

**PSYCHOLOGICAL FIRST
AID (PFA) FOR COVID 19
PATIENTS AND THEIR
FAMILY MEMBERS**



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PART 1: BASICS OF PSYCHOLOGICAL FIRST AID (PFA)

Introduction

COVID 19 is a disease that has swept across the world in the form of a global pandemic. High mortality and morbidity worldwide, have instilled fear in the mind of the common man. There is anxiety about the transmission of the disease, being infected, and transmitting it to families & friends. Lockdowns, quarantines, isolation phases, losing loved ones have serious mental health effects. In addition to this, the uncertainty owing to the changing nature of the disease, treatment protocols, recent complications, testing, vaccine schedules, and myths related to COVID 19, add to the psychological stress of the individual.

Need for PFA:

The primary focus of the health care systems currently is treatment and prevention of transmission and eventually disease containment. Along with this, identifying stressors like anxiety and fear and providing psychological support through interventions to help people maintain their mental health has become equally important. These interventions are needed for COVID 19 patients, their relatives, and caregivers, healthcare professionals.

What is PFA:

Psychological first aid is considered a vital tool to deliver psychological interventions to those who have gone through a traumatic experience. In these current situations due to lockdowns and quarantines, people are restricted to their homes and social support systems have been affected. PFA can be especially helpful in stabilizing the mental health of the young generation and children (Shah, 2020).

PFA does not assume that everyone going through a traumatic experience will develop mental health issues. Instead, it's based on the fact that they might have several psychological, physical, emotional, or spiritual reactions.

PFA is a humane, supportive response to a human being, designed to do three things:

1. Mitigate Acute Distress
2. Facilitate access to continuous supportive care &
3. Stabilize

The following **five essential principles** of psychological care should be provided through PFA:

1. Sense of Safety
2. Sense of calmness
3. Building hope
4. Self & Collective efficacy
5. Connectedness

By providing PFA, the counsellors aim to:

1. Provide practical care and support

2. Provide comfort and help feel calm
3. Assess needs and concerns
4. Help them with basic needs
5. Listen to them, but don't pressurize them to talk
6. Protect them from further harm
7. Connect them to authentic sources of information.

What is NOT PFA:

1. Psychological debriefing
2. Treating
3. Obtaining details of traumatic experiences
4. Diagnosing or labeling
5. Something only professionals can do
6. Professional counselling (V. Singaravelu).

Who can provide PFA:

PFA can be provided by healthcare and allied professionals, volunteers, counsellors (ibid).

Who needs PFA:

Anyone who has recently undergone any traumatic experience can be in the need of PFA. In the COVID 19 scenario, these can be COVID 19 patients, their relatives, healthcare professionals.

People who are at a higher risk and need special attention are:

1. Those going through life-threatening situations.
2. Those who are very upset to take care of themselves & of those close to them
3. Those who may hurt themselves
4. Those who may hurt others.
5. Children and adolescents
6. Those with debilitating health conditions, like the elderly
7. Those at risk of social discrimination or violence
8. Those with pre-existing mental health issues.
9. Those at risk of substance abuse (WHO, 2011).

Where can you provide PFA?

PFA can be provided in any setting comfortable to those who need it. It can be provided in hospitals, shelters, other community settings, camps. The essential component is that adequate privacy should be provided to those needing PFA to make them comfortable and also to ensure confidentiality.

Preparing for PFA

One should prepare oneself before providing PFA to those in need of it. Preparing involves understanding COVID 19, its signs and symptoms, authentic treatment protocols, its

complications, and ways of prevention. Understanding the principles of PFA aids in its effectiveness.

Providing PFA Responsibly

The primary focus of providing PFA to hospitalized patients is to ensure safety, reduce distress and stressors, enhance coping and promote recovery. The patient has to deal with their own emotions and anxiety along with that of their family and community. Most of these stressors require only immediate support to feel reassured. Hence the counsellor may provide simple tips and strategies to relieve this distress.

Being calm and understanding can help patients feel safe, secure, and cared for. This can be difficult in the pandemic since all health care providers including the counsellor may appear in the PPE kit. The patient should be explained that PPE kits are worn to prevent transmission of infection among health care providers who are the backbone to support COVID 19 patients and the health care system. This may result in a reluctance to physical contact, physical distancing, and limited communication by health care workers. Even though the counsellor may also be in a PPE kit, but the tone of communication can convey concern. Listen to the patient's concern, explain your role, in case of technical concerns assure them you will relay them back to health care workers.

Do's & Don't of PFA

Things to say to patients:

1. Assure patient's privacy and maintain the confidentiality of the information shared
2. Ask for the patient's consent before every session with the patient.
3. Listen to the patient, use appropriate non-verbal gestures like a nod or say "Hmm" to reassure the patient that you are listening and interested, especially since the patient is unable to make out the counsellor's non-verbal expression due to the PPE kit.
4. Ask open-ended questions to the patient for an explanatory response.
5. Be calm and patient
6. Allow silence and pause when required.
7. Only give factual information to the patient. Be courteous and honest about what you know and what you do not know, especially about new information or updates regarding the pandemic.
8. Give information in simple words understandable to the patient.
9. Affirm support and work on the strength of the patient
10. Work towards the desire and ability to create change in the current situation.

Things not to say to the patient:

1. Do not pressurize the patient to speak
2. Do not interrupt the patient when speaking.

3. Do not be inattentive or distracted
4. Do not judge or pass judgemental remarks
5. Do not blame the victim for the current context
6. Do not talk about your own experience or other patient's story
7. Do not give false promise or assurance to the patient
8. Do not speak to the patient in negative terms
9. Do not give information that you are not authorized to
10. Do not use medical jargons

PART 2: BASIC INFORMATION ON COVID 19

Information on COVID 19

What is COVID 19 infection?

