

Life Amidst Lockdowns



Tips from a GP

A Practical and inclusive guide to moving forward
safely in the COVID-19 pandemic

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Note: This guide is intended to be a reference and does not replace government guidelines. It contains principles and advice that must be taken in the context of latest official government recommendations, so please stay up to date with these as they are rapidly changing. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your doctor or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this document. Any views or opinions expressed in this document represent the views of the author and do not represent those of the people, institutions, organisations or employer that the author is associated with, unless explicitly stated. Any views or opinions are not partisan to or intended to malign any religion, ethnic group, organisation or individual. All data and guidelines correct as of June 2020.

This guide is an abridged version of the original publication,
Lifting Lockdown Tips from a GP – By Farhana Rahman

Please refer to the full edition of this publication for full details and references,
available to download

<https://bit.ly/LiftingLockdownGPGuide>

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Introduction

Lockdown restrictions are constantly changing as the spread of the virus goes up and down.

The virus has not gone away, so we need to keep up with measures to protect ourselves, the people we love and our communities from infection.

The virus is now in 'general circulation' and the pandemic is not over. As predicted, localised outbreaks have already occurred and the virus continues to disproportionately impact BAME communities.

It's now more important than ever for us to be empowered with the knowledge to safely integrate Coronavirus risk into our lives as we move forward together. Indeed, we cannot stay locked down forever either – this itself has been very damaging. We need to engage with the world again to some degree for the wellbeing of ourselves and society, whilst remembering the risks are not evenly spread in society.

Remember, the virus has not gone away and the following truths remain unchanged:

- Your body is just as susceptible to catching the virus as before.
- The virus is just capable of making you very sick/causing death as before.
- The virus itself is just as contagious as it was before.
- There is no effective treatment.
- There is no vaccination.
- If the spread increases, the virus can put us back into lockdown again.

This guidance offers principles and a framework to help you understand risk, how to assess it in your daily life and gives you the tools and resources to try to help minimise it. It should be used alongside the latest government recommendations, so please stay up to date with this as it is rapidly changing.

Navigating the 'new normal'

Avoiding Infection

We need to get used to thinking about Coronavirus risk every day and in every interaction that we have. We have to balance this risk with the benefits to our physical and mental health as we increasingly interact with others, as society returns to a 'new normal'.

When interacting with others on a day to day basis, we need to think about Coronavirus and its various risks.

Who is at risk of harm from Coronavirus?

It's true that most people who get Coronavirus don't get very sick - but if you do have the virus it is very easy to give it to someone else who might.

Some people can end up with an illness that lasts for months that leaves them exhausted with many medical problems.

Some people can end up in hospital and end up very sick from infection. This is more likely in the following:

Age – It's now well known that people over the age of 70 are high risk, but we need to remember the risk starts to increase above the age of 40

Men

Medical conditions – This includes those who were 'shielding' and instructed not to leave the house until very recently, as well as those invited for a flu jab i.e those with chronic conditions like diabetes, high blood pressure, kidney disease and dementia and more.

Obesity/Weight

Pregnant women – especially those in the late stages of pregnancy, those with underlying medical conditions and BAME women

Environment –

- those whose jobs put them in high contact with people
- those who live in cities: use [this website](#) to track infection levels locally.
- those who suffer poverty.

Ethnicity – BAME people are at higher risk of worse outcomes than White people (see later)

If most of this applies to you, your risk of harm is increased. However, it shouldn't cause fear but instead should encourage caution. Remember, most people who get Coronavirus will survive, and that includes high risk people too.

However:

- you should take extra care when interacting with others
- you should speak to a doctor if you are sick with COVID-19 and are worried
- you may need additional risk assessments to keep you safe at work

Risk of Spreading/catching COVID-19

Remember the basics:

Mouth, nose, eyes and lungs

- The virus spreads when the secretions from the nose or mouth of an infected person get into the mouth, nose or eyes of another person or when they are breathed into the lungs.
- Secretions from an infected person's nose/mouth are released when they cough, sneeze, sing, speak or breathe (more so if they are breathing hard or shouting).
- When these infected fluids are released, they disperse into droplets of varying sizes some are extremely tiny (aerosols) whilst others are larger. These droplets have the ability to travel varying distances, before falling to the ground. However, the really tiny droplets can also remain floating in the air for some time, especially indoors. Whatever the size of the droplets, they all carry the virus inside.

