COVID-19 Decision Tree

This document is a general guideline to assist with decision making. Please refer to your Human Resources Department, Eastern Idaho Public Health, and/or the CDC for questions that are specific to your individual circumstance or profession.

***SYMPTOMS: FEVER (100.4 DEGREES OR HIGHER), COUGH, SHORTNESS OF BREATH**

Employee/Individual

Directly exposed to a person with *SYMPTOMS of COVID-19.

**Was Personal Protective Equipment (PPE) used?

NO → Self-isolate and self-monitor for 14 days per CDC guidelines.

YES → If no symptoms, return to work and self-monitor for 14 days per CDC guidelines.

Secondarily exposed to a person with *SYMPTOMS of COVID-19. (Close contact with person who was directly exposed.) → If no symptoms, return to work and self-monitor for 14 days per CDC guidelines.

Do you have *SYMPTOMS?

NO → Continue to work.

YES → Self-isolate for minimum of 7 days after date of first symptom and 3 days after the fever is gone and cough and shortness of breath has subsided.

***PPE includes eye protection, masks, gowns and gloves. Refer to CDC guidelines for use of PPE.*

Eastern Idaho Public Health

Prevent. Promote. Protect.

COVID-19 HOTLINE

(208) 522-0310 or toll free (855) 533-3160

Health Monitoring for Respiratory Illness

It has always been important to keep an eye on your health. Use this as a guide to monitor yourself for symptoms if you believe you've been exposed to a respiratory illness. Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the listed symptoms: circle 'Y' for Yes and 'N' for No. Pay special attention if you have a fever (100.4° F or higher), cough, or shortness of breath. If you experience fever, cough, or shortness of breath please remain self-isolated until your fever is gone, other symptoms have improved for 3 days, and it's been at least 7 days since symptoms appeared. If you feel these symptoms are serious call your healthcare provider.

Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing/shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches/headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal discomfot	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Please record if you're taking any medication with aspirin, Tylenol® (acetaminophen), paracetomol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen), or add any other notes about how you feel here:

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