COVID 19 is a new coronavirus disease caused by SARS-CoV-2.

What are the symptoms of COVID 19 infection? (WHO, 2021)

The most commonly noted symptoms are:

1. Fever
2. Dry cough
3. Fatigue

Other symptoms include:

1. Loss of taste or smell
2. Nasal congestion
3. Severe body ache
4. Headache
5. Sore throat
6. Muscle or joint pain
7. Conjunctivitis
8. Diarrhea
9. Chills or dizziness

Symptoms of severe COVID 19 infection include:

1. Shortness of breath
2. High temperature (>38 degrees celsius)
3. Loss of appetite
4. Confusion
5. Persistent pain or pressure in the chest

Other less common symptoms are:

1. Anxiety
2. Sleep disorders
3. Depression
4. Irritability
5. Confusion

When to call for emergency medical help?

1. Trouble breathing
2. Persistent pain or pressure in the chest
3. New confusion
4. Inability to stay awake or wake up.

5. Pale grey/blue-colored skin or nails or nailbeds.

What is the difference between COVID 19 infection and flu?

Both are contagious respiratory infections but caused by different viruses. COVID 19 spreads more easily and causes more severe illness than flu. Since both have similar presenting symptoms, it may be difficult to symptomatically diagnose them. Testing is needed for confirmatory diagnosis

What is the course of the disease in those who tested positive for COVID 19?

From the time of exposure, the symptoms can start from anywhere between an average of 5-6 days. This range can be 1-14 days. That is why people who have been exposed to the virus are advised to stay in isolation for 14 days so that they don't transmit the infection to others and prevent the spread of the virus.

About 80% of those who tested positive recover without requiring hospital admission. About 15% become seriously ill and require hospitalization and Oxygen support. Remaining 5% become critically ill requiring intensive care treatment (ibid)

Who is most at risk of severe illness from COVID 19 infection?

Those above 60 years of age, with co-morbidities like diabetes, hypertension, obesity, heart and lung problems, or cancer, are at a higher risk of getting severely affected. However, anyone can get severe action and not just people limited to the aforementioned health issues (ibid).

What are the long-term effects of COVID 19 infection?

Although people with COVID 19 infection get better in a few weeks, some people experience post-COVID 19 conditions. Common signs and symptoms that linger over time include:

- Fatigue
- Shortness of breath or difficulty breathing
- Cough
- Joint pain
- Chest pain
- Memory, concentration, or sleep problems
- Muscle pain or headache
- Fast or pounding heartbeat
- Loss of smell or taste
- Depression or anxiety
- Fever
- Dizziness when you stand
- Worsened symptoms after physical or mental activities

Organ damage caused by COVID-19:

Heart: Increased the risk of heart failure or other heart complications in the future.

Lungs: The resulting scar tissue can lead to long-term breathing problems.

Brain: Can cause strokes, seizures, and Guillain-Barre syndrome, a condition that causes temporary paralysis. COVID-19 may also increase the risk of developing Parkinson's disease and Alzheimer's disease.

Blood clots and blood vessel problems:

COVID-19 can make blood cells more likely to clump up and form clots causing heart attacks and strokes. Other parts of the body affected by blood clots include the lungs, legs, liver, and kidneys. COVID-19 can also weaken blood vessels and cause them to leak, causing potentially chronic liver and kidneys problems.

Problems with mood and fatigue:

People who recovered from COVID-19 are more likely to later develop post-traumatic stress syndrome, depression, and anxiety.

Many long-term COVID-19 effects remain unknown (Mayo Clinic, 2021).

Basic Prevention Strategies

What are the basic prevention strategies for COVID 19 infection?

Protecting yourself outside the home: Chances of getting infected when you go outside are higher when you are in close contact with people, spend more time in crowds, with other people, and in poorly ventilated indoor spaces. To protect yourself from getting infected follow the basic prevention protocols (CDC, 2021)-

1. Wear a mask:

- Wash hands before wearing a mask
- Wear mask properly, covering nose and mouth securing it under your chin
- Make sure it fits snugly against the sides of your face
- Be sure it is easy to breathe.
- Remove the mask by holding the ear loops or ties.
- Wash cloth masks regularly.
- The store used masks safely in between uses

2. Stay at least 6 feet apart and avoid crowds:

- Keep at least 6 feet distance from others. **Remember that people can spread the virus even when they don't have any symptoms.**
- Avoid crowded places, especially closed spaces with poor ventilation.

3. Wash your hands:

- Wash your hands with soap and water for at least 20 seconds.
- If soap is not available, use alcohol-based hand sanitizer

4. **Avoid touching** your face, mouth, and eyes unnecessarily and especially before washing your hands.

Protecting yourself at home: If you have a family member who is tested positive for COVID 19, there is a high chance you get infected due to shared spaces. It is necessary to protect yourself while caring for them. Follow these steps to protect yourself

1. Keep the person who is tested positive in isolation, in a separate room, preferably with an attached bathroom.
2. Wear a mask when sharing spaces with others.
3. Maintain distance, at least 6 feet from the patient.
4. Avoid handling their clothes, dishes directly by hand. Use hand gloves whenever necessary.
5. Monitor your health daily and be attentive to any symptoms.
6. Special care is to be taken of elderly persons, children, or those with any co-morbidities in the household.

When should we get tested and which test to be done?

Anyone who has symptoms should get tested wherever possible. People who have been in contact with a positive person or a likely positive person should take professional advice from their doctor. While awaiting the test results, the person should be kept isolated for safety reasons.

RT-PCR is the confirmatory test for diagnosing COVID 19 infection. Rapid Antigen tests (RAT) are antigen detecting tests. These tests are cheaper as compared to RT-PCR tests and give faster results. Though a positive RAT confirms past infection, a negative result doesn't rule out COVID 19 infection. RT-PCR is advised if RAT is negative and the person is symptomatic.

