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

**One** of the following:
- Cough
- Shortness of breath
- Difficulty breathing

OR **Two** or more of the following:
- Fever (measured or subjective)
- Chills
- Rigors (shaking or exaggerated shivering)
- Muscle aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

OR
- Temperature 100.4 degrees Fahrenheit or higher

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

- **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

- **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

- **Negative test for COVID-19**
  - Had close contact with confirmed case of COVID-19 in past 14 days
    - Complete 14 day quarantine period
    - **Yes**
    - **No**