Teacher/Staff person has any of the following symptoms (new/different/worse than baseline for any chronic illness):

**One** of the following
- Fever
- Cough
- Shortness of breath or difficulty breathing

**OR Two** or more of the following
- Muscle aches without another explanation
- Chills
- Sore throat
- Headache
- Vomiting or Diarrhea
- Loss of taste or smell

**OR**
- Temperature 100.4 degrees Fahrenheit or higher

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**Yes**

Notify the Macomb County Health Department. Exclude from work and refer to healthcare provider for possible COVID-19 testing.

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Positive test for COVID-19

Healthcare provider note not provided

Home isolation until:
- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

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Not tested for COVID-19

Healthcare provider note indicating another explanation for symptoms

May return to work 24 hours after fever resolution and improvement of symptoms

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Negative test for COVID-19

Had close contact with confirmed case of COVID-19 in past 14 days

**No**

Complete 14 day quarantine period

**Yes**