Staying Home with COVID-19

Most people who get sick with COVID-19 will have only mild illness and should recover at home in 12 to 14 days.

Staying home, and providing care at home, can help stop the spread of the virus.

April 27, 2020

This guide will be updated as information and experience emerge. Please check www.covid19sma.com or https://www.facebook.com/groups/covid19sma/?ref=bookmarks for the latest version.

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Acknowledgements
This Guide was prepared through the combined efforts of the COVID-19 SMA Taskforce and the SMA Unitarian Universalist COVID-19 Taskforce. The review team was comprised of Mexican, Canadian and US health care providers and lay people in the San Miguel community.

Disclaimer
We have done our best to present information that is both evidence-based and practical. We have drawn on our own experiences as caregivers and on the most recent and widely respected guidance about the specific management of COVID-19. We will continue to update this document as the epidemic unfolds.

We drew on accounts of the experiences of those who shared their stories of illness and recovery.

We "borrowed" relevant graphics without restraint.

Finally, we relied heavily on guidance provided by WHO and CDC, specifically:

> *WHO,* 17 March 2020. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. Interim guidance. *https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts*
>
> CDC, Feb 12, 2020. Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19) *https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html*

Your questions and feedback are welcome. We invite the contribution of your research (with sources cited) to our collective understanding of how to care for those with COVID-19.

The Purpose of this Guide

This Guide was developed to support adults with COVID-19 illness (suspected or confirmed) who aim to stay home for the duration of their illness, and their caregivers. It does not replace medical advice and other forms of professional support. Users are advised to:

- contact their primary care physician at the onset of symptoms and remain in close contact throughout their illness.
- seek COVID-19 testing to confirm (or deny) the precise nature of their illness.

This Guide does **not** extend to the care of children or pregnant women.

This Guide does **not** extend to the provision of palliative or end-of-life care.

*People over 65 years, **and those of any age** with certain underlying conditions are at higher risk for developing more serious complications. These include:*

- *chronic lung disease or moderate to severe asthma;*
- *serious heart conditions;*
- *compromised immune system (cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, poorly controlled HIV, prolonged use of corticosteroids or other immune-weakening medications);*
- *diabetes;*
- *chronic kidney disease undergoing dialysis;*
- *severe obesity (BMI 40 or higher);*
- *liver disease.*

If one or more of these applies to you or your patient, please seek medical adviceas soon as symptoms start.

Source: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html

There are five main roles associated with providing COVID-19 care at home:

1. *Prepare in advance*
2. *Containment: Prevent the spread of the virus to yourself or others;*
3. *Manage symptoms and provide comfort;*
4. *Monitor for signs of worsening illness;*
5. *Identify (and celebrate) recovery and the end of isolation!*

Role #1: Prepare in advance

1.1 "Know thine enemy"

Understand how the virus works in our bodies. This short video might help:

English: https://www.youtube.com/watch?v=BtN-goy9VOY

1.2 Collect your supplies

- *A thermometer.*
- *Hand soap and hand sanitizer.*
- *A supply of face coverings / masks for yourself and the patient. Try different styles to see what you each tolerate best. Have enough to allow you to wash them with soap after you use them.*
- *Lots of tissues and a garbage bin with extra bags.*
- *Gloves. If disposable gloves are not available, any kind of washable gloves will work; in a pinch, use plastic bags over your hands.*
- *A notebook for recording and tracking the patient's progress.*
- *A communication system: cell phone speed-dial and/or a call bell set-up will be helpful.*
- ***Lots** of drinks, including lectrolyte replacement drinks and easy-to-prepare foods.*
- *A drinking cup or bottle with a good lid and a straw.*
- *Consider using paper plates and cups.*
- *A supply of fever-reducing medicine, cold/cough remedies, throat lozenges, etc.*
- *A heating pad or hot water bottle.*
- *Extra pillows, extra bed linen and towels.*
- *Insurance documents, Advance Directives (if in place), and next-of-kin information.*
- *Everything you (and/or your caregiver) will need to stay nourished, fit, sane and connected for (possibly) several weeks.*
- *The doctor's phone number, on speed-dial.*
- *The number of Red Cross Ambulance (415-152-1616) or 911, on speed-dial.*
- *A small bag of clothing, toiletries, prescription medications, etc. IN CASE you need to make a dash for the hospital.*

FAQ: *Should I use a pulse oximeter?*
A pulse oximeter is a device that clips onto the finger and measures heart rate and blood oxygen levels. While many COVID-19 patients will not need this level of monitoring, especially for those at particular risk, it might be helpful to buy, borrow or download one of these relatively simple devices.

