



COVID-19 and Public Safety Telecommunicators

Informational Briefing

What is COVID-19?

The Centers for Disease Control and Prevention (CDC), “is responding to a pandemic of respiratory disease spreading from person-to-person caused by a novel (new) coronavirus. The disease has been named ‘coronavirus disease 2019’ (abbreviated COVID-19). This situation poses a serious public health risk.” Coronaviruses are a large family of viruses, and some of these viruses can cause illness in humans, where others only occur in animals. When the illness occurs in animals, it is known as the feline coronavirus. It is very rare for a feline coronavirus to infect humans. However, with COVID-19, this may be what happened.

Coronaviruses are thought to be spread from person to person by respiratory droplets. Even though it is not common, COVID-19 may still be spread through touching an infected surface, and then touching your mouth, eyes, or nose. Even though there is no evidence that COVID-19 can be transmitted through food, the CDC recommends taking a common sense approach. “Before preparing or eating food it is important to wash your hands with soap and water for 20 seconds for general food safety. Throughout the day wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.”

The CDC provides a number of resources on proper handwashing, including this [video](#).

In Wuhan City, Hubei Province, China, the first illness was traced to a live animal market. Now, the virus is spreading from person to person. The CDC notes: “The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (‘community spread’) in some affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.” While warmer weather does help slow the spread of other viruses, such as colds and the flu, COVID-19 is a newly discovered virus, so it is not known if warmer weather will have any effect.

Symptoms

The symptoms for COVID-19 have ranged from mild symptoms to severe illness and death. These symptoms may appear 2-14 days after exposure. Watch the CDC video [here](#) for more information.

When to seek medical attention



When to Seek Medical Attention

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.
Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Centers for Disease Control and Prevention

It is recommended to call your doctor, or 911 for further instructions before reporting to the emergency room. The chart below can help determine when seeking medical attention for potential COVID-19 infection is appropriate.

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

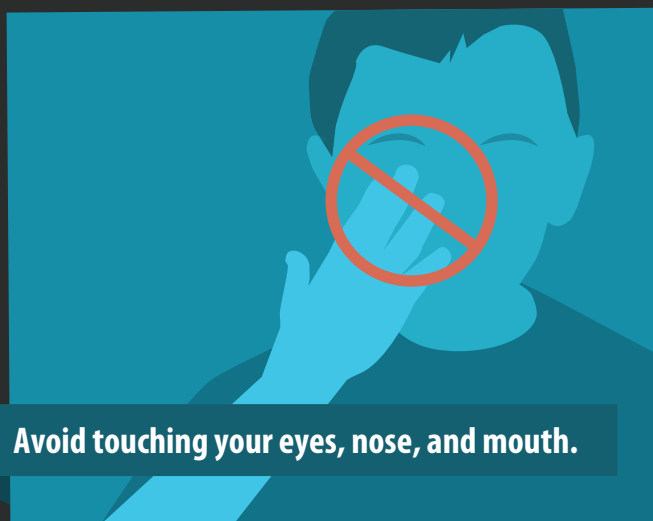
Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



Steps to Prevent Getting Sick

Watch for symptoms and emergency warning signs Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor. If you develop emergency warning signs for COVID-19 get medical attention immediately.

[Steps to Prevent Getting Sick](#)

Risk Groups

According to the Centers for Disease Control and Prevention, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Learn more about people who are at higher risk for severe illness [here](#).

Steps to Lowering Your Risk

Watch [this video](#) from the CDC to learn six steps to lowering your risk of getting sick.

For more information about protecting yourself, check out the CDC website [here](#).

Dr. Jay Butler, Deputy Director for Infectious Disease at the CDC, discusses information specific for older adults and those at higher risk in this short [video](#).

A patient with symptomatic laboratory-confirmed COVID-19 OR A patient under investigation Household members, intimate partners, and caregivers in a non-healthcare setting may have close contact with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. The CDC offers information on recommended precautions for individuals who have close contact with potentially infected persons at [this link](#).