What is the difference between quarantine and isolation?

Both are ways to prevent the spread of COVID 19 infection.

Quarantine is when someone is exposed to a positive person, whether you have symptoms or not. The person is kept quarantined as he/she is exposed to the virus and may be carrying the virus. The quarantine period for COVID 19 is for 14 days.

Isolation is for those who have tested positive for COVID-19. Isolation is for preventing the spread of the virus from the infected person. Isolation can be done in the hospital setting or at home by following proper protocols (WHO,2021) (Figure 1).

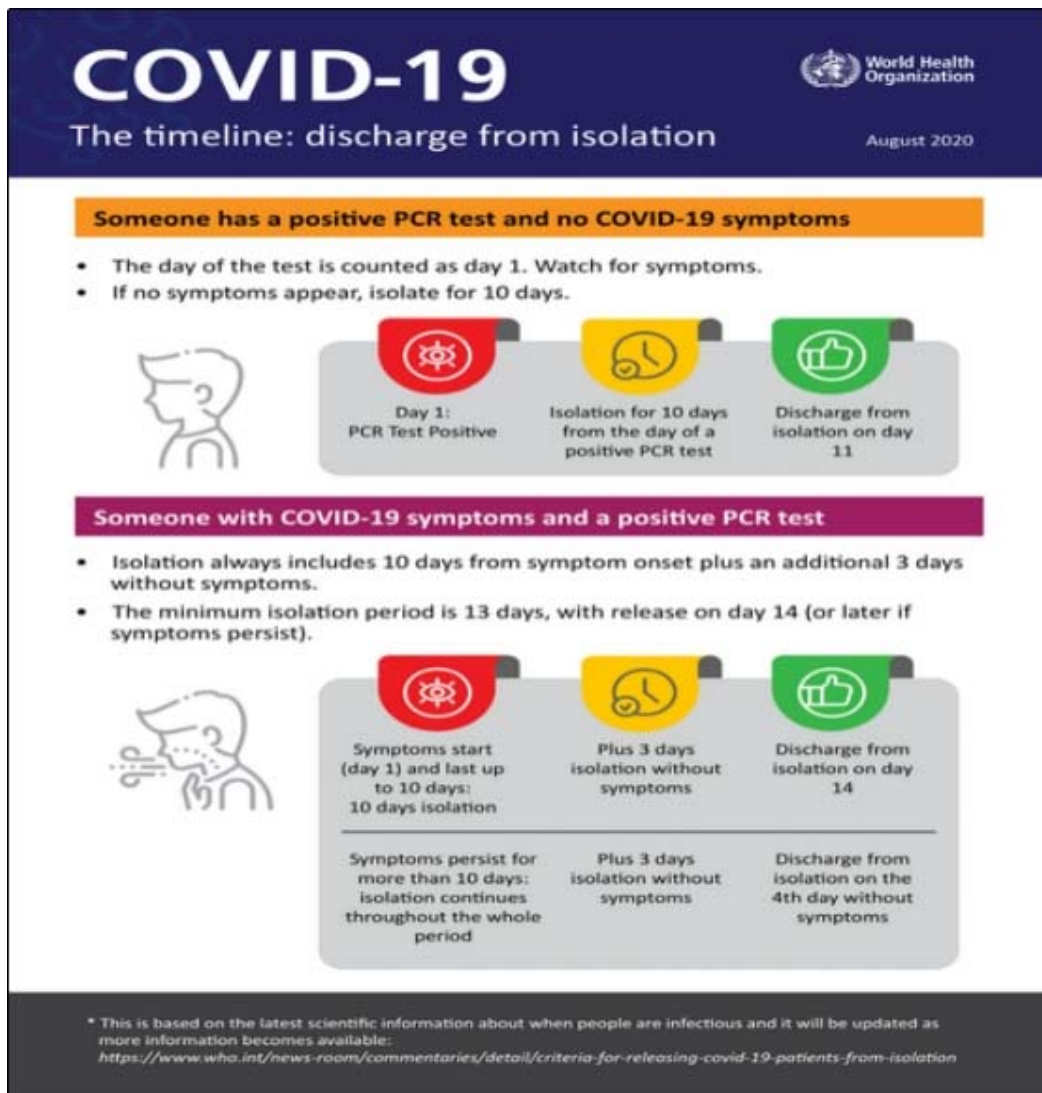


Figure 1: COVID 19 The timeline: discharge from isolation Source: WHO

Complications of COVID 19

Recent complications of COVID 19: Black fungus, White fungus, and Yellow fungus

Mycosis, which is a Fungal infection, is not a new disease. These are opportunistic infections and affect individuals who have low immunity. Lack of immunity disables our body to fight against these infections. The following factors seen due to recent COVID 19 infections can contribute to these infections:

1. Prolonged ICU stay
2. High blood sugars
3. Use of steroids
4. Prolonged oxygen use

White fungus:

White fungus is Candidiasis caused by Candid fungus. They are normally present in the oral cavity, gastrointestinal tract, and on skin and can cause skin infections. The lesions caused are white in color, hence the term 'White Fungus'

Yellow fungus:

Yellow fungus is mostly a term coined by someone, due to the yellow color of the pus caused by some bacterial infections. It does not mean that there is a new fungus called Yellow fungus

Mucormycosis:

Mucormycosis is a fungal infection caused by the fungus, 'Mucor'. The infection causes blackening of the tissues and the name Black Fungus is derived from there. The fungus can invade tissues and blood vessels and can block the blood flow to those tissues. Due to this, the tissues get necrosed turning black in color, hence the name. Refer to figure 2 for details.

Prevention from them:

Prevention from these infections is the main goal.