Transmission by air

- People who are in close contact (usually at least 15 minutes) with an infected person can catch the virus when these infected droplets travel into their mouth, nose or eyes.
- The virus transmits much more indoors: this is because it is easier for the infected droplets to be breathed in, in an enclosed space.
- Therefore, if enough time is spent together, an infected person can spread the virus to other people indoors, even if everyone keeps a distance from each other, especially if ventilation is poor.

Transmission by touch

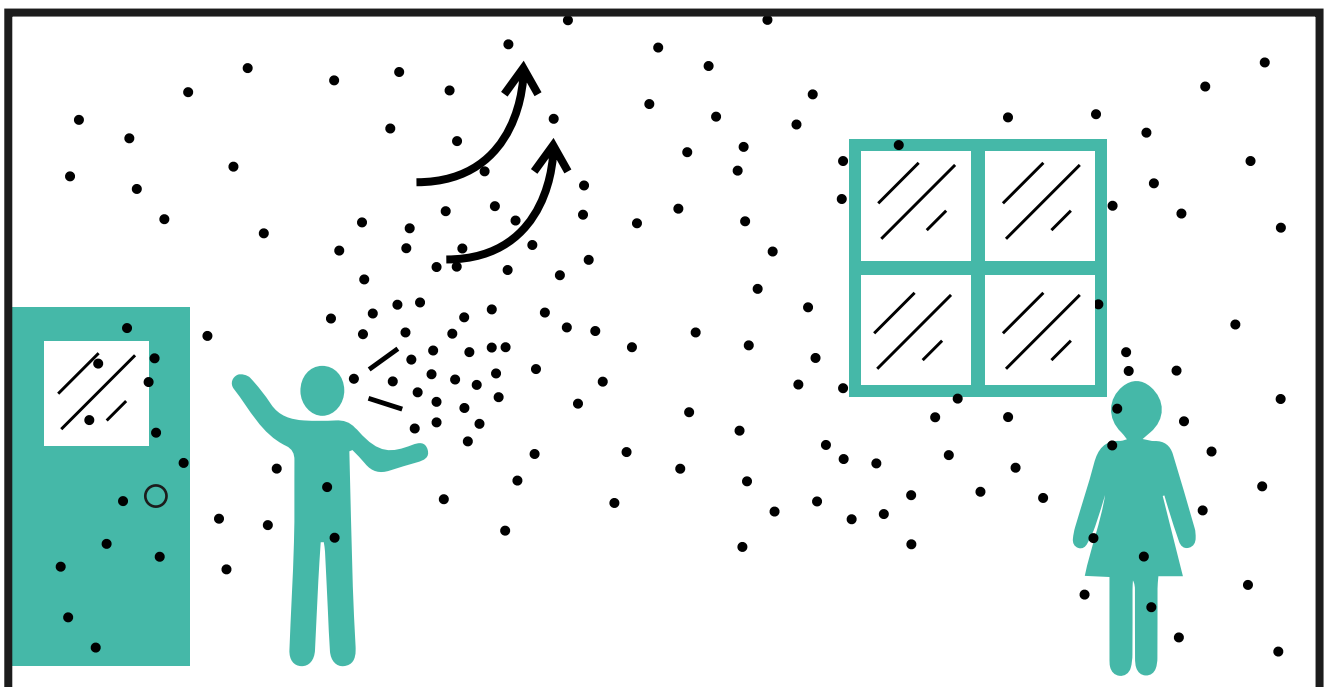
- The virus is also spread when the secretions from an infected person get onto a surface. If another person then touches this contaminated surface and then touches their eyes, nose or mouth, they can become infected.
- This can occur between people e.g through hugging, kissing, shaking hands
- This also commonly occurs on frequently touched surfaces e.g door handles on the bus or tube.
- People are most infectious at the beginning of the illness and for 1-2 days before the onset of symptoms- so they may spread it before realising they even have it.
- **SILENT SPREADERS:** Anyone can spread Coronavirus, even if they don't have symptoms.
- In fact, some people will catch the virus, will not develop symptoms at all, but can still spread it without ever realising. Therefore, you should presume that anyone you have contact with could be carrying the virus and they should think the same about you too.