Fear and Stigma Related to COVID-19

The fear surrounding COVID-19 can cause stigma towards people who contract the illness. The CDC provides an example: “Stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease. Stigma can also occur after a person has been released from COVID-19 quarantine even though they are not considered a risk for spreading the virus to others.” It is important to understand that once COVID-19 is no longer detected in a person's system, that person cannot spread the virus.

Persons of Asian descent, people who have traveled, or emergency responders or healthcare professionals are included in the groups of people who may be experiencing this stigma related to COVID-19. Groups who are being stigmatized may be subjected to social avoidance or rejection; denials of healthcare, education, housing, or employment; or even, physical violence. As a community, we must stop the stigma associated with COVID-19 to make our community and community members resilient. We must recognize that just because someone fits into these categories does not mean they have COVID-19.

Help stop the stigma by sharing the facts about COVID-19. Sharing the facts can lower the stress as well.

SHARE FACTS ABOUT COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT
1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT
2

For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

FACT
3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT
4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT
5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.



Telecommunicator Self-Care

During the COVID-19 pandemic, you may feel begin to feel overwhelmed. The fear and anxiety caused by the virus can cause strong emotions. In this stressful time, coping is very important. Public Safety Telecommunicators are essential personnel, and do not have the luxury of working from home or, in some cases, even practicing social distancing while at work.

It is important to remember that everyone responds differently to stressful situations. The mental and emotional impact is as different for each person as the physical symptoms can be. Personal backgrounds, the way each agency addresses the needs of its employees, and even the number of cases within a particular community, can affect the level and type of stress each individual experiences.



Taking Care of Your Behavioral Health:

TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK

What Is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

What Is Quarantine?

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What Is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

Introduction

In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about **social distancing, quarantine, and isolation**. The government has the right to enforce federal and state laws related to public health if people

within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

What To Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- ③ **Anxiety, worry, or fear** related to:
 - ③ Your own health status
 - ③ The health status of others whom you may have exposed to the disease
 - ③ The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
 - ③ The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
 - ③ Time taken off from work and the potential loss of income and job security
 - ③ The challenges of securing things you need, such as groceries and personal care items

- ③ **Concern** about being able to effectively care for children or others in your care
- ③ **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
- ③ **Loneliness** associated with feeling cut off from the world and from loved ones
- ③ **Anger** if you think you were exposed to the disease because of others' negligence
- ③ **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
- ③ **Uncertainty or ambivalence** about the situation
- ③ **A desire to use alcohol or drugs** to cope
- ③ **Symptoms of depression**, such as feelings of hopelessness, changes in appetite, or sleeping too little or too much
- ③ **Symptoms of post-traumatic stress disorder (PTSD)**, such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- ③ Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- ③ Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- ③ Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.
- ③ Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- ③ Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- ③ Ask for written information when available.
- ③ Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you're unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-4USWAGE (1-866-487-9243) about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a serious medical condition.
- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.
- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.
- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

Sources for Reliable Outbreak-Related Information

Centers for Disease Control and Prevention

1600 Clifton Road
Atlanta, GA 30329-4027
1-800-CDC-INFO (1-800-232-4636)
<http://www.cdc.gov>

World Health Organization

Regional Office for the Americas of the World Health Organization
525 23rd Street, NW
Washington, DC 20037
202-974-3000
<http://www.who.int/en>

CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.

TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you're worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.

- ③ Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- ③ Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

After Social Distancing, Quarantine, or Isolation

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): "Hablanos" al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

Website (español): <http://www.disasterdistress.samhsa.gov/espanol.aspx>

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <http://www.suicidepreventionlifeline.org>

Website (español): <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

Treatment Locator

Behavioral Health Treatment Services Locator

Website: <http://findtreatment.samhsa.gov/locator/home>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: DTAC@samhsa.hhs.gov

Website: <http://www.samhsa.gov/dtac>

**Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*



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(2014)

Staying Connected

CBS *This Morning* offered information about staying connected during social distancing. Watch the video [here](#).

Stress

People who may respond more strongly to the stress of a crisis include:

- Older people and people with chronic disease who are at a higher risk for COVID-19,
- Children and teens
- People who are helping with the response of COVID-19, like doctors and other health care providers or first responders
- People who have mental health conditions including problems with substance abuse.