1. Maintain strong immunity in those affected by COVID 19
2. The strict control of blood sugar levels
3. Self-medication with steroids and antibiotics is to be avoided.
4. Avoiding dead or decayed matter and maintaining good personal hygiene are important.

If you develop these symptoms, it is necessary to not panic and seek immediate medical help. With proper and timely treatment, these diseases can be cured (Outlook, 2021).

EVIDENCE BASED ADVISORY IN THE TIME OF COVID-19

(Screening, Diagnosis & Management of Mucormycosis)

Mucormycosis - if uncared for - may turn fatal

Mucormycosis is a fungal infection that mainly affects people who are on medication for other health problems that reduces their ability to fight environmental pathogens.



Sinuses or lungs of such individuals get affected after fungal spores are inhaled from the air.



This can lead to serious disease with warning sign and symptoms as follows:

- Pain and redness around eyes and/or nose
- Fever
- Headache
- Coughing
- Shortness of breath
- Bloody vomits
- Altered mental status



What predisposes

- Uncontrolled diabetes mellitus
- Immunosuppression by steroids
- Prolonged ICU stay
- Co-morbidities - post transplant/malignancy
- Voriconazole therapy

How to prevent

- Use masks if you are visiting dusty construction sites
- Wear shoes, long trousers, long sleeve shirts and gloves while handling soil (gardening), moss or manure
- Maintain personal hygiene including thorough scrub bath

When to Suspect

(in COVID-19 patients, diabetics or immunosuppressed individuals)

- Sinusitis - nasal blockade or congestion, nasal discharge (blackish/bloody), local pain on the cheek bone
- One sided facial pain, numbness or swelling
- Blackish discoloration over bridge of nose/palate
- Toothache, loosening of teeth, jaw involvement
- Blurred or double vision with pain; fever, skin lesion; thrombosis & necrosis (eschar)
- Chest pain, pleural effusion, haemoptysis, worsening of respiratory symptoms

Dos

- Control hyperglycemia
- Monitor blood glucose level post COVID-19 discharge and also in diabetics
- Use steroid judiciously - correct timing, correct dose and duration
- Use clean, sterile water for humidifiers during oxygen therapy
- Use antibiotics/antifungals judiciously

Don'ts

- Do not miss warning signs and symptoms
- Do not consider all the cases with blocked nose as cases of bacterial sinusitis, particularly in the context of immunosuppression and/or COVID-19 patients on immunomodulators
- Do not hesitate to seek aggressive investigations, as appropriate (KOH staining & microscopy, culture, MALDI-TOF), for detecting fungal etiology
- Do not lose crucial time to initiate treatment for mucormycosis

How to manage

- Control diabetes and diabetic ketoacidosis
- Reduce steroids (if patient is still on) with aim to discontinue rapidly
- Discontinue immunomodulating drugs
- No antifungal prophylaxis needed
- Extensive Surgical Debridement - to remove all necrotic materials
- Medical treatment
 - Install peripherally inserted central catheter (PICC line)
 - Maintain adequate systemic hydration
 - Infuse Normal saline IV before Amphotericin B infusion
 - Antifungal Therapy, for at least 4-6 weeks (see the guidelines below)
- Monitor patients clinically and with radio-imaging for response and to detect disease progression

Team Approach Works Best

- Microbiologist
- Internal Medicine Specialist
- Intensivist
- Neurologist
- ENT Specialist
- Ophthalmologist
- Dentist
- Surgeon (maxillofacial/plastic)
- Biochemist

Detailed management guideline & information available on the following

Global guideline for the diagnosis and management of mucormycosis: an initiative of the European Confederation of Medical Mycology in cooperation with the Mycoses Study Group Education and Research Consortium. *Lancet Infect Dis.* 2019 Dec;19(12):e405-e421. doi: 10.1016/S1473-3099(19)30312-3.

https://www.ijmr.org.in/temp/indianMedRes153311-2965147_110201.pdf



https://www.ijmr.org.in/temp/indianMedRes132795-327834_110201.pdf



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Figure 2: Management of Mucormycosis Source: ICMR

Busting myths about COVID 19

1. *Can COVID 19 be spread through goods from countries where there is an active transmission?*

Though the virus can survive on surfaces for several hours, it is highly unlikely for it to remain active after being subjected to varying temperatures, environment & transportation. One can clean the package with disinfectants or wash their hands after handling the package if they suspect it to be contaminated.

2. *Can drinking alcohol protect COVID 19?*

Drinking alcohol has not been found to protect against COVID 19 infection. One should wash hands regularly, maintain social distancing and wear masks for protection.

3. *COVID 19 infection spreads in a hot and humid climate and not in a cold climate?*

COVID 19 infection spreads in all types of climates and it is best to practice the prevention protocols everywhere.

4. *Can spraying alcohol or chlorine on the body protect one from COVID 19 infection?*

It cannot kill the virus on the body but can harm one's eyes and lips.

5. *Can eating garlic prevent COVID 19 infection?*

Besides having some anti-microbial properties, there is so evidence suggesting prevention from COVID 19 infection.

6. *Can rinsing your nose with saline solution prevent COVID 19?*

It can help recover faster from the common cold, but cannot protect against COVID 19 infection (Issara, 2020).

Information on Vaccines

Vaccine related anxiety:

There is much anxiety among people concerning vaccines. There are several misconceptions related to vaccines and many are hesitant to take them. There is a need to counsel them and provide them with factual data. Though there are a few cases of severe COVID 19 infections after vaccination, it needed to focus on the bigger picture. It might be necessary to connect them with medical personnel to clear their misconceptions (ICMR, 2021).

It's also seen that after taking vaccines people may think there is no need for preventive measures anymore. This misconception needs to be clarified and the importance of following the preventive protocols needs to be told.