Use these 10 tools to help reduce this risk:

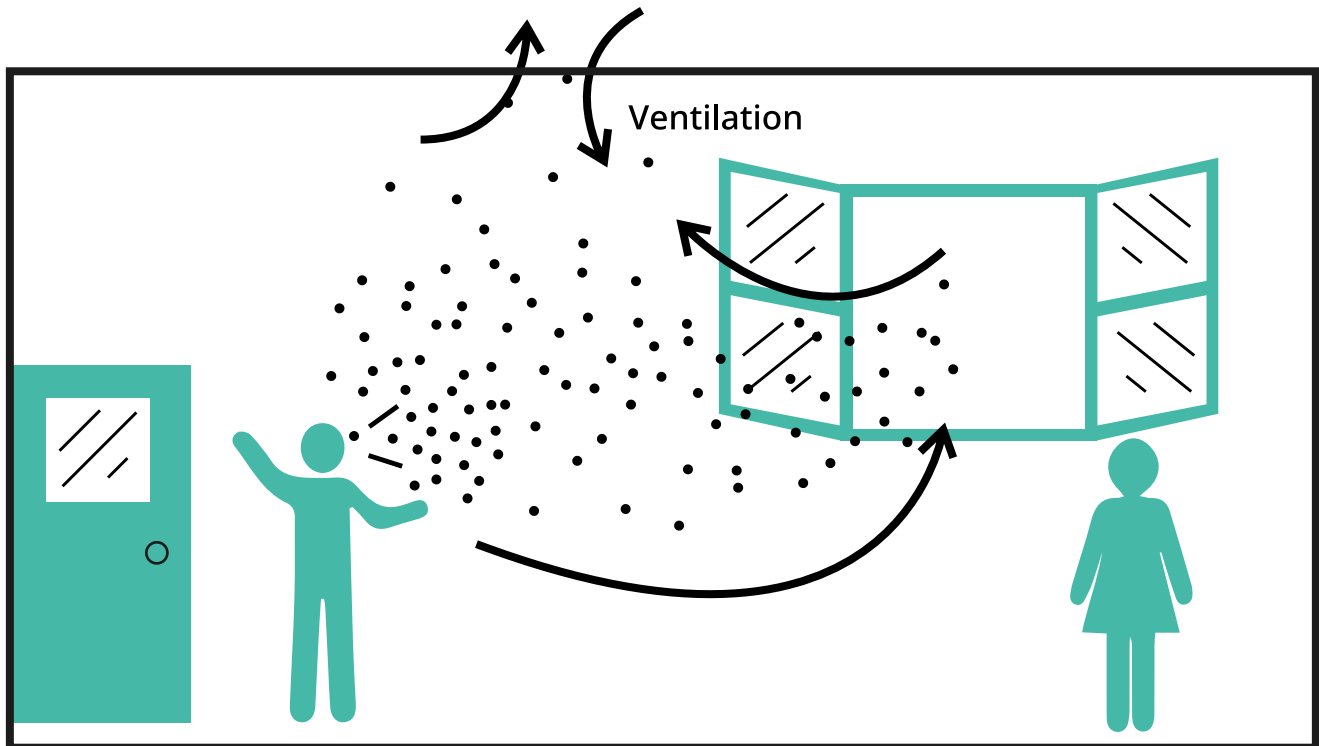
Remember, just because you're doing one of these things, doesn't mean you can forget the rest! It's essential to adhere to all of these measures as much as possible to help reduce catching/spreading the virus.

It's understandable why people begin to wonder what's the point? If we're being encouraged to go to a restaurant full of strangers, then is a family gathering at home any worse? If you have to squash onto a crowded bus to work, why should you have to keep a distance from guests in your own home? There is no easy answer, and some of the official advice has been confusing. Ultimately, we have to recognise that there are some things we can control and others that we cannot. And what is safe for some, may not be safe for others. So until this virus has gone away or we have an effective treatment, we need to use our judgment whilst sticking to these measures as much as possible, wherever possible for our own welfare, that of our loved ones and for society as a whole – and this is especially true if we are at increased risk of harm from this virus.

- 1 **Social distancing** – *keep at least 2m away from anyone outside your household to avoid coming into contact with infected droplets.*
- 2 **Being outdoors vs indoors** – *Being outdoors is always preferable to being indoors, because the virus transmits more indoors. Remember, you still need to socially distance – even when outside.*
- 3 **Ventilation** – *if you are indoors, a large, well ventilated space is better than somewhere small and windowless. If you are indoors with people from outside your household, be sure to keep the doors and windows open. This helps remove the virus from the air.*



In a less well ventilated area, COVID-19 can spread far easier.