The caveat is that accurate measurement of oxygen saturation (also called O_2 sats, pulse ox or SpO_2) depends on the quality of the device or cell phone App. Altitude, pre-existing anemia and wearing dark nail polish may affect results and natural fluctuations occur.

However, it IS clear that either a sudden drop (uniquely noted with life-threatening Covid-19 infection) OR a downward trend are reasons to be alarmed. If you're using a pulse oximeter at home, begin recording values at least four times daily as soon as possible to establish a strong baseline. Use the same device every time. Call your doctor if you notice a change. **NOTE:** A drop in SpO_2 can occur in Covid-19 patients **who are NOT short of breath or in distress** and **must be taken seriously.**

Devices are available for purchase here.

Once you become a caregiver for a suspected or confirmed COVID-19 patient,
you must stay away from other people as much as possible.

Be prepared.

1.3 Get set up

Clarify your own (or your patient's) wishes *regarding hospitalization, advanced life support and resuscitation. Where you have Advance Directive in place, be sure you know where that document is kept and what it says. Be sure the chain of command for representation regarding medical decision-making is clear.*

Establish your "circle of friends" *and easy contact mechanisms. Texting might be easier for the patient.*

- *For patients who live alone,* ***arrange for daily check-ins at a minimum****.*
- *Find out who is willing to take calls during the night, especially for patients who live alone, since nights are often when symptoms are worse or are harder to manage.*

Establish communication with family members.

Establish yourself with your doctor.

- *Make sure you know how to reach them. Ask what method they prefer for virtual assessments and consultation (by phone, WhatsApp, Zoom or other video-chat method);*
- *If you have a caregiver, make sure the doctor understands your relationship to the patient and is willing to discuss care decisions directly with you.*

Set up a journal. *One of the keys to effective illness management is to keep a record. Either the caregiver or the patient can do this, but it's essential to have a record of signs and symptoms, actions taken and responses to those actions. As this illness wears on over several days, it will be easy to lose track of important clues such as "when did the fever start?" and "how long have I had this headache?" or "how much water did I drink yesterday?" Any medications must be recorded, as well as data such as temperature, rate of pulse and respirations, and other information requested by the doctor.*

Role #2: Containment: Prevent the spread of the virus

2.1 Designate one caregiver.

- ***The ideal candidate is:***

- ✓ *in good physical health with no underlying under-lying chronic or immune-compromised conditions.*
- ✓ *prepared to be up-to-date and rigorous (read: obsessive) about maintaining effective distance, hygiene and sanitation protocols.*
- ✓ *has (or can quickly develop) a small "circle of friends" and/or health professionals for moral support, advice and discussion of the patient's progress.*
- ✓ *is able to stay isolated from other people until the patient recovers, and for 14 days following the patient's release from isolation.*

2.2 Safety precautions for both patient and caregiver:

- ***Wash hands often with soap and water for at least 20 seconds**, as well as after every interaction with the patient. Review the proper technique.*
- *Dry your hands with a towel that is replaced at least daily or use a paper towel*
- *If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.*
- *Avoid touching your eyes, nose, and mouth.*
- *Be rigorous about cleaning and disinfecting. CDC has produced a detailed guide to disinfection in the home. Clean all household surfaces that are touched often, like counters, tabletops, and doorknobs. Pay special attention to disinfecting all surfaces touched by the patient at least daily (phone, reading material, light switches, drawer pulls, touch screens, remote control…)*
- *Use household cleaning sprays or wipes according to the label instructions.*
- ***WHO recommends that both caregiver and patient should wear a mask or face covering when in the same room**.*[i]
- *Individuals who cannot tolerate a face covering should use rigorous respiratory hygiene; that is, their mouth and nose should be covered with a disposable paper tissue when coughing or sneezing. Materials used to cover their mouth and nose should be discarded or cleaned appropriately after use. Wash face coverings and handkerchiefs with regular soap or detergent and warm/hot water).*
- ***Take care of YOU:** call or WhatsApp your "circle of friends" to tap into support, often!*

