

## Coronavirus (COVID-19) Self-Monitoring Information (rev 07.24.2020)

For Employees Who Do Not Have Symptoms

### Guidance for persons being monitored for coronavirus

This guidance is to help you closely monitor your health because you have potentially been exposed to coronavirus. This does NOT mean that you will get sick with coronavirus. It is very important for you to monitor your health so that you can be taken care of and treated quickly if you do get sick.

### What are the signs and symptoms of coronavirus?

The most common symptoms of coronavirus are fever and cough. Some people also report difficulty breathing, more rarely sore throat, muscle aches and fatigue, loss of taste or smell, headaches, congestion and runny nose and abdominal discomfort.

### Practice protective and careful measures during this time period.

- Stay at home
- Avoid contact with others and try to isolate yourself.
- Cover your mouth and nose with a tissue or sleeve when coughing or sneezing.
- Clean your hands often using soap and water, or a hand sanitizer that is 60%-95% alcohol.

### Instructions for monitoring your temperature and symptoms:

1. Use the Symptom Monitoring Form to record your temperature and possible symptoms twice a day.
2. Take your temperature orally (by mouth) with a digital thermometer 2 times a day: once in the morning and once in the evening.
3. Write down your temperature on the form twice a day, every day.
4. If you forget to take your temperature, take it as soon as you remember.
5. Mark if you have any of the symptoms of novel coronavirus listed on the form.

### What should I do if I become ill during this monitoring period?

- Contact Occupational Health (OH) if you develop symptoms. At this point, you will receive instructions for testing and return to work criteria and a copy of the Symptom Monitoring Form for symptomatic persons will be provided (it is also available online). Both forms will need to be completed and sent to [occhealth@evms.edu](mailto:occhealth@evms.edu)
- **\*\*Asymptomatic employees who had an exposure** and have been self-monitoring at home, will be cleared to return to work either based on the testing result (testing on 10th day following the exposure) or based on the time passed since the date of exposure (**14 day quarantine period**). If testing is needed and the 10<sup>th</sup> day falls on a Saturday or Sunday, the employee will be tested on the Friday prior.
- **\*\*Asymptomatic employees who tested positive** and are not severely immunocompromised and have been self-monitoring at home, will be cleared to work after **10 days** since the date of their first positive test.
- OH will attempt to clear Healthcare Practitioners (HCP) within one business day of receipt of the Symptom Monitoring Form and test results (from EVMS Medical Group), but supervisors should not schedule HCP's for work unless they have been cleared in writing by OH.
- If testing is done, negative test results will not be communicated over the weekend. Employees will receive a call from the EVMS Medical Group on Monday or the next business day in which the results are made available. Return to work clearances will not be issued over the weekend and no employee should return to work without first being cleared in writing by OH.
- Supervisors should not schedule HCP's for work unless they have already been cleared to work by OH.

If you feel your symptoms are at EMERGENCY LEVELS i.e., shortness of breath, fever over 102°F, chest pain that cannot wait until the morning, call 911 and explain that you are being monitored for potential exposure to coronavirus and need emergency medical care.

Employee Name: \_\_\_\_\_

Employee Email: \_\_\_\_\_

## Symptom Monitoring Form

Please note the date and time of record. Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the symptoms: circle 'Y' for Yes and 'N' for No. Don't leave any spaces blank. You will complete this form daily until you are cleared to return to work by Occupational Health. Please send this completed form to [occhealth@evms.edu](mailto:occhealth@evms.edu). This form must be returned for clearance to work.

DATE	TIME	Temperature	Chills	Cough	Shortness of Breath	Fatigue or aches	Other symptoms (describe)
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	
	AM		Y N	Y N	Y N	Y N	
	PM		Y N	Y N	Y N	Y N	

This form is being provided to you out of an abundance of caution to use to protect yourself while at home.