Adding more ventilation can reduce the risk of infection.

- 4 **Hand hygiene** – *This is essential to avoid spreading/catching the virus with your hands.*
 - wash with soap and water for 20 seconds or use alcohol gel:
 - after touching any surface (assume it is contaminated with the virus)
 - before eating
 - after coughing/sneezing
 - remember to cough/sneeze into your elbow, not your hands – or better straight into a tissue and throw it away immediately afterwards, and then wash your hands

And always remember: NEVER TOUCH YOUR FACE UNLESS YOU'VE JUST WASHED YOUR HANDS.
- 5 **Avoid crowds**
- 6 **Wear face coverings** – *It helps form a barrier against the movement of infected secretions. Wear them outside your home, particularly if you are indoors – although there can still be benefit wearing them outdoors when you consider that the virus can travel more than 2 metres and can remain in the air depending on local factors like wind speed, so it is worth wearing them whenever you are near people.*
- 7 **Short duration of contact** – *keep it brief, less than 15 minutes – especially if you are in an enclosed space/ cannot socially distance.*
- 8 **Stand side to side** – *rather than face to face if you can't keep a distance.*
- 9 **Trusted groups** – *consider mixing (whilst socially distancing) with people you know and trust to adhere to safety measures, perhaps even more relevant for higher risk individuals.*
- 10 **Ensure strict hygiene rules if you have guests come to visit**

10 rules for when guests come to visit:

- ① Stay outdoors ideally– if you do go inside, keep the windows open, keep a distance and don't go beyond the numbers permitted by the government.
- ② An easy way to avoid awkwardness is to offer alcohol gel with a smile when guests arrive: start as you mean to go on!
- ③ Wash hands before, during and after preparing food and ensure strict hygiene measures during food preparation to avoid transfer of saliva onto food that is to be shared.
- ④ Serve up food straight onto guests' plates rather than having large sharing bowls/platters – this can avoid everyone needing to touch the same spoon to serve themselves.
- ⑤ Wipe down commonly touched surfaces like door handles, taps with disinfectant.
- ⑥ Do not share towels – keep out disposable paper napkins or disposable kitchen roll in the bathroom and kitchen for them to use after washing their hands, and keep a bin nearby so they can dispose of used items easily.
- ⑦ Keep cleaning equipment to hand as visitors may need to use the bathroom – keep wipes and disinfectant out to encourage them to use after use
- ⑧ Remember not to touch your face and keep an eye out for your guests and remind them not to as well
- ⑨ Encourage handwashing or keep alcohol gel handy for them to use
- ⑩ See government guidance for further details on hygiene measures to reduce the spread of Coronavirus.

*If you live in shared accommodation – particularly with residents who you do not know:
Use the tools listed above as much as possible. Remember the following 10 steps:*

- *Avoid shared spaces when other people are there, if possible*
 - *If you spend time with others in shared spaces:*
 - *Avoid shared spaces if they're crowded – come back when fewer people are around*
 - *keep a distance*
 - *keep it short*
 - *leave the windows open*
 - *consider wearing a face covering.*
 - *Regularly wash your hands throughout the day*
 - *NEVER TOUCH YOUR FACE UNLESS YOU'VE JUST WASHED YOUR HANDS.*
 - *Wash hands before, during and after preparing food*
 - *If you share utensils with others, wash them again just before use to ensure they are clean.*
 - *Use your own tea towel to dry crockery and utensils.*
 - *Do not share towels for showering/dry your hands*
 - *Clean frequently touched surfaces with dilute bleach/disinfectant e.g door handles, appliance on/off buttons*
 - *Avoid touching frequently touched surfaces with your hands if possible, e.g open a door handle with your elbow*
- (See also Protecting Your Household for more details)*

Curbing Infection

Once symptoms of infection occur, we need to:

All engage with Isolate, Test and Trace policies to curb the spread of infection

Be aware of when to go beyond the guidelines to enhance your safety measures

The 3 main symptoms of COVID-19

New continuous cough

Fever

Loss of change in taste/smell

Current UK guidance is as follows:

Isolate – if you develop ANY of the symptoms above, you must self isolate for 10 days and your household must self-isolate for 14 days.

