



CARE: **Check and Record Every Day**

May 2020

Introduction

During a time of sustained community spread of coronavirus disease 2019 (COVID-19), all individuals are at some risk for exposure within the community. This booklet provides important information about monitoring yourself and your loved ones for symptoms of COVID-19. COVID-19 is a respiratory illness caused by a virus that can spread from person to person.

All individuals are at some risk for exposure within the community. Take these steps to monitor your health:

1. Take your temperature with a thermometer two times a day and watch for cough, difficulty breathing or other symptoms of COVID-19 (see instructions in this booklet).
2. Practice everyday preventive actions to reduce your risk of getting or spreading illness (see below).
3. Practice social distancing by keeping your distance from others (about 6 feet or 2 meters) and limit your activities in public.
4. If you get sick with fever, cough, trouble breathing, or other COVID-19 symptoms, follow instructions on page 3.

Your local health department may have specific instructions for you to follow that may be more restrictive than described above. If you are found to be a close contact of a confirmed COVID-19 case, you will be contacted by your local health department.

Practice Everyday Preventive Actions

The Centers for Disease Control and Prevention (CDC) recommends several actions for preventing the spread of respiratory illnesses, like COVID-19. It is a good habit to practice everyday preventive actions at all times.



If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Check your Health and Record Every Day

COVID-19 is spreading throughout our community. If you have been exposed to a person with COVID-19, it may take between 2 to 14 days to know if you will get sick. It is important to check your health two times each day during this time of sustained community spread. Follow the steps below to check and record your health.

Step 1: Do health checks every morning and every night.

- Take your temperature.
- In addition to fever, be alert for any other symptoms of COVID-19, including:
 - New or worsening cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Sore throat
 - Muscle pain
 - New loss of taste or smell
 - Gastrointestinal symptoms like nausea, vomiting, or diarrhea (less common)
- Write your temperature and any symptoms in the log included in this booklet.

Step 2: If you have a fever (fever is 100.4° F/38° C or higher), cough, or trouble breathing:

1. Do not go out in public.
2. Call your health care provider to inform them of your symptoms – call ahead before you go to a doctor's office or urgent care. If they recommend COVID-19 testing, you can call the Livingston County Health Department (LCHD) for up-to-date testing locations at 517-546-9850.
3. Avoid contact with others.
4. Stay home while you are sick, except to seek medical care.
5. Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
6. Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others.
7. Wash your hands with soap and water immediately after coughing, sneezing, or blowing your nose. If soap and water are not available, you can use an alcohol-based hand sanitizer that contains 60%-95% alcohol. Always wash hands with soap and water if hands are visibly dirty.

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Before you Take your Temperature

- Wait 30 minutes after eating, drinking, or exercising.
- Wait at least 6 hours after taking medicines that can lower your temperature, like:
 - Acetaminophen* (also called Tylenol)
 - Ibuprofen*
 - Aspirin*

*Check with your health care provider for dosage and frequency for any fever-reducing medications.

How to Take your Temperature



1. Turn the thermometer on by pressing the button near the screen.



2. Hold the tip of the thermometer under your tongue until it beeps. Do not bite the thermometer.



3. Read your temperature on the screen. If your temperature is 100.4° F/38° C or higher, you have a fever.



4. Write your temperature on the 14-day Symptom and Temperature Log in this booklet.



5. Clean your thermometer with soap and water and dry it well.

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

How to Use your Symptom and Temperature Log

Two times a day (morning and night), write down your temperature and any COVID-19 symptoms you may have: new or worsening cough, difficulty breathing, fever, sore throat, chills, muscle pain, and new loss of taste or smell. Less common symptoms include nausea, vomiting, and diarrhea.

1. Fill in the dates on the log, starting with Day 1 and ending with Day 31.
2. Start recording your temperature and symptoms. **Fever is 100.4 °F/38 °C or higher.**
 1. If you get sick, contact your health care provider. If you do not have a health care provider, you can call LCHD for up-to-date testing locations at 517-546-9850.
3. Print more copies of the Symptom and Temperature Log, as needed. This is an ongoing and quickly changing situation; you may need to monitor your health for more than a month.

Symptom and Temperature Log (Page 1 of 2)

Month: May Employee Name: John Doe

DATE	SYMPTOMS				TEMPERATURE
<u>5/1/2020</u>	<input checked="" type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.6 PM 98.8
<u>5/2/2020</u>	<input checked="" type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.4 PM 99.0
<u>5/3/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.5 PM 98.6
<u>5/4/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 98.7 PM 98.5
<u>5/5/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input checked="" type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> New loss of taste/smell	<input checked="" type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 99.8 PM 99.9
<u>5/6/2020</u>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Muscle pain	<input checked="" type="checkbox"/> Cough <input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> New loss of taste/smell	<input checked="" type="checkbox"/> Sore throat <input type="checkbox"/> GI symptoms*	AM 100.3 PM 100.5

SAMPLE

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Symptom and Temperature Log (Page 1 of 2)

Month: _____ Employee Name: _____

DATE	SYMPTOMS	TEMPERATURE
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	AM
		PM

If you have a medical emergency, call 911. If you develop symptoms, contact your health care provider to determine if you need to go for testing. Contact your provider before you leave so they can plan for your arrival. If you do not have a health care provider, contact LCHD. Testing sites are changing daily.

Symptom and Temperature Log (Page 2 of 2)

DATE	SYMPTOMS	TEMPERATURE
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM
_____	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat	AM
	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Chills <input type="checkbox"/> New loss of taste/smell <input type="checkbox"/> GI symptoms*	PM



If you get sick, notify your employer and contact your health care provider. If you do not have a health care provider, you can call LCHD for up-to-date testing locations at 517-546-9850.

***GI symptoms:** Less common symptoms of COVID-19 include gastrointestinal symptoms like nausea, vomiting, or diarrhea.

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Resources for More Information

Livingston County Health Department (LCHD):

<https://www.livgov.com/health/ph/Pages/COVID19.aspx>

Michigan Department of Health and Human Services (MDHHS):

<https://www.michigan.gov/coronavirus>

Centers for Disease Control and Prevention (CDC):

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

World Health Organization (WHO):

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



LIVINGSTON COUNTY Health Department

2300 E Grand River Ave., Suite 102
Howell, MI 48843

517-546-9850



www.LCHD.org

This resource is for informational purposes only and is not intended for self-diagnosis or as a substitute for consultation with a health care provider. For more information contact your health care provider or visit the Centers for Disease Control and Prevention at www.cdc.gov. The information provided within this guide has been adapted from the CDC's *CARE: Check and Record Everyday*, 2020.

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