How do vaccines work:

Vaccines are synthetic preparations made from components of the virus. So, when it enters our body, the body recognizes it as a foreign body and produces antibodies against them. Antibodies are produced by the body to neutralize or destroy toxins or disease-carrying organisms and are specific to a particular disease (Outlook, 2021).

Some vaccines require multiple doses, given weeks or months apart. This is sometimes needed to allow for the production of long-lived antibodies and the development of memory cells. In this way, the body is trained to fight the specific disease-causing organism, building up the memory of the pathogen to rapidly fight it if and when exposed in the future, thus preventing the person from getting infected (WHO, 2020).

Why do some people get infected even after vaccination?

A small percentage of fully vaccinated people will still develop COVID 19 infection. These are called “Vaccine Breakthrough cases”. While these vaccines are effective, no vaccine prevents illness 100 percent of the time. For any vaccines, there are breakthrough cases. With an effectiveness of 90 percent or higher, a small percentage of people who are fully vaccinated against COVID 19 will still get sick and some may be hospitalized or die from COVID 19. It’s also possible that some fully vaccinated people might have infections, but not have symptoms (asymptomatic infections).

It’s possible a person could be infected just before or just after vaccination and still get sick. It typically takes about 2 weeks for the body to build protection after vaccination, so a person could get sick if the vaccine has not had enough time to provide protection.

If you get COVID 19 after vaccination, your symptoms might be less severe. the overall risk of hospitalization and death among fully vaccinated people will be much lower than among people with similar risk factors who are not vaccinated (CDC, 2021).

PART 3: PFA FOR COVID 19 PATIENTS

Introduction

The COVID pandemic has been distressing everyone, but those patients are severely affected. Health workers have a dual role in providing medical care and psychological support to assist in recovery. But doctors and nurses are overburdened with a staggering number of cases reported hence unable to provide basic psychological support to these anxious patients. In this context, Dilaasa counsellors are professional capable of dealing with these vulnerable patients. Hence, this module was created to aid Dilaasa counsellors to assist patients admitted with COVID 19 to recoup their emotional distress and allay their anxiety.

The counsellors are expected to provide PFA to patients admitted in wards, since patients in ICU may be under critical care. While providing the PFA, the counsellor may be mindful of the patient's phase of recovery. Newly diagnosed patients tend to be scared and anxious, while those patients who have been in the hospital for a while may have adjusted to the changes, there may be patients ready for discharge and finally patients whose health condition may be deteriorating. One should prepare oneself before providing PFA to those in need of it. Preparing involves understanding COVID 19, its signs and symptoms, authentic treatment protocols, its complications, and ways of prevention.

The RAPID model provides perspective on comprehensively dealing with hospitalized COVID 19 patients beyond their physical need. It aids in dealing with psychological distress, the aftermath of the pandemic. The RAPID model deals with five components to effectively deliver psychological first aid. It includes:

1. Rapport and reflective listening
2. Assessment
3. Prioritization
4. Intervention
5. Disposition and Follow up

Rapport and Reflective Listening

Consent must be obtained from the patient and confidentiality of the information shared must be ensured. The counsellor must be mindful that the survivor has the right to refuse the support offered. The counsellor builds rapport with the patients by introducing themselves, their purpose of visit to the patient, and initiating communication with the patient by asking regarding their health and about their life in general. If the patient is resistant in communicating the counsellor may discuss neutral topics and then move on to a specific conversation on the patient's life. During this conversation, the counsellor must listen carefully to understand the patient's concerns. Paraphrase patient's word and ascertain

patient's mood. Reflective listening included validating and accepting the patient's feelings ensuring interpersonal support.

a. Validating and accepting the feelings:

Acknowledging the feelings and reactions experienced by the patients can act as a source of emotional support. Allow them to express their anger, guilt, or distress, do not interrupt the patient. Be emphatic to the patient to develop trust. Allow the patient to lead the conversation. Do not have preconceived notions while speaking to the patients, remember every patient has a different context. Explain that these feelings, thoughts, behaviors, and concerns are understandable in the context of a positive test result. Recognizing suffering and struggle as universal, conveys that the patient is not alone. The counsellor may explain rates of recovery but must be cautious not to give false hope to the patients. Avoid unrealistic comments like “ *You will be all right*” or “ *Everything will be fine*” or sharing your own experience like “ *I was also isolated and I'm recovered from it*”. Acknowledging and accepting that these thoughts, concerns, behaviors, and feelings reduce self-blame.

Assessment

During the conversation with the patient actively listen and assess them. Primarily the patient may have basic needs and emotional needs. Patients diagnosed with COVID 19 may have different emotional needs of the patient. The patient may experience heightened anxiety and fear in the initial phase of diagnosis which must be communicated as reasonable at this phase. Observe for non-verbal cues given by the patient like fast breathing or tone of voice. Allay anxiety by providing relevant information. Taking a break from social media messages or news regarding pandemics to reduce anxiety can be advised. The temporary nature of these emotions must be communicated to them to avoid impulsive behavior. Expressing emotions rather than suppressing them must be encouraged. Channelizing emotions positively through various forms like writing, painting, etc. must be encouraged. People with coronavirus infection or with possible infection can be stigmatized and discriminated against by being called suspected cases or victims.

Prioritization

Prioritization must include psychological triaging. Counselling must be directed to reduce the immediate distress of the patient. The hospitalized patient may not have concerns of basic needs for self but may be concerned about their family. The patient may be concerned, distressed, and worried about endangerment to self and family members. They may express a range of reactions like boredom, anger, irritation, panic, guilt, and frustrations due to quarantine. These reactions may be an outcome of loss of sense of control and stigma associated with the illness. Hence, prioritization includes attending to the basic needs of fear and anxiety followed by emotional needs and physical needs

Intervention

Interventions delivered to the patients are adapted from ICMR's (2021) guidelines. Interventions are specifically designed to cater to the requirements of the patients. The patients are anxious about the diagnosis and uncertain outcomes of the diseases hence the initial step is to demystify their fears, once the fears are controlled next step is to manage emotional health and the final step is advice on maintaining physical health. Following steps may be adopted by counsellors to provide support.