> *Train yourself to use the inside of your shirt if you must touch your face.*

2.3 Set yourself (or your patient) up to be as independent as possible

- *Use WhatsApp or other messenger software and video for communication with you.*
- ***Don't stay with the patient longer than you need to**. Avoid "popping in."*
- *Find a bell or a noisemaker that your patient can use to summon you, when needed.*
- ***Remind them to journal their symptoms**.*
- *Leave food etc. at the door when practical.*

- *Make drinks and snacks available (hot and cold) in the room. Get creative with the use of a cooler, thermos containers, electric kettle, etc.*

Tips for correct use of a mask or face covering

2.4 Designate space: Isolate the patient as much as possible.

- ***Ideal:** a well-ventilated bedroom close to (and on the same level as) a bathroom*
- ***Ideal:** a bathroom solely for the patient's use, preferably en suite;*
- *If the bathroom is shared, create a rigorous cleaning protocol that will protect other household members. Leave it empty for as long as possible after the patient uses it. Healthy family members should remove their toiletries from the shared space.*

- ***REPEAT:*** *WHO recommends that both caregiver and patient should wear a mask or face covering when in the same room.*
- *Give your patient their own stash of tissues, disinfecting wipes and paper towels, hand soap and warm water (even if you have to change it) and a garbage can.* ***Teach them how to help keep you safe.***
- *If you need to be around others (within the home, in a vehicle, or doctor's office), wear a cloth face covering that covers their mouth and nose.*
- ***No visitors*** *should be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19. Avoid having any unnecessary visitors to the home, including delivery people, staff or family members.*

De-clutter the room to make it as easy as possible to clean.

2.5 Dedicate personal household items, like dishes and cutlery, towels, and bedding

- *Wash dishes separately with soap and water, or use the dishwasher.*
- ***Plan for managing laundry:*** *Ideally, bag laundry and store it for several days to reduce the amount of virus present. Otherwise, wear disposable gloves and keep clothing and bedding away from your body while laundering. Use the hottest setting your laundry will tolerate.*
- ***Do not shake laundry,*** *as this will dislodge virus particles back into the air where they might infect you or someone else.*
- *Depending on the situation, consider using a homemade cover-up for providing personal care or doing a deep-clean: https://www.casimedicos.com/tv/como-hacer-batas-con-bolsas-de-basura/*

Job #3: Managing symptoms and providing comfort

A unique feature of COVID-19 is that ***the trajectory is not a straight line****. People describe waves of profound fatigue interspersed with feeling reasonably well for short periods. This can go on for weeks.* ***If you begin to feel well, DO NOT assume your battle is over.*** *Maintain quarantine and be sensible about how much you exert yourself.*

The most common symptoms of a COVID-19 infection are:

- *Fever (a temperature above 38.0 C or skin which feels hot to the touch), often accompanied by chills and/or profuse sweating*
- *Body aches and pains, headaches*
- *A new, continuous cough, and sore throat*
- *Shortness of breath and difficulty breathing, especially on exertion*
- *Generalized "feeling awful": fatigue, disinterest in eating and drinking, crankiness;*

NOTE: Rashes *can appear anywhere and vary a great deal in their presentation (from blisters to hives to flat pink patches to fingers/toes turning blue or gray). It can be mistaken for dengue, measles, chickenpox, cellulitis, even frostbite! Lesions may itch, burn, sting or they may not bother you at all. They can present at any point in your illness and might be connected to the body's inflammatory response or to disturbed blood clotting mechanism.* ***Any new skin rash or lesion should be shown to your doctor or dermatologist: take a photo and send it, with as much information as you can think of (how it feels, date of onset, history of skin issues like eczema etc.)***

