

CORONAVIRUS OUTBREAK



COVID-19

Checking In With Quarantined and Isolated Members

IAFF-trained peer supporters routinely check in with members to provide support and serve as a bridge to other resources. This work is especially important for members in quarantine or isolation due to the global coronavirus pandemic (COVID-19).

This guide includes information on creating infrastructure to conduct outreach to quarantined and isolated members and suggestions for what to cover in outreach interactions.

Infrastructure

- Affiliates and their departments should work together to develop a process for ensuring the peer support team is notified when members are placed in quarantine or isolation.
- Resources are available for peer supporters reaching out to quarantined or isolated members at www.iaff.org/coronavirus/.
- Additional information:
 - National Center for Post-Traumatic Stress Disorder ([Helping People Manage Stress Associated with the COVID-19 Virus Outbreak](#))
 - National Child Traumatic Stress Network ([Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019 \(COVID-19\)](#))
- Check in with each quarantined or isolated member every day or as requested, while they are quarantined or isolated. Quarantine and isolation can take a mental toll, so maintaining relationships is crucial.
- Use video chat, such as Skype or Facetime, or phone calls to connect with members. This will be an adjustment if you are used to meeting with members in person, but it is necessary to prevent further spread of the disease. Don't rely primarily on texting, although texting can be used to check in between phone or video calls.
- Collecting data helps show the benefits of peer support to administration and other stakeholders. Consider how outreach records for quarantined and isolated members should be kept – and if it differs from your peer support team's regular record keeping. At minimum, track the number of members assisted and the total number of contacts made.

Checklist for phone or video call:

- Ask about medical symptoms. The most common symptoms consistent with COVID-19 include fever, cough and shortness of breath. If members report symptoms, encourage them to notify the fire department in accordance with their exposure control plan.
- Ask about supply needs. Do members have appropriate medications, food and other needed supplies? If not, assist in obtaining these items or arrange for these items to be delivered and left at the door. Maintain a distance of at least 6 feet during deliveries.
- Encourage members to report occupational exposures in accordance with the department's exposure control plan. Members can also track their own occupational exposures using the National Fire Operations Reporting System (NFORS) exposure reporting mobile app available in the Apple App and Google Play stores.
- Provide accurate information about the virus and only refer to trusted health sources, such as the [IAFF coronavirus website](#), the [Centers for Disease Control and Prevention](#) or the [World Health Organization](#).
- Ask how the member's family is doing. You can direct family members to IAFF information, including [COVID-19 Behavioral Health Considerations](#) and [Guide to Managing Coronavirus Anxiety](#).
 - Family considerations for quarantine: Members can be quarantined at home for 14 days with family members occupying the same residence provided that members avoid close contact with family members and maintain a six-foot distance, self-monitor for any COVID-19

Symptoms of Coronavirus

Common symptoms:

- Fever
- Cough
- Shortness of breath

symptoms, practice and maintain personal hygiene (e.g., constant handwashing), avoid public contact and cooperate with local and state health departments.

- Family considerations for isolation: Members who are in isolation should not occupy the same residence as other family members. Departments should have designated isolation

locations. If not, then family members should consider relocating from the residence where the positive COVID-19 member is recovering.

- Ask how members are feeling. Listen, then normalize their reactions by providing psychoeducation about common reactions to quarantine. Everyone reacts differently to a communicable disease outbreak. While some go about their usual business, others will experience persistent anxiety, worry or fear related to the disease and a range of issues. A range of emotional, behavioral and physical reactions may also occur. Reactions to quarantine may include:
 - Uncertainty and frustration about how long you will remain in quarantine or isolation.
 - Loneliness associated with feeling cut off from the world.
 - Anger if you think you were exposed to the disease because of patient negligence, limited personal protective equipment or delayed or inadequate department protocols.
 - Boredom and frustration caused by the inability to work or engage in regular day-to-day activities.
 - Confusion or ambivalence about the situation.
 - Worrying about your own health status or the health of loved ones.
 - Sleeping too much or not enough, or the inability to fall asleep or stay asleep.
 - Changes in appetite.
 - Difficulty concentrating due to persistent worry.
 - Worsening of other chronic health problems.
- Ask how members are coping and pay attention for severe reactions:
 - A desire to use alcohol or drugs to cope.
 - Symptoms of depression, such as feelings of hopelessness, changes in appetite or sleeping too little or too much.
 - Symptoms of post-traumatic stress disorder (PTSD), such as intrusive distressing memories, flashbacks (reliving an event), nightmares, changes in thoughts and mood and being easily startled.
- Ask what has helped members cope so far during this time

Quarantine vs. Isolation

Quarantine is a *restriction on the movement* of people who have been exposed to a virus but do not have symptoms or a confirmed medical diagnosis.

Isolation is used to *separate infected persons* who have a communicable disease from those who are healthy to help stop the spread of certain diseases.

or during other difficult times. Build on their response by providing concrete suggestions on how to cope effectively:

- Follow common sense precautions to reduce the spread of the disease. Wash hands often. Avoid touching eyes, nose and mouth. Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. Maintain strict compliance with a 6-foot distance from family members and others if quarantined at home.
- Emphasize that structure is important. Help members create their own daily schedule to break up the monotony of quarantine or isolation.
- Recommend showering and getting dressed every day, even though staying home.
- Encourage exercise at home if not showing symptoms. Suggest YouTube or phone apps for guided routines. Remind members that equipment isn't necessary to get a good workout.
- Have members identify engaging activities to distract them and help get coronavirus off their minds. Isolation and unstructured time increase rumination, allowing anxious thoughts to grow. Distraction activities may include cell phone games, a favorite television show or movie, reading a book, a call or video chat with family members and friends, or a home project.
- Have members identify relaxing activities to calm the body and mind. Relaxing music, taking a bath, petting your dog or meditation are simple free activities that help deescalate the nervous system.
- Advise members to set limits on exposure to news, radio and social media. Consider turning off push notifications from these sources. Limit checking news reports to only once or twice per day for 15 minutes.
- Ask members who they are staying in contact with during quarantine or isolation and encourage social interactions from a distance, such as group chats or live action video games.
- **Above all, empathize with the discomfort and uncertainty of this situation, but emphasize this is temporary.**
- Schedule a follow-up to check in again.
- Provide members with additional resources so they can seek further help if necessary. Some options include:
 - 24/7 Firefighter & Family Crisis and Support Line: 844-525-FIRE (3473)
 - National Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746