1. DEMYSTIFYING FEAR

- a. **Dealing with anticipatory anxiety:** Concern and anxiety regarding future outcomes and complications from the illness can be prevalent among patients. Imagining a worst-case scenario, deteriorating condition or death of another patient in the ward, or death of loved ones can lead to heightened anxiety and panic. Predicting the future is futile and extremely stressful; instead, patients must be advised to focus one day at a time. The counsellor can enhance coping and problem-solving techniques like asking the patient to identify the worst anticipated problems, list down possible solutions, help the patient in choosing appropriate solutions, and follow up on its effectiveness. Anxiety can also be due to stigma

- b. **Fear of death:** Uncertainty of the diseases and rising mortality rates of the diseases can perpetuate fear and helplessness among the patient. In such situations allow the patient to ventilate and express emotions like crying. Validate their feelings and acknowledge their worry and panic in the context of a pandemic. Encourage the patient to speak about these feelings than suppress them. The counsellor can encourage the patient to speak out their fears by asking questions like, *"How are you thinking or feeling about the situation?"* The patient may reply, *"I'm doomed to die"*, *"I'm completely helpless"*, *"I will never feel better"*, *"This is the end of the world"*. These thoughts can amplify fear. In such situations, the counsellor may reframe these statements to reflect reality. Neutral acceptance like death is an inevitable universal phenomenon outside one's control and cannot be considered good or bad must be propagated. 'STOP, THINK AND GO' technique (Rahbar 2021) can be used. The first step is to stop and take a deep breath. The next step is to think about the anxieties. The last step is to help the patient with a way forward by discussing options and working together by choosing feasible options. In some cases the patient's anxieties may be as follows:

"What situation will lead to death?"

"What will happen soon?"

"How the family will be devastated due to this?"

These are anxieties with no absolute answer and not within one's control hence the patient can be motivated to be hopeful and courageous with a positive outlook. Stories of recovery can be shared with the patient to regain courage. Online videos of recovered patients can be shown to the patient. However, the counsellor must be mindful not to provide false hope to the patient and counselling must be tailor-made to the condition of the patient.

- c. **Managing concerns towards family well-being:** Patients admitted to the isolation ward can be anxious about their family's well-being. They may be guilty of being a source of infection to family members and worried about their safety. If the patient is the breadwinner, uncertainty about the future, financial instability, and loss of employment may be a persistent source of distress. Women may be worried about children's wellbeing. In such situations, the importance of hospitalization to prioritize health and carry on family responsibility must be addressed. The counsellor can inform patients of the Public Distribution Scheme (PDS) and other lists of organizations that provide support and relief during COVID 19. Information on employment opportunities may be shared if reliable. Talking to fellow patients who share the same anxiety can be reassuring and act as shared support.
- d. **Managing Grief:** Grief due to the death of a loved one may be devastating. Inability to attend a funeral or inability to save them can result in guilt and sadness. In such a situation, mourning the loss is common to allow them to express their emotions. Validating the feeling is crucial here as well. Enquire regarding particular needs like speaking to a religious leader, or the need to perform certain rituals or prayers or traditions. If possible provisions for this may be made available. The counsellor explains situations beyond one's control. Accepting reality may be difficult, but encourage the patient to take small steps to accumulate positive emotions.

2. MANAGING EMOTIONAL HEALTH

- a. **Accumulating positive emotions:** The counsellor may encourage patients to focus on enhancing positive emotions of joy and happiness in life despite being in hospital. Encourage creating a positive environment by speaking to loved ones regularly through a phone call, video calls, etc., or practicing hobbies like reading, writing or music, watching movies on social media, etc. can be encouraged. Communicate the need for isolation and reason to prevent family members from a visit. Faith-based practices can promote positivity like praying, reading holy text according to the patient's preference.
- b. **Practice routine:** Practicing a routine can be reiterated by including activities like physical exercise, meditation, breathing exercises, spiritual practices, connecting with family and friends virtually, pursuing hobbies, limiting exposure to overwhelming information on social media, focusing on aspects within one's control. Meditation and calming music available on social media platforms can be availed.
- c. **Practicing self-compassion and building hope:** During hospitalization, the patient may have plenty of time to reflect and think about oneself. Often due to disturbed emotional state, the patient may be too harsh on themselves. Additionally, stigma due to the illness can lead to harsh self-criticism. In such situations, the counsellor must encourage patients not to blame themselves, to be compassionate, and recognize personal inadequacies. It can be useful to point out the pandemic is a global phenomenon hence can happen. Remind the patient to be kind to themselves since they are doing their best to recover and so are health care workers to enhance their

recovery. Hope building must be a constant process. The patient must be encouraged to think from a long-term perspective. The patient may be asked questions like, “*What are your dreams and wishes? How have you developed these hopes? How have you managed to sustain these hopes in difficult times? What keeps you from giving up? Who has supported you in your hopes and dreams? How have they done so? How have you motivated yourself in the past?*” These questions can help the patient to reflect on past events in their life and motivate them to maintain hope? The counsellor may do so by praising efforts undertaken, reassurance and encouragement. Forcing excessive positivity through statements like “*Everything will be all right?*” must be avoided.