NOTE: Conjunctivitis *(pink eye), and loss of taste and/or smell have also been noted.*

3.1 Fever

Fever is a part of the body's response to the virus and many experts, including the Mayo Clinic, advocate ***not treating a fever in adults less than 38.9 C or 102 F.***[1] *For a fever above these limits, controlling fever is important to ensure your patient feels well enough to drink, eat and move around. Have paracetamol/acetaminophen on hand for treatment and use according to the package directions.*

If you have antibiotics lying around at home, **do not** take them to treat coronavirus. As it is a virus, **antibiotics will not improve coronavirus**.

Note: There are many 'cure' ideas that are not based in science. Don't be fooled by the 'miracle' treatments.

NOTE: *Healthy older adults often have lower body temperature when compared to younger adults and* ***may fail to reach the traditional "fever temperature range."***[ii]

Monitoring fever is an important way to know how things are going. Take your patient's temperature every 4-6 hours during the day and write it down. If paracetamol/acetaminophen is indicated, record when you gave it. Check for fever an hour after giving medication and record the response.

It is imperative to drink plenty of fluids, especially with fever related to flu.

Chills (shivering) is part of the body's natural response to an illness. It indicates fever, which should be confirmed using a thermometer. If the patient is really uncomfortable, they can be bundled up in layers of clothing or bedding until their temperature normalizes. Chills will generally subside on their own.

[1] *https://www.mayoclinic.org/diseases-conditions/fever/in-depth/fever/art-20050997*

Frequent and fast linen changes might be required to deal with profound sweating. If you are too tired to change the sheets, a large bath-towel or beach towel can be used to temporarily avoid sleeping in wet sheets.

FAQ: Is it true that ibuprofen should not be used to treat COVID-19 symptoms?

Currently there is no compelling evidence to support an association between ibuprofen and negative outcomes in patients with COVID-19. However, many credible organizations have advised caution on the matter and suggest using acetaminophen (Tylenol, Paracetamol, others) for fever and body aches. While both medications have side effects, acetaminophen is generally a safer option for older adults than ibuprofen.

https://www.who.int/publications-detail/the-use-of-non-steroidal-anti-inflammatory-drugs-(nsaids)-in-patients-with-covid-19

Keep in mind that cold remedies often contain paracetamol /acetaminophen. To avoid liver damage, calculate the daily cumulative dosage. The maximum for a healthy adult is 4000 mg.[iii]

Occasionally, COVID-19 can cause gastrointestinal distress and diarrhea. *Replenishing fluids in those cases is especially important, as dehydration can worsen a fever. Electrolyte-replacement drinks are recommended. Popular sports drinks like Gatorade tend to be high in sugar, so they should be diluted 50% with water.*

NOTE: *Staying well hydrated and moving around/changing position frequently may help to prevent the formation of small blood clots, which has been noted among people with even a relatively mild COVID-19 infection.*

3.2 Body aches and pains, headaches

COVID-19 takes advantage of our fatigue and aching bodies to do its worst work, creating thick, gummy secretions that solidify in the air sacs of our lungs. **Frequent position changes and mild exertion are important** (Fig. 1) to help lungs expand fully and to keep lung secretions from settling in. Patients should turn from side to side, lay prone (face down), sit up in a chair, take showers and go for walks as often as possible.