According to the CDC, stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones,
- Changes in sleep or eating patterns Difficulty sleeping or concentrating Worsening of chronic health problems,
- Increased use of alcohol, tobacco, or other drugs.

The CDC created some recommendations for steps to cope with a disaster, which include:

- Take care of your body—Try to eat healthy well-balanced meals, exercise regularly, and get plenty of sleep. Avoid alcohol, tobacco and other drugs.
- Connect with others —Share your concerns and how you are feeling with a friend or family member. Maintain healthy relationships, and build a strong support system.

- Take breaks—Make time to unwind and remind yourself that strong feelings will fade. Try taking in deep breaths. Try to do activities you usually enjoy.
- Stay informed—When you feel that you are missing information, you may become more stressed or nervous.
- Watch, listen to, or read the news for updates from officials. Be aware that there may be rumors during a crisis, especially on social media. Always check your source and turn to reliable sources of information like your local government authorities.
- Avoid too much exposure to news—Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly. Try to do enjoyable activities and return to normal life as much as possible and check for updates between breaks.
- Seek help when needed—If distress affects activities of your family life for several days or weeks, talk to a clergy member, counselor, or doctor, or contact the SAMHSA helpline at 1-800-985-5990.

CBS This Morning discussed how to overcome anxiety over coronavirus. You can watch the video [here](#).

The CDC recommends looking out for these common signs of distress:

- Feelings of numbness, disbelief, anxiety, or fear.
- Changes in appetite, energy, and activity levels.
- Difficulty concentrating.
- Difficulty sleeping or nightmares and upsetting thoughts and images.
- Physical reactions, such as headaches, body pains, stomach problems, and skin rashes.
- Worsening of chronic health problems. Anger or short-temper. Increased use of alcohol, tobacco, or other drugs.

Public Safety Needs Help Too

COVID-19 can take an emotional toll on responders. However, there are things you can do to lower your secondary traumatic stress (STS) reactions.

The CDC recommends:

- Acknowledge that STS can affect anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

More self-care suggestions can be found [here](#).

If you become overwhelmed by these emotions, there is help available. Download the resource on the next page to keep for future reference.

If you or one of your loved ones experiences these signs and symptoms, please reach out for help. There is help available!

Call Interrogation and Dispatching Implications

APCO International provides recommendations regarding caller interrogation during the COVID-19 pandemic. Review the recommendations [here](#).

Public health emergencies often raise questions related to what information Telecommunicators can provide to other first responders. The United States Department of Health and Human Services has provided HIPAA guidelines for public safety available on the next page.



COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities

Does the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allow a covered entity to share the name or other identifying information of an individual who has been infected with, or exposed to, the virus SARS-CoV-2, or the disease caused by the virus, Coronavirus Disease 2019 (COVID-19), with law enforcement, paramedics, other first responders, and public health authorities without an individual's authorization?

Yes, the HIPAA Privacy Rule permits a covered entity to disclose the protected health information (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities¹ without the individual's HIPAA authorization, in certain circumstances, including the following²:

- ***When the disclosure is needed to provide treatment.*** For example, HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to emergency medical transport personnel who will provide treatment while transporting the individual to a hospital's emergency department. 45 CFR 164.502(a)(1)(ii); 45 CFR 164.506(c)(2).
- ***When such notification is required by law.*** For example, HIPAA permits a covered entity, such as a hospital, to disclose PHI about an individual who tests positive for COVID-19 in accordance with a state law requiring the reporting of confirmed or suspected cases of infectious disease to public health officials. 45 CFR 164.512(a).
- ***To notify a public health authority in order to prevent or control spread of disease.*** For example, HIPAA permits a covered entity to disclose PHI to a public health authority

¹ Under HIPAA, "public health authority" means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate. 45 CFR 164.501 (definition of "public health authority").

² The HIPAA Privacy Rule limitations only apply if the entity or individual that is disclosing protected health information meets the definition of a HIPAA covered entity or business associate. This guidance provides examples of disclosures from certain types of entities, some of which are covered by HIPAA, and others that may not be. While the entities in the examples are covered under HIPAA, the examples are not intended to imply that all public health authorities, 911 call centers, or prison doctors, for example, are covered by HIPAA and are required to comply with the HIPAA Rules.