3. MAINTAINING PHYSICAL HEALTH

- a. **Relaxation techniques:** Ask them to keep a routine during isolation. Simple physical exercises can be practiced regularly unless contraindicated by the doctor. Deep breathing exercises, abdominal breathing, and meditation can be practiced as and when required to alleviate anxiety, calm the nervous system, and enhance lung function. To practice, deep breathing techniques instruct the patient to sit straight in a comfortable position, loosen tight clothing, relax the shoulder, close eyes and take a slow deep breath for a count of four, hold it for another for seconds, and exhale slowly for six seconds through the mouth. For abdominal breathing instruct the patient to sit straight in a comfortable position, loosen tight clothing, relax the shoulder, bring both hands to the lower belly with middle finger touching the lower abdomen, close your eyes and take a long deep breath down to the belly such that middle fingers naturally move apart as the belly expands and as you exhale belly contract and middle fingers touch again.
- b. **Health education:** The patient’s condition, extend of recovery, treatment, and management must be informed to the patient and family members to keep realistic expectations. Clarify their doubts and avoid misinformation. The patient must be given accurate and unambiguous information on the diseases. Adequate and relevant information must be given to alleviate fear. If counsellors do not have an answer to questions asked never give information that you are not authorized to. Basic information on consuming a nutritious diet, prescribed medications, and adequate sleep at night can be provided. Help them to connect to an authorized person who can give them the information required. The patient may be worried about stigma to self and family post-diagnosis and after discharge. Clarify that the virus is incapable to transmit infection after two weeks owing to which isolation is advised. This can allay the patient’s fear of transmitting the infection to a loved one's post-discharge. Detailed information of COVID 19 refers to Part 2 Basic information on COVID 19.

Disposition and Follow Up

This phase involves following up on the patient's condition before discharge and encouraging them to return to normal life. Inform about precautions to be taken at home. The patient can also be advised to take things slow and give the body adequate time to resume back to normal. Provide information about normal stress and coping mechanisms, reinforce the coping techniques discussed earlier. Stigma and discriminatory behaviors related to COVID 19 can persist in the community even after discharge; this must be communicated to the patient. The patient must be advised to follow a period of home isolation and keep a safe physical distance if discharged before the isolations period. The advice of diet, sleep, and rest can be reinstated here. Emergency contact numbers in case of emergency can be shared in case of complications or downfall in health. You can say goodbye with best wishes for their future.

PART 4: PROVIDING PFA TO FAMILY MEMBERS

Introduction

Daunting concern and worry about COVID 19 infection is felt within the family or primary contacts. These could be members of the same family, staying in the same closed environment like home or office, or people involved in the direct care of the patient without Personal Protective Equipments (PPE) like a mask, face shield, etc. Addressing their emotional distress amid socio-economic hardships and uncertainty is crucial. Escalated fear of transmission due to frequent trips to hospitals for their admitted loved one is understandable. They may also be subjected to stigma by the community. Under such circumstances, advice on self-care, overcoming emotional distress, and stigma must be communicated by the counsellor.

Types of Contacts

There are two types of contacts:

High-risk contact: These include people who have:

- a. Touched body fluids of patients (respiratory fluids, saliva, blood, vomit, urine, and feces)
- b. Had physical contact with patients without PPE
- c. Has been within 3 feet of the patient
- d. Touched or washed linen, clothes, or dishes of patients.
- e. Resides in the same household

Low-risk contact: These include people who have:

- a. Shared same space like office or classroom
- b. Traveled together in the same bus, train, flight, etc.

Steps to Provide PFA

1. Help other members who might have COVID 19

The initial step could be to identify the type of contact. Based on it, advise them to watch for symptoms and test if symptoms appear.

2. Self-care strategies:

Provide them with information on basic prevention strategies. Other strategies like storing essentials, waste disposal strategies, cleaning, and disinfection at home can also be shared with them. Consuming a balanced diet, adequate sleep, medications, exercise can be advised.

3. Health Education and Counselling:

Communicate information on COVID 19 and adherence to the prescribed protocol as per the area they reside. Following hygiene measures like washing hands frequently, avoiding sharing household items, regular cleaning, and disinfection of household items, and use of the mask can be stressed. Minimize contact with a vulnerable group like the elderly, children, pregnant women, lactating women, etc. Watching out for symptoms like cough, breathlessness, or low oxygen saturation (below 90%) and immediate testing and reporting to a health care facility must be advised. Convey preparedness to care for patients post-discharge. They may also be at risk or already subjected to stigma. Enable them to deal with it like de-stressing oneself through regular communication with loved ones, maintaining a schedule, being active, and relaxation exercises (ICMR 2021).

PART 5: SELF CARE FOR COUNSELLORS

1. Prioritize your physical, mental, and social health
2. Ensure hand hygiene with soap and water or with alcohol-based hand sanitizer every time you enter or leave the ward (Refer Annexure figure 3)
3. Use Personal Protective Equipments appropriately (Refer Annexure figure 4 and 5)
4. Take breaks and rest appropriately to prevent burn-out
5. Practice relaxation techniques or other effective measures to relieve stress
6. Avail support from co-workers or seniors in overwhelming situations.

PART 6: ANNEXURES

Hand Hygiene



Figure 3: Steps for hand hygiene Source: World Health Organisation (WHO). Hand Hygiene: When and How. Infection Prevention and Practices, WHO. Geneva. Accessed from: <https://www.who.int/teams/integrated-health-services/infection-prevention-control> on 31st May 2021

Donning and Doffing PPE

Donning PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- #### 1. GOWN

 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- #### 2. MASK OR RESPIRATOR

 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- #### 3. GOGGLES OR FACE SHIELD