- *Massage, stretching, and application of heat or cold can help.*
- *Apply a heating pad or hot water bottle to back or chest.*
- *Ask your patient what might feel good.*
- *Distraction is one of the best weapons in your arsenal.*
- ***Do whatever it takes to keep your patient MOVING***
- *Try timing "light exercise" when pain relief medication effectiveness is at its peak, usually between 1 to 2.5 hours after administration.*

3.3 Cough and sore throat

Coughing is one of the best ways to keep lungs clear and healthy. *Support your patient to do deliberate deep-breathing-and-coughing exercises every two hours* ***Even if it's painful.***

- *To help with coughing up and expelling secretions, an expectorant medication will help.*
- *Throat lozenges and remedies like honey and lemon may improve a sore throat.*
- *For sleep, cold and flu remedies that contain a cough suppressant will help.*
- *"Splint" your cough by sitting up and holding a pillow to your chest/abdomen.*

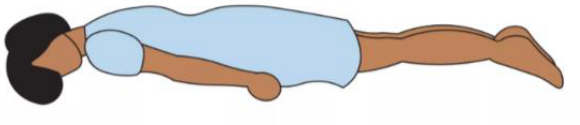
3.4 Shortness of breath, difficulty breathing

Being short of breath is scary. Being anxious contributes to shortness of breath, creating a vicious cycle. Your reassuring voice and some simple strategies will help.

- ***Most of our lung tissue*** *is actually in our backs, not in the front of our chests. Help your patient to sit upright to expand their chest all the way around (Fig. 2). Sit backward on a chair, stand and lean on a counter or table, or find any position that allows the patient to lean forward.*
- *Whether from illness or from anxiety itself, shortness of breath can be alleviated by pursed lip breathing. Focus on breathing out, not on breathing in.*
- ***Borrow a pulse oximeter (if you don't already have one) and monitor oxygenation levels 4-6 times/day. Keep a record.***

Frequent position changes are critical

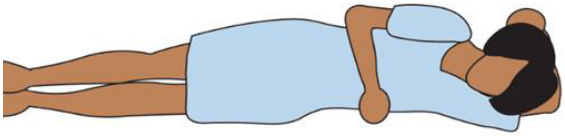
1. *30 minutes – 2 hours: Lying on your belly*



2. *30 minutes – 2 hours: Lying on your right side*

3. *30 minutes – 2 hours: Sitting up*

4. *30 minutes – 2 hours: Lying on your left side*



5. *30 minutes – 2 hours: Lying on your belly again*

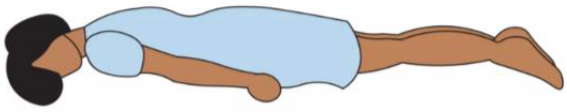


Fig. 1: Suggestion position change routine.

Pursed lip breathing to slow breathing down:

- *To start, sit or stand in a position that allows maximum chest expansion (see diagrams)*
- *Breathe in slowly through your nose, mouth closed, to the count of 4.*
- *Purse lips (as if to whistle or gently blow out a candle).*
- *Breathe out through your mouth slowly and gently, to the count of 6.*
- *Repeat 10 times then breathe normally.*

Diaphragmatic breathing to loosen secretions and stimulate coughing:

1. *Place your hand on your belly.*
2. *Breathe in slowly through your nose to the count of 4. Feel your belly rise under your hand.*
3. *Breathe out through your mouth with pursed lips to the count of 6 or more. Feel your belly fall.*
4. *Repeat 10 times, then breathe normally.*

• Try different breathing strategies (diaphragmatic breathing / belly breathing) to keep airways open longer, loosen secretions and stimulate coughing. Some people find using a meditation app or giphy helpful. (https://giphy.com/search/breathe)

• Patients are often intuitive about what will help – listen to them and provide support, see if it works.

• Do not leave the patient alone when they are experiencing shortness of breath.

• Assure the patient's safety, as they may be too weak to re-position themselves.

Some degree of shortness of breath is normal with COVID-19. When you report it to the doctor, you may be asked:

- *How many times do they breathe per 30 seconds?*
- *What are the pulse oximeter readings?*
- *Are they able to talk? To complete sentences? To walk unassisted? To eat?*

Your doctor may prescribe medication and/or home oxygen to relieve symptoms.