(such as the Centers for Disease Control and Prevention (CDC), or state, tribal, local, and territorial public health departments) that is authorized by law to collect or receive PHI for the purpose of preventing or controlling disease, injury, or disability, including for public health surveillance, public health investigations, and public health interventions. 45 CFR 164.512(b)(1)(i); *see also* 45 CFR 164.501 (providing the definition of “public health authority”).

- ***When first responders may be at risk of infection.*** A covered entity may disclose PHI to a first responder who may have been exposed to COVID-19, or may otherwise be at risk of contracting or spreading COVID-19, if the covered entity is authorized by law, such as state law, to notify persons as necessary in the conduct of a public health intervention or investigation. For example, HIPAA permits a covered county health department, in accordance with a state law, to disclose PHI to a police officer or other person who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. 45 CFR 164.512(b)(1)(iv).
- ***When the disclosure of PHI to first responders is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.*** A covered entity may disclose PHI to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat, which may include the target of the threat. For example, HIPAA permits a covered entity, consistent with applicable law and standards of ethical conduct, to disclose PHI about individuals who have tested positive for COVID-19 to fire department personnel, child welfare workers, mental health crisis services personnel, or others charged with protecting the health or safety of the public if the covered entity believes in good faith that the disclosure of the information is necessary to prevent or minimize the threat of imminent exposure to such personnel in the discharge of their duties. 45 CFR 164.512(j)(1).
- ***When responding to a request for PHI by a correctional institution or law enforcement official having lawful custody of an inmate or other individual,*** if the facility or official represents that the PHI is needed for:
 - providing health care to the individual;
 - the health and safety of the individual, other inmates, officers, employees and others present at the correctional institution, or persons responsible for the transporting or transferring of inmates;
 - law enforcement on the premises of the correctional institution; or
 - the administration and maintenance of the safety, security, and good order of the correctional institution.

For example, HIPAA permits a covered entity, such as a physician, located at a prison medical facility to share an inmate’s positive COVID-19 test results with correctional guards at the facility for the health and safety of all people at the facility. 45 CFR 164.512(k)(5).

General Considerations: Except when required by law, or for treatment disclosures, a covered entity must make reasonable efforts to limit the information used or disclosed under any provision listed above to that which is the “minimum necessary” to accomplish the purpose for the disclosure. 45 CFR 164.502(b).

In some cases, more than one provision of the HIPAA Privacy Rule may apply to permit a particular use or disclosure of PHI by a covered entity. The illustrative examples below involve uses and disclosures of PHI that are permitted under 45 CFR 164.512(a), 164.512(b)(1), and/or 164.512(j)(1), depending on the circumstances.

ADDITIONAL EXAMPLES:

- **Example:** A covered entity, such as a hospital, may provide a list of the names and addresses of all individuals it knows to have tested positive, or received treatment, for COVID-19 to an EMS dispatch for use on a per-call basis. The EMS dispatch (even if it is a covered entity) would be allowed to use information on the list to inform EMS personnel who are responding to any particular emergency call so that they can take extra precautions or use personal protective equipment (PPE).

Discussion: Under this example, a covered entity should not post the contents of such a list publicly, such as on a website or through distribution to the media. A covered entity under this example also should not distribute compiled lists of individuals to EMS personnel, and instead should disclose only an individual’s information on a per-call basis. Sharing the lists or disclosing the contents publicly would not ordinarily constitute the minimum necessary to accomplish the purpose of the disclosure (*i.e.*, protecting the health and safety of the first responders from infectious disease for each particular call).

- **Example:** A 911 call center may ask screening questions of all callers, for example, their temperature, or whether they have a cough or difficulty breathing, to identify potential cases of COVID-19. To the extent that the call center may be a HIPAA covered entity, the call center is permitted to inform a police officer being dispatched to the scene of the name, address, and screening results of the persons who may be encountered so that the officer can take extra precautions or use PPE to lessen the officer’s risk of exposure to COVID-19, even if the subject of the dispatch is for a non-medical situation.

Discussion: Under this example, a 911 call center that is a covered entity should only disclose the minimum amount of information that the officer needs to take appropriate precautions to minimize the risk of exposure. Depending on the circumstances, the minimum necessary PHI may include, for example, an individual’s name and the result of the screening.