Test – immediately order a test at www.nhs.uk/coronavirus or call 119.

Results – if your test is positive, you must complete the rest of your 10-day self-isolation. Beyond this time period, you still need to isolate if you have a fever or feel unwell (e.g feeling/being sick or having diarrhoea or having a runny nose/sneezing) – you can stop isolating if you have not had a fever for 48 hours and you feel well. Everyone in your household must also complete self isolation for 14 days from when you started having symptoms. If your test is negative, you and other household members no longer need to self isolate.

Share contacts – if you test positive, share details ASAP of the people you recently had close contact with and any places visited via the NHS Test and Trace service (you will be contacted with details of this. NHS COVID-19 App: download this app to help identify and manage risks.).

If you receive an alert from the NHS Test and Trace service that a close contact has tested positive for coronavirus:

- You should self-isolate for 14 days from your last contact with them – even if you feel well – as you could go on to develop symptoms and infect others during this period.
- Your household does not need to self isolate but should avoid contact with you at home and take extra care, following guidance on social distancing and handwashing.
- If you then develop symptoms, then you should request a test as above and your household must go into 14-day isolation.
- If your test comes back negative, it is crucial that you still complete your 14-day self isolation period because you may have the virus - it just might not yet be detectable on a test - so you could unknowingly spread the virus if you leave the house. Other members of your household, however, do not need to remain in self-isolation.

Going beyond the guidelines

It may be appropriate to consider:

Isolating where you have symptoms even if they are not the 3 main symptoms.

There are lots of different symptoms of COVID-19. Since we know how infectious a person can be at the start of their illness, someone may unknowingly spread the infection before they develop the 3 main symptoms, or may not develop them at all. So bear in mind the possibility of COVID-19 if you develop non typical symptoms and if possible, consider self-isolation for you and your household even if you have not developed the 3 main symptoms. At the very least, try to minimise your contact with others. Sometimes these can occur before, in combination, or without, the 3 main symptoms of COVID-19. Of course, not everything is COVID-19, so seek advice if unsure. As always, if you are unwell or concerned or struggling to manage your symptoms, you should seek medical attention.

Examples of non typical symptoms of COVID-19

Non typical symptoms of COVID-19

Fatigue
Breathlessness
Muscle Aches
Nausea
Diarrhoea
Unusual Rashes
Chilblains of toes and fingers

Non typical symptoms of COVID-19 that may occur in older people

Confusion
Delirium
Loss of function
General decline
Loss of appetite
Falls
Nausea/vomiting

Older people can often present differently - seek prompt medical attention and consider isolation for the affected person and the household - even without the development the 3 main symptoms. Your doctor will be able to advise you further on this.

Isolating even where a test result is negative.

Out of 100 cases of active Coronavirus infection, the (antigen) test will pick up around 70 of them. This means a significant number of test results may come back as false negatives. If you or someone in your household has the main symptoms of COVID-19 - especially true loss of taste/smell i.e without a blocked nose - but the test result is negative, strongly consider continuing isolation.

Isolation for longer than current guidance requires

UK guidance now states a symptomatic person should isolate for 10 days from the onset of symptoms. They can stop isolating after this time period if they have not had a fever for 48 hours and if they feel well. The 7 day isolation period was increased to 10 days at the end of July 2020 - it was a very welcome change since people can often deteriorate into the second week of symptoms after a relatively mild course, even without a fever and the World Health Organisation ⁹ says to isolate for 14 days from start of symptoms - so it's best not to rush back if you're not feeling well.

BAME communities and COVID-19

COVID-19 has disproportionately affected these diverse groups of people who come from many different ethnic backgrounds – the term ‘BAME’ is used in this guide for ease of understanding, as you will find this term in official documents and recommendations from the government. However, it is a problematic way to group people together. There is no one thing that genetically links all these various groups together – the only consistent trait shared is that they are all non-White. In fact, the inheritance of the colour of our skin actually has nothing to do with how we inherit other biological characteristics like our blood group or the genes that make us more likely to develop diseases (e.g diabetes).

