a DPOA (durable power of attorney) or conservatorship, or a surrogate decision maker as recognized by the provider team for patients who lack decisional capacity.
• Support persons for patients with developmental disabilities, physical disabilities/limitations or cognitive impairment who require assistance.
• Support persons for patients who have delirium and/or dementia where the presence of the visitor is necessary to reduce the patient’s delirium, reduce the risk of falls or other injury and otherwise reduce the risk of medical or clinical harm.
• Visits by family and legal advisors to update a patient’s will or other legal papers.
• Evaluations for transplant that require a patient to bring a caregiver or other support person.
• For pediatrics: All patients with an appointment in a pediatric clinic or pediatric infusion center.
• For Orthopedic Institute Surgery Center: All surgical patients may be accompanied by a caregiver or support person who is their source of transportation.
• Unique situations that may arise where the visitor’s necessity should be discussed with the on-site manager.

In all cases above, support persons/visitors must be screened for symptoms of COVID-19; those screening positive will not be permitted to visit, and will be given explanatory material, including instructions on hygiene and social distancing and a recommendation to seek care from their primary provider.

All support persons/visitors who are allowed under these exceptions will receive a “Visiting Responsibility” instruction sheet, including direction on handwashing, social distancing, other infection prevention measures and limitations on movement within the ambulatory care facility. Please see our current Visitor Policy here: https://www.ucsfhealth.org/for-visitors/visitor-restrictions-due-to-coronavirus

We will coordinate with your support persons your drop-off and pick up before and after your surgery or procedure.

**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. Additionally, UCSF Health as well as health systems nationwide will likely continue to be affected by COVID-19 for many months to come.

We have expertise in caring for patients with complex health conditions, and in infection prevention and control. Your doctors and their teams are working hard to assess whether your surgery or procedure can be safely postponed. If they have contacted you to schedule your surgery or procedure, they believe that the benefits of moving forward with your surgery outweigh the risks of coming to the hospital. If you are wondering if your surgery or procedure can be postponed until after the COVID-19 crisis is over, asking your doctor directly is a good way to engage in a discussion on whether this can be done safely. 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.