Covered entities should consult other applicable laws (*e.g.*, state and local statutes and regulations) in their jurisdiction prior to using or making disclosures of individuals' PHI, as such laws may place further restrictions on disclosures that are permitted by HIPAA.

Information about HIPAA Privacy and COVID-19 is available at
<https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>.

Information about disclosures of PHI to law enforcement officials is available in OCR's HIPAA Guide for Law Enforcement at
https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final_hipaa_guide_law_enforcement.pdf.

Information about uses and disclosures of PHI for public health is available at
<https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>.

De-escalation Strategies for Crisis Calls

During the COVID-19 pandemic, telecommunicators are experiencing a different type of caller. It is normal for some callers to be anxious during this time. The caller may be experiencing the COVID-19 illness or have a loved one who is ill. Or, the caller might be calling because a family member is contemplating suicide due to losing their job.

No matter the reason for the call, it is important for the Telecommunicator to remain calm and empathetic.

As a Telecommunicator, you are the first, first responder when the person in crisis reaches out. Telecommunicators are often called to send an officer to intervene during a crisis for a number of reasons, including, people with mental illness sometimes discontinue their medications; people with mental illness sometimes have never been to treatment; and the person may become agitated, experience psychosis or even feel suicidal. During the COVID-19 pandemic, telecommunicators may experience more calls from people who are depressed, or people who are suicidal. On the next few pages, you will find tips on how to engage different people who may be in crisis.

Universal Tips

for Engaging Persons in Crisis



1

**Maintain your safety
at all times**

2

**Do not take encounters
personally - It is not
about you**

3

Stay calm

4

Minimize distractions

5

Lower your voice

6

Be sincere and truthful

7

**Be attentive/actively
listen**

8

Use empathy

9

State instructions clearly

10

**Call for assistance/back-
up, if needed**

11

**Seek medical assistance
as needed**

12

**Do not argue or attempt
to negate delusions - It is
their reality**



Tips for Engaging Youth in Crisis



PLACE

1

Physically place yourself at the child's level if you feel it's safe to do so.



REASSURE

2

Reassure the child that you are there for them, not their parent, teacher, etc.



TALK

3

May begin by talking about everyday topics to build trust, i.e., "I see you have a sketch pad, are you an artist?", "Can I see some of your drawings?", "Do you take art in school?"



DIRECT

4

Use direct questions.



ASK

5

Ask one question at a time.



OBSERVE

6

Observe how youth behave and respond to others.



GET

7

Get information from parents, guardians, and caregivers to describe youth's behavior, mental health history, etc.



REMEMBER

8

Remember the family is also in crisis and need reassuring.



KNOW

9

Know your community resources.

Tips for Assisting Veterans in Crisis

- Remain calm.
- Be aware of personal space.
- Assess for weapons.
- Evaluate stress.
- Clarify roles.
- Be respectful.
- Recognize memory and attention difficulties.
- Minimize distractions.
- Recognize veteran's need for self control.
- Provide choices when possible.



Veteran's Resources

The resources provided are for VA Hospitals and VA Community Based Outpatient Clinics across the state of Georgia. Refer to <https://www.southeast.va.gov/> for additional information.