- Black and Asian people are considerably more likely to die from COVID-19 than White people.
- Black males are x4 more likely to die from a COVID-19-related death than White males
- South Asians in hospital with COVID-19 were found to be 20% more likely to die than White people.
- Pregnant women from BAME groups are more likely to need hospitalisation if they develop COVID-19.
- Researchers suggest treatment and vaccinations may need to be prioritised on the basis of ethnicity. This is because of the increased severity of disease in ethnic minorities who work more frequently in frontline key worker and public-interacting occupations.

Why is this happening? More research is needed but so far the reasons suggested include:

Genes? – No evidence exists of a single, unifying underlying genetic cause for worse outcomes across all BAME people from COVID-19, but research continues.

Underlying medical conditions? – This definitely plays a role – many BAME individuals have higher rates of underlying health conditions that put them at increased risk of poor outcomes from COVID-19. This includes heart disease, high blood pressure and most notably diabetes which is especially true for South Asian people.

Deprivation? – Socio-economic differences are known to be linked to health inequalities amongst different ethnic groups. Some ethnic minorities have lower quality housing, more overcrowding, live in the most deprived neighbourhoods and are disproportionately likely to be on low income and face poverty – factors recognised to increase the exposure to COVID-19 amongst BAME communities.

BUT – Scientists have noted that the increased risk of death in Black and Asian people hospitalised with COVID-19 is only partly linked to deprivation and underlying medical conditions.

BAME communities and COVID-19

So what else could be going on?

Experts have previously stated that ethnicity should be considered separately to socioeconomic status when addressing health inequality – if not, we cannot fully understand the complex social issues and health patterns that drive poor health in ethnic minority communities.

Working in environments with high risk of exposure to COVID-19 - BAME people are more likely to have jobs that expose them to Coronavirus, including health, social care and keyworker roles.

Workplace discrimination - Even before COVID-19, race-driven workplace discrimination has been demonstrated across various sectors. This can affect a person's ability to be able to speak up for their needs, which is important to recognise since BAME people are more likely to work in high risk jobs.

The majority of the doctors who have died from COVID-19 have been from ethnic minority groups. More work is needed to understand why, but it is relevant to note that in a survey by the British Medical Association, double the proportion of BAME doctors felt pressured to work in high risk COVID-19 settings with inadequate Personal Protective Equipment compared to White doctors.

Ethnic health inequalities pre-COVID-19

Even before COVID-19, BAME groups were recognised to generally have worse health than the overall population and the reasons for this are complex. However, the pandemic has highlighted this and has caused devastation along these divisions.

For example:

Before COVID-19: Between 2014-2016, Black women were found to be five times more likely and Asian women twice as likely to die compared to White women in pregnancy.

After COVID-19: Pregnant women from BAME groups are more likely to need hospitalisation if they develop COVID-19.

Experiences of Racism on General Health Outcomes

Studies have shown that the effect of racism itself can cause poor outcomes on a wide variety of health measures. Indeed, evidence demonstrates that experiences of discrimination are stressful and produce acute changes within the body.

So what can we do?

Take the following 5 steps:

- 1 Take extra care when interacting with others to reduce the risk of catching and spreading the virus. Be aware that the risks are not equal in society and you may need to take more care than others (see previous section).
- 2 Be able to recognise whether your workplace is keeping you safe. If you feel unsafe, use the tools listed to help you speak out against this (see next section).
- 3 Take steps to protect your household if you work in high contact jobs and have high risk people in your household (see next section).
- 4 Improve our underlying health so we can face the future with positivity whilst lowering our risk from COVID-19. This is an opportunity for everyone, of all backgrounds to assess the way we live, think of how we want our future to look and make active changes towards improving our underlying health so we can meet these goals. At the same time, this can also reduce the chances of become seriously unwell from COVID-19.

This framework can help:

ACTIVITY: Aim for at least half an hour of physical activity a day, at least 5 days a week.

NOURISHMENT: Aim to eat more home-cooked, unprocessed whole food with lots of fruit and vegetables, be mindful of portion sizes and try to reduce salt and refined sugar in your diet. Try to switch to whole grains and remember bread, rice, pasta and potatoes all get converted into sugar, so try and limit how much of these you eat.

MIND: Take time out to look after your mental health. Exercise, being outdoors, social interaction (whilst socially distancing) and eating well can all help us feel better and reduce stress. Meditation and mindfulness practices can help calm the mind, and some people find prayer useful too. If you have a diagnosis of a mental health condition, be sure to speak to your GP to ensure you are being treated adequately with medication if needed and /or talking therapies.