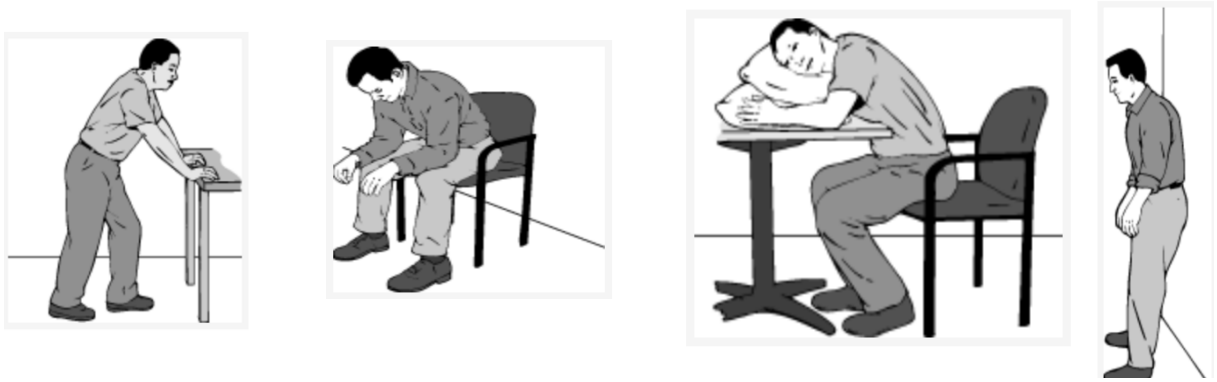


Fig. 2. Positions that maximize lung expansion

3.5 Generalized "feeling awful"

Maintain hydration: *Provide plenty of fluids. Urine should be a pale color and clear.* ***Strive for that****. Resist offering alcohol, and caffeinated and highly sweetened drinks.*

Support good nutrition*: Provide healthy food as much as possible. Offer soups, fresh fruit and soft foods that are easier to swallow. If your patient is short of breath while eating, make sure they're sitting upright to eat. Offer small meals frequently and avoid filling up on fluids. Encourage eating slowly, breathing deeply between bites. Provide soft, easy-to-chew, nutrient-rich foods. Avoid foods that cause gas or bloating.* ***NOTE:*** *Loss of taste and/or smell occurs in some COVID-19 infections, making nutrition support even more challenging.*

FAQ: *Is it OK to have my pets with me when I'm sick with COVID-19?*

While there is no evidence that pets are a source of infection or can spread COVID-19 to other people, the CDC is aware of a small number of dogs and cats that have contracted COVID-19 after close contact with their infected owners. Current guidance is to avoid contact with your pet (if you are sick) – no snuggling or sharing bedding – and to have someone else look after your pet until you have recovered. For complete guidance, see https://www.cdc.gov/media/releases/2020/s0422-covid-19-cats-NYC.html

Support general well being: *Assist your patient to maintain self-care activities such as bathing, grooming and personal hygiene routines as much as possible. Fresh clothes or sleepwear, and a change of linen provide a sense of wellness. Provide fresh air whenever possible. Protect sleep times and keep stress to a minimum.*

Be patient and optimistic: *Focus on good news. Promote relaxation exercises such as deep breathing, stretching and meditation. Connect with friends and family through phone or video calls. Provide distractions: music, reading, audiobooks or movies.*

Reduce anxiety: *Besides the symptoms specific to COVID-19, it is not unusual to feel worried and fearful. However, mental distress is counter-productive to the task at hand, which is* ***to get better****! To avert, interrupt or alleviate anxiety, you can:*

- ***Allow for expression of feelings****. Reassure your patient that it's normal to feel fearful or anxious. Listen and reflect what the patient is saying without judgment.*
- *Reaffirm your commitment to "getting through this, together."*

Practice the FaceTime, Zoom, Marco Polo, Skype, WhatsApp, Messenger…anything … as early in this journey as possible.

- *Reaffirm that they ARE making progress. Reiterate that with COVID-19, it's normal to get worse before turning the corner to wellness but* ***that they are on track.***
- ***Help your patient to focus on "pushing through."***
- *Remind your patient that the vast majority of patients with COVID-19 do get better! This flu might a longer-and-stronger version than we're used to, but "this too shall pass".*
- *Set up phone calls or video-chats with pastoral care providers.*
- ***Support connections with family and close friends that are encouraging and optimistic.*** *Deflect or postpone conversations that escalate anxiety, guilt, regret or fear.*

Make sure your patient sees you taking care of yourself!