Atlanta VA Healthcare System, Decatur
404-321-6111



Carl Vinson VA Medical Center, Dublin
478-272-1210



Charlie Norwood VA Medical Center, Augusta
706-733-0188



Central Alabama Veterans Health Care, Tuskegee, AL
800-214-8387



Ralph H. Johnson VA Medical Center, Charleston, SC
888-878-6884



Atlanta VA Clinic
404-329-2222



Athens VA Clinic
706-227-4534



Austell VA Clinic
404-329-2222



Brunswick VA Clinic
912-261-2355



Columbus VA Clinic
706-257-7216



East Point VA Clinic
404-321-6111



Fort Benning VA Clinic
706-257-7200



Fort McPherson VA Clinic
404-321-6111



Trinka Davis Veterans Village Clinic, Carrollton
404-321-6111



Hinesville VA Outpatient Clinic
912-408-2900



Kathleen VA Clinic
478-224-1309



Lawrenceville VA Clinic
404-329-2222



Newnan VA Clinic
404-329-2222



Oakview VA Clinic, Flowery Branch
404-728-8210



Rome Outreach Clinic
706-235-6581



Statesboro VA Clinic
912-871-8719



Stockbridge VA Clinic
404-329-2222



Valdosta VA Clinic
229-293-0132



Waycross VA Clinic
912-279-4400



Active Listening

Callers may be in crisis, but they might also be agitated or in denial, especially if they are experiencing depression, or having suicidal ideations. Their comments may be nonsensical, offensive, hard to follow or understand, and they may provide contradicting or confusing information. Active listening will help the Telecommunicator gather required information and potentially de-escalate the individual's response to the situation.

Active Listening is part of the de-escalation process and includes the following:

1. Introduction
2. "I" Statements
3. Restating
4. Mirroring and Reflecting
5. Paraphrasing and Summarizing

Telecommunicators must also use active listening skills. These skills are beneficial with crisis callers and for every call that a Telecommunicator handles.

Step 1: Introduction

The first step in de-escalation is to introduce yourself to the caller. If your policy allows, give the caller your name, and use the caller's name when responding to them. During a de-escalation situation when a caller asks your name, it is more personable to provide your first name, and use the caller's first name as well.

Example:

Telecommunicator: *"I'm Hannah with Central County 911. What is your name?"*

Caller: *"My name is Susan."*

Telecommunicator: *"Hi Susan, what is going on today?"*

This type of introduction promotes communication.

Step 2: Use "I" Statements

"I" statements reflect "what" you are hearing as you talk to the caller. Using "I" statements helps build rapport with the caller. Building rapport with the caller will help you better determine what is happening. Having this information will assist the responding units.

Some examples include:

- *"I hear you're frustrated."*
- *"I hear you are upset/angry."*
- *"I hear in your voice you are ____."*
- *"I care. I have time. I'm listening."*
- *"I appreciate your willingness to help or cooperate."*

These statements convey that you are listening, understanding, and you care.

Step 3: Restate

You will then restate what the caller is saying to you. This assures that you understand the caller.

Caller: *"I don't know what I'm going to do. My family doesn't want me here."*

Telecommunicator: *"You're not sure where you can stay for a while, but home doesn't seem to be the best place right now."*

Restating projects understanding and lets the caller know that you are listening.

Step 4: Reflecting/Mirroring

The next step for active listening is to use reflecting/mirroring statements. Mirroring and reflecting is like restating. It lets the caller know you hear what they say, and it reflects the caller's feelings. This can be accomplished by repeating the last few words.

Example:

Caller: *"I'm tired of everyone not listening to me and it makes me angry."*

Telecommunicator: *"It makes you angry, when people don't listen to you."*

By using reflecting/mirroring statements, you are reflecting the caller's feelings.

Step 5: Summarizing/Paraphrasing

The last step for active listening is summarizing/paraphrasing statements.

Paraphrase and summarize what the caller is telling you. Restate the information or previous statements in your own words. These statements should include the main points of the previous content. Doing this gives the caller a chance to correct anything you may have misunderstood.

Telecommunicator: *"Okay, so what you have told me is that you...and you feel... Do I understand you correctly?"*

Open-ended and Close-ended Questions

Additional ways for communicating with callers is to use open-ended and close-ended questions.

Open-ended Questions

- These questions cannot be answered with a simple "yes" or "no."
- Avoid using "Why?" questions - they can lead to defensiveness.
- These types of questions can assist the Telecommunicator in acquiring additional information, and can assist in determining whether the caller is in touch with reality.

Example: Telecommunicator - *"Tell me more about..." "What else...?" "When did this happen?"*

Close-ended Questions

- Closed-ended questions help the Telecommunicator obtain a commitment.
- These questions also assist the 9-1-1 Telecommunicator in determining if an individual is thinking of harming themselves or others.
- Closed-ended questions are generally answered with a short answer. They are very specific questions.