BODY: If you have underlying medical conditions, ensure these are well controlled and speak to your GP if you have any concerns. Aim for 7-8 hours of good quality sleep at night. You may well find that the three steps above may also help control chronic conditions – the mind and body are all linked. It is especially important to pay attention to diabetes control as this can worsen COVID-19 outcomes. [Click Here](#) for leaflets in different languages.

SOUL: Whilst for some this word will resonate on a spiritual level, in this context it also describes living life with a sense of purpose. This can be a reminder to assess our goals, acknowledge our beliefs and recognise the values we hold dear –in this way, we can steer our lives so that the the choices we make are aligned with this. This can help us feel more fulfilled and content, even just by making small changes where possible.

- 5 Be aware that there can be no blame or shame – COVID-19 doesn't affect vulnerable groups because they don't socially distance enough or just make bad lifestyle choices. It is far more complex than this, and the reality is that choice is a luxury many do not have. But certainly, we can all find benefit from embracing positive change out of these hard times.

Back to Work

We are being advised to:

- **Work from home if possible**
- **Go to work if you cannot work from home**
- **Avoid public transport**
- **Work places should be 'COVID-secure'** – Check to see if your workplace is following guidance: [Click Here](#)
- **If you are pregnant and working** – These are the guidelines from the Royal College of Gynaecologists and Obstetricians: [Click Here](#)
- **This is an occupational health guideline for at-risk NHS staff** – [Click Here](#)
- **Here is a risk assessment tool for people working in NHS and Social Care** – [Click Here](#)

If you feel unsafe at work – know your rights:

- Ensure you have a written contract, if possible.
- Join a Union to safeguard your employment rights
- Familiarise yourself with your organisation's whistleblowing policy.
- If you have concerns about your safety, always communicate them in writing rather than verbally. This gives you a timeline of events and can be useful if you need to escalate your concerns in the future.
- Consider asking your Union to carry out an independent risk assessment of your workplace.
- Speak to your Occupational Health and Human Resources Departments if you have them.
- Your GP will not be able to do much unless you are medically unfit to work and need sick certification. Beyond this they may be able to give you a print out of your medical conditions upon request
- See if your organisation has a BAME co-leader. The role may be called an Inclusion or Diversity Officer or something similar. This is a paid role and their job is to advocate for BAME staff welfare and concerns.
- Join your organisation's BAME network or set one up if applicable
- Report your concerns to the Health Service Executive: [Click Here](#) and contact your Local Authority.
- Contact Citizen's Advice Bureau for advice: [Click Here](#)
- Write to your MP, they are there to help you: [Click Here](#)
- For NHS staff, here is the NHS whistleblowing policy: [Click Here](#)

General tips for workplace safety

Handwashing should be made easy for you to do regularly at work, but if this is difficult, carry alcohol gel with you at all times and consider wearing gloves if appropriate.

Wear a face covering, unless it is truly not appropriate to do so. If you are in a high risk environment and require personal protective equipment (PPE), ensure it is properly fitted.

Ensure windows and doors are open and enclosed spaces are well ventilated.

If social distancing is not possible or adhered to, try to stay side to side or back to back rather than face to face.

If you have to travel to work on public transport:

- Wear a face covering
- Avoid rush hour if possible
- Allow extra time for your journey to get off a stop early and minimise your time onboard/avoid busy routes/stations/vehicles
- Avoid physical contact and face away if possible
- Avoid touching surfaces and don't touch your face
- Carry alcohol sanitising gel
- [More COVID travel advice](#)

Protecting high-risk people in your household if you have to go out to work

This can be a common concern in certain BAME communities where people often work in high risk/high contact roles that cannot be done from home and live in multigenerational households. Consider if elders/parents can stay in another household (e.g. with a relative or sibling) where everyone is fully isolating/working from home. Of course, this is often not possible nor desirable and our efforts need to be considered and measured.

The following suggestions may help – it may be worth following these more closely if you work in higher-risk environments like health or social care where there is greater exposure to disease, especially if there is poor access to PPE and/or local transmission rates are high. Have a discussion and see what works best for your family; home should not be a place of fear.