 - Place over face and eyes and adjust to fit
- #### 4. GLOVES

 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



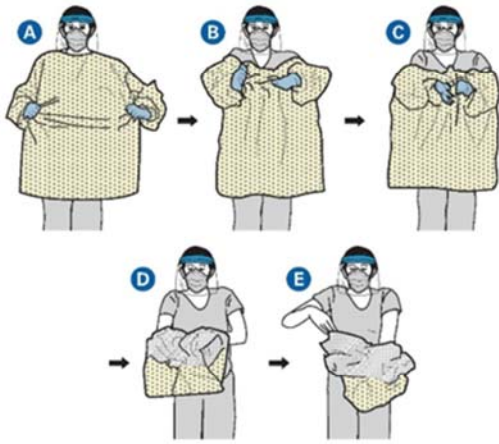
Figure 4: Steps for donning PPE Source: Centre for Diseases control and Prevention(CDC). (2014). Protecting Healthcare Personnel: Sequence for Donning and Removing Personnel Protective Equipments. CDC. USA Accessed from: <https://www.cdc.gov/hai/prevent/ppe.html> on: 31st May 2021


Doffing PPE

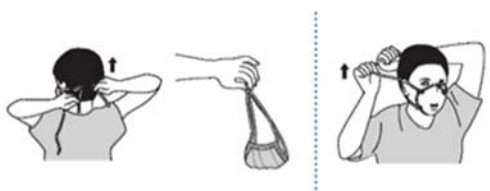
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

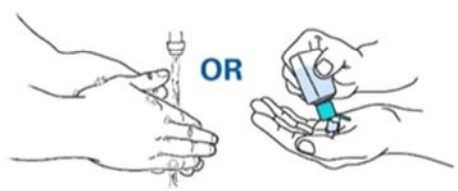
Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- #### 1. GOWN AND GLOVES

 - Gown front and sleeves and the outside of gloves are contaminated!
 - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
 - While removing the gown, fold or roll the gown inside-out into a bundle
 - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
- #### 2. GOGGLES OR FACE SHIELD

 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- #### 3. MASK OR RESPIRATOR

 - Front of mask/respirator is contaminated — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in a waste container
- #### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE




Figure 5: Steps for Doffing PPE Source: Centre for Diseases control and Prevention(CDC). (2014). Protecting Healthcare Personnel: Sequence for Donning and Removing Personnel Protective Equipments. CDC. USA Accessed from: <https://www.cdc.gov/hai/prevent/ppe.html> on: 31st May 2021

Handout for basic information on COVID-19

COVID-19 is a new coronavirus disease caused by SARS-CoV2.

Most commonly noted symptoms:

1. Fever
2. Dry cough
3. Fatigue

Other less common symptoms:

1. Anxiety
2. Sleep disorders
3. Depression
4. Irritability
5. Confusion

Symptoms of severe COVID 19 infection:

1. Shortness of breath
2. High temperature (>38 degree celsius)
3. Loss of appetite
4. Confusion
5. Persistent pain or pressure in the chest

Other symptoms:

1. Loss of taste or smell
2. Nasal congestion
3. Severe body ache
4. Headache
5. Sore throat
6. Muscle or joint pain
7. Conjunctivitis
8. Diarrhea
9. Chills or dizziness

When to call for emergency medical help?

1. Trouble breathing
2. Persistent pain or pressure in chest
3. New confusion
4. Inability to stay awake or wake up.
5. Pale grey/ blue coloured skin or nails or nailbeds.

Basic Prevention Strategies:

1.Wear a mask:

- Wash hands before wearing a mask
- Wear mask properly, covering nose and mouth securing it under your chin
- Make sure it fits snugly against the sides of your face
- Be sure it is easy to breathe.
- Remove the mask by holding the ear loops or ties.
- Wash cloth masks regularly, preferably in washing machine.
- Store used masks safely in between uses.

2.Stay at least 6 feet apart and avoid crowds:

- Keep at least 6 feet distance from others. Remember that people can spread the virus even when they don't have any symptoms.
- Avoid crowded places, especially closed spaces with poor ventilation.

3.Wash your hands:

- Wash your hands with soap and water for at least 20 seconds.
- If soap is not available, use alcohol based hand sanitizer.

4.Avoid touching your face, mouth and eyes unnecessarily and especially before washing hands.

Protecting yourself at home

1. Keep the person who is tested positive in isolation, in a separate room, preferably with attached bathroom.
2. Wear a mask when sharing spaces with others.
3. Maintain distance, at least 6 feet from the patient.
4. Avoid handling their clothes, dishes directly by hands. Use hand gloves whenever necessary.
5. Monitor your health daily and be attentive for any symptoms.
6. Special care to be taken of elderly persons, children, or those with any co morbidities in the household.

High risk for severe disease or mortality:

1. Age > 60 years.
2. Cardiovascular disease, hypertension and CAD
3. Diabetes mellitus and other immune-compromised states.
4. Chronic lung/liver/ kidney disease
5. Obesity

Home Isolation:

Must DO's

1. Physical distancing, indoor mask use, hand hygiene.
2. Symptomatic management- hydration, medications
3. Monitor temperature and Oxygen saturations.
4. Stay in contact with the physician.

Seek immediate medical attention if:

1. Difficulty in breathing
2. High temperatures/ severe cough for more than 5 days

Prevention from fungal infections:

1. Maintain strong immunity in those affected by COVID 19
2. Strict control of blood sugar levels
3. Self- medication with steroids and antibiotics is to be avoided.
4. Avoiding dead or decayed matter and maintain good personal hygiene is important.

When should we get tested and which test to be done?

Anyone who has symptoms, should get tested wherever possible. People who have been in contact with a positive person or a likely positive person, should take professional advice from their doctor. While awaiting the test results, the person should be kept isolated for safety reasons.

RT-PCR is the confirmatory test for diagnosing COVID 19 infection. Rapid Antigen test (RAT) are antigen detecting tests. These tests are cheaper as compared to RT-PCR tests and give faster results. Though a positive RAT confirms past infection, a negative result doesn't rule out COVID 19 infection. RT-PCR is advised if RAT is negative and person is symptomatic.

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