Example: CIT Telecommunicator - *"Are you...?", or "Do you...?", or "Will you?"*

Minimal Encouragers

Use minimal encouragers. Minimal encouragers are brief responses or sounds which indicate your presence, and that you are listening. They are best used when callers are talking and attempting to express themselves.

Examples include, *"Okay." "Yeah." "Really." "Uh-huh."*

Avoid over use, because you will sound bored and as if you are not listening.

Questions to Avoid

When dealing with callers in crisis, there are some questions you should avoid asking, including "Why?" questions.

Asking why someone is feeling or responding a certain way undermines their feelings and experience the same way a child asking why undermines a parent's authority.

Remember, you are not questioning the caller or interrogating them. Your goal when calltaking is to obtain the information needed to dispatch the call, gather caller/scene safety information, and update the responding units with the information.

Examples include, *"Why do you feel that way?"* and, *"Why did you do that?"*

Mirror appropriate behavior.

Do not allow your feelings to interfere with your professionalism, and always focus on the behavior you want from the caller. If the caller is being rude, mirroring that behavior will not accomplish the goal. Remember to be sincere and respectful.

Example:

Caller: *"Why are you asking me so many questions? Just send someone to help me."*

Telecommunicator: *"I understand that you are tired of answering these questions, but I have to make sure the responding units have all the information. I'm here to help, if you have any questions for me, please let me know."*

The caller may not understand the dispatch process. Giving the caller the chance to ask questions might encourage them to be more compliant with the questions you are asking.

Do not yell.

Avoid speaking loudly when it is not necessary. Do not "yell" at the caller. It will accomplish nothing.

Do not rush.

Do not rush; you have time. Take your time and be invested in the caller and the all.

Do not argue.

Do not argue with the caller. The caller has the right to say whatever they want to say. Remember to be courteous and use such words as "please" and "thank you." Do not take the caller's words/actions personally. Be flexible and use your listening skills.

This course is only an overview of telephone de-escalation strategies for crisis calls. For a more in-depth discussion on how to engage effectively with callers who are in crisis, we recommend taking the Georgia Crisis Intervention Team Training (CIT) for 911. Information about the course can be found on the Georgia Public Safety Training Center's website [here](#).

Conclusion

The COVID-19 Pandemic poses both personal and professional challenges for Public Safety Telecommunicators and other public safety personnel. Resources are available to assist agencies and individual Telecommunicators respond to this public health emergency. The physical and mental health of both the public and public safety personnel is constantly being challenged, now more than ever. By focusing on facts, recognizing and appropriately responding to stress and/or symptoms of illness, practicing empathy, and using basic de-escalation strategies, Telecommunicators can continue to serve their communities during this trying time.

Course References

- Are You at Higher Risk for Severe Illness. (2020, March 20). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- Coping with a Disaster or Traumatic Event. (2019, September 13). Retrieved from <https://emergency.cdc.gov/coping/index.asp>
- Emergency Responders: Tips for taking care of yourself. (2018, March 19). Retrieved from <https://emergency.cdc.gov/coping/responders.asp>
- Frequently Asked Questions. (2020, March 23). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- Get Ready for COVID-19. (2020, March 17). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/get-ready.html>
- How to Prepare. (2020, March 22). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/prepare/index.html>
- Mental Health and Coping During COVID-19. (2020, March 23). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>
- Older Adults. (2020, March 21). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications/older-adults.html>
- Recommendations Regarding Caller Interrogation (n.d.). Retrieved from http://www.magnetmail.net/actions/email_web_version.cfm?&message_id=18293454&user_id=APCO
- Symptoms of Coronavirus. (2020, March 20). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Watch CBS This Morning: How to manage anxiety over coronavirus - Full show on CBS All Access. (n.d.). Retrieved from https://www.cbs.com/shows/cbs_this_morning/video/fFz63bCxH9yXZsXgxKqfmyv_SaQVJfU/how-to-manage-anxiety-over-coronavirus/
- Watch CBS This Morning: Staying connected despite social distancing - Full show on CBS All Access. (n.d.). Retrieved from https://www.cbs.com/shows/cbs_this_morning/video/m1XnAP9uhL_bZPxxn94fSykXsXf2SUTL/psychiatrist-on-how-to-stay-connected-despite-social-distancing/