- *Reassure the patient that they are not a burden and that you are taking care of YOUR health and YOUR needs.*
- *It's also often experienced as "non-linear": many recovered patients describe their symptoms coming in waves or spikes, even after a period of feeling reasonably well.* ***This is normal for COVID-19*** *– it's important not to feel discouraged or hopeless.*

Job #4: Monitor for signs of worsening illness

Unlike other flus you might be familiar with, COVID-19 can take 10-14 days to really manifest its full effect. The worst effects can manifest on Day 9 or 10. In short, it might get worse before it gets better.

4.1 Watch for emergency warning signs and get medical attention immediately.

Emergency warning signs include:

- *Trouble breathing, pulse oximeter reading falling below 90*
- *Persistent pain or pressure in the chest*
- *New confusion, delusions or hallucinations, lethargy or inability to wake up*
- *Bluish lips or face*

4.2 Know what you want, and what you don't want.

REPEAT: *Do everything you can to clarify your patient's wishes regarding hospitalization, advanced life support and resuscitation. Where your patient has legal documentation in place, be sure you know where that document is kept.*

4.3 Be prepared to act quickly if an emergency develops.

With either suspected or confirmed COVID-19, tell the doctor, hospital and/or ambulance before leaving home. It is important that your patient prepare for the visit, to protect themselves and other patients there.

***NOTE:** A hospital visit does not necessarily lead to admission. It is possible to have an assessment (for instance, to rule out a secondary pneumonia), to receive hydration support (through a short-term IV), to receive medications (to reduce pain or anxiety, to treat inflammation) that might further alleviate symptoms, and to receive oxygen, which can be used at home, if that brings relief.*

4.4 Prepare for an efficient assessment

Before you go, write down and take:

- *A brief medical history (age, underlying medical conditions, any medications regularly used).*
- *COVID-19 history: Known exposure to a confirmed case, date of onset of symptoms, recent travel, list of symptoms and how they are being managed.*
- *Your patients written wishes or Advance Directive if they have one.*
- *Bring your cell phone and charger, and toiletries, prescriptions and a change of clothes in case you need to be admitted to hospital, even for a very short stay.*

The patient (and anyone accompanying them) should wear a face covering or mask.

Job #5: Identify (and celebrate) recovery and the end of isolation!

Deciding when your recovered patient can leave home is not straightforward. Simply feeling well again is not sufficient to ensure the safety of the community: in many cases, the virus remains present and continues to shed for up to two weeks. This means your patient might still be contagious.

*CDC advises that people **with suspected or confirmed COVID-19 who have recovered at home** be evaluated in two categories[iv]:*

A. ***Those who WILL NOT be tested to determine if they are still contagious** can leave home if they meet these three conditions:*

1. *They have had no fever for at least 72 hours (that is, three full days of no fever without the use medicine that reduces fevers) **AND***
2. *other symptoms have improved (for example, when their cough or shortness of breath have improved) **AND***

3. ***at least*** *7 days have passed since their symptoms first appeared.*

B. ***Those who WILL be tested to determine if they are still contagious*** *can leave home if they meet these three conditions:*

1. *They no longer have a fever (without the use medicine that reduces fevers)* ***AND***
2. *other symptoms have improved (for example, when their cough or shortness of breath have improved)* ***AND***
3. *they have received two negative tests in a row, 24 hours apart. Their doctor will follow CDC guidelines.*

Where follow-up testing is not possible, WHO recommends that confirmed patients remain isolated ***for an additional two weeks*** *after symptoms resolve.*

[i] https://www.who.int/docs/default-source/documents/advice-on-the-use-of-masks-2019-ncov.pdf
[ii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6456186/
[iii] https://www.health.harvard.edu/pain/acetaminophen-safety-be-cautious-but-not-afraid
[iv] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html#monitor