- Knowing that older people are more likely to be adversely affected with infection, the priority is to keep them safe (or anyone high-risk at home).
- Encourage everyone to wash their hands regularly at home, avoid touching their face and clean frequently touched areas
- If you live in a multigenerational household, ideally everyone should minimise social contact as much as possible, and take measures to minimise risk of catching the virus when outside the home

General tips for workplace safety

- As soon as you get home from work, wash your hands.
- Then change out of your clothes and shower before interacting with anyone. Follow your organisation's policy on uniform changing in the workplace if applicable.
- Wash your clothes at 60 degrees or the warmest setting advised on the label (cotton clothes will be better for this reason).
- Disinfect any door handles you touched on your way in.
- Consider trying to minimise your time in shared spaces with an at-risk person or try to keep a distance, particularly if you work in a high risk environment e.g. health/social care.
- If you share a bathroom with an at-risk person, wipe down the toilet seat, taps and door handles with disinfectant and don't share towels.
- Consider minimising close physical contact with an at-risk person e.g. hugging/kissing.
- Children are considered generally at low risk of harm from infection so do not distance from your children at home as this is likely to be unnecessary and could be psychologically damaging to them. However, try to shower and change your clothes after coming home before interacting with your children if you can.
- You may wonder whether to keep some distance between children and an at-risk person within the household e.g. a grandparent, in case your child carries infection from you to them, especially with very little ones who are blissfully unaware of the concept of hygiene. This may be difficult, particularly if they are too young to understand so use your judgment, do what's best for your household and keep any distress to the family to a minimum.

Immediately self-isolate if you develop any viral symptoms.

- Take extra care to isolate within the household and wear a face covering in shared/communal areas.
- Wash your hands regularly throughout the day.
- Keep the windows open when you go to the bathroom or kitchen (or any shared space) and disinfect afterwards. Use a different bathroom if you have one.
- Don't share towels or utensils.
- Sleep in another room if you have one.
- A person is most infective when they have symptoms so aim to reduce contact with anyone at risk at this time. See government guidance for more advice.

5 COVID-19 tips

Make a care plan

Go to [Coordinate my care](#) and follow the simple steps online and do this for everyone in your household. This creates a shared record that can be accessed across the NHS (unlike your GP notes) so people have information about you, your health and your preferences. This is especially useful if there are language barriers and in emergencies when it is hard to communicate these details.

Equipment at home

Consider having a thermometer, pulse oximeter and blood pressure machine at home. This can be useful if you are unwell, and may avoid you needing to go into the GP surgery. Consider forming a community network if some things are hard to get hold of: know who has what already within your network (e.g a relative with a BP machine) and have a system where someone can safely collect and deliver the equipment. You could drop it through someone's letterbox and sanitise it when you get it back- wipe it down with an alcohol wipe after use and let it dry before touching it again and wash your hands thoroughly.

Teaching Elders how to FaceTime/make video calls or use technology

In some hospitals, visiting is still restricted, so being able to use technology can be empowering especially if there are any language barriers.

If you get COVID-19

- Manage mild symptoms at home like any viral illness, seek medical attention if you are concerned or struggling to manage and call 999 in an emergency.
- Drink a lot of water, at least 2 litres unless you've been advised not to for medical reasons.
- If you are diabetic: speak to your GP as some medications may need to be changed/stopped. If you have a blood sugar machine at home, check your blood sugars more frequently. If they are rising or difficult to control, speak to your GP as sometimes this can be a sign of worsening illness.
- Sleep on your front but ONLY if it's easy to do so – this might help oxygen get around your lungs better.
- If you feel well enough, avoid lying in bed all day – it's better to sit up and stay mobile if possible. This can help oxygen get around your lungs and reduce the risk of blood clots.
- Take paracetamol or ibuprofen for fever
- Keep the windows open and avoid shared spaces with others. Don't use a fan as this can spread the virus in the air.
- Isolate within your household and don't leave the house.
- Use a pulse oximeter, even if you don't feel short of breath: it can help detect low oxygen levels. Speak to your GP if the number is 96% or below. Watch [this video](#) for how to use it.

Remember, healthcare services are very much open

That includes your GP surgeries, pharmacies, dentists, hospitals, maternity services, 111 and 999 – do not hesitate to seek medical attention if you are unwell or concerned. Great care is being taken to reduce the infection risk from COVID-19 so do not be afraid to get help. In trying to avoid COVID-19, many people are becoming needlessly sick from other illnesses instead, which is a great tragedy. We must stay balanced in our approach.