Revised Public Health Guidance for Schools

PART 5 — SUPPORTING FULLY IN-PERSON LEARNING FOR ALL STUDENTS
JANUARY 11, 2022

Illinois State Board of Education

Illinois Department of Public Health
IDPH
Protecting Health, Improving Lives

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The Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) are issuing revised guidance to incorporate updates regarding quarantine and isolation recommendations as issued January 4, 2022, by the Centers for Disease Control and Prevention (CDC). CDC clarified that these recommendations apply to K-12 Schools and on January 6, 2022, released school-specific guidance.

Public COVID-19 School Guidance

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Executive Summary

In-person learning with the appropriate protective measures should be both safe and essential to students' mental health and academic growth. In its scientific brief on transmission of SARS-CoV-2 in K-12 schools, the Centers for Disease Control and Prevention (CDC) cites several sources that suggest lower prevalence of disease, susceptibility, and transmission in children – especially those under the age of 10 – although additional studies are needed to further understand this finding. Further, the authors cite recent studies documenting that, with prevention strategies in place, in-person learning was not associated with higher levels of transmission when compared to communities without in-person learning.[1] [2] [3]

The majority of students need full-time in-person access to their teachers and support network at school to stay engaged, to learn effectively, and to maintain social-emotional wellness. A recent study from the CDC[4] suggests that remote learning can be challenging for many students, leading not only to learning loss, but also worsening mental health for children as well as parents. CDC found that students of color were more likely to miss out on in-person learning: nationwide, in April, only 59% of Hispanic students, 63% of Black students, and 75% of White students had access to full-time in-person school. Restoring full-time in-person learning for all students is essential to our state's commitment to educational equity.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have a symptomatic case that requires hospitalization, or an asymptomatic infection or to transmit COVID-19 to others than people who are not fully vaccinated.

IDPH issued this guidance under its broad authority to protect the public health[5] in an effort to restrict and to suppress the continued spread of COVID-19 and to allow students across Illinois

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[1] National Academies of Sciences, Engineering, and Medicine. (2020). *Reopening K-12 schools during the COVID-19 pandemic: Prioritizing health, equity, and communities.* Washington, DC: The National Academies Press. https://doi.org/10.17226/25858

[2] Donohue, J. M., & Miller, E. (2020, July 29). COVID-19 and school closures. *Journal of the American Medical Association*, *324*(9), 845-847. https://doi.org/10.1001/jama.2020.13092

[3] Russell, F. M., Ryan, K., Snow, K., Danchin, M., Mulholland, K., & Goldfeld, S. (2020, September 25). *COVID-19 in Victorian schools: An analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open*. Melbourne, Australia: Murdoch Children's Research Institute and the University of Melbourne. Retrieved from https://issuu.com/murdochchildrens/docs/covid-19_in_victorian_schools_report__1_

[4] Oster, E., Jack, R., Halloran, C., Schoof, J., McLeod, D., Yang, H., Roche, J., & Roche, D. (2021, June 29). Disparities in learning mode access among K-12 students during the COVID-19 pandemic, by race/ethnicity, geography, and grade level – United States, September 2020-April 2021. *Morbidity and Mortality Weekly Report*, *70*. http://dx.doi.org/10.15585/mmwr.mm7026e2

[5] The Department of Public Health Act, 20 ILCS 2305.

to safely and fully return to the in-person learning conditions that they need to thrive. Students in Illinois and across the country returned safely to in-person learning throughout the 2020-21 school year with limited transmission occurring in school facilities due to students' and teachers' adherence to public health requirements. This guidance reflects what has been learned about preventing the transmission of COVID-19 in school settings, incorporates the efficacy of the vaccine, accounts for the increasing number of students and educators who are fully vaccinated,[6] and aligns with the updated guidance for COVID-19 prevention in K-12 schools issued by the CDC on July 9, 2021, and updated most recently on January 6, 2022

The CDC recently issued new Isolation and Quarantine Guidance to shorten the isolation and quarantine periods for the general public. On January 4, 2022, the CDC clarified that these recommendations apply to K-12 Schools and on January 6, 2022, released school specific guidance, namely Overview of COVID-19 Isolation for K-12 Schools and Overview of COVID-19 Quarantine for K-12 Schools.

The state of Illinois has adopted the CDC's updated guidance regarding COVID-19 prevention in K-12 schools. Based on that guidance, and the state's executive orders, ISBE and IDPH have updated the public health requirements for schools and associated guidance in these guidelines. This guidance applies to all public and nonpublic schools that serve students in pre-kindergarten through grade 12 (pre-K-12).

Public Health Requirements for Schools

The following guidance is based on updated CDC guidance for COVID-19 prevention in K-12 schools (updated Jan. 6, 2022) and the state's executive orders. Executive Order 2021-18[7] requires that masks be worn indoors by all teachers, staff, students, and visitors to pre-K-12 schools, regardless of vaccination status. Executive Order 2021-22 requires that all school personnel be fully vaccinated against COVID-19 by September 19, 2021, or submit to at least weekly testing. Further, effective January 11, 2022, Executive Order 2022-03[8] requires all schools and school districts to exclude students and school personnel from school who are confirmed or probable cases of COVID-19, who are close contacts to a case, or who exhibit COVID-19 like symptoms. Schools must provide remote instruction to any student that is excluded under Executive Order 2022-03 in accordance with the following declaration from the State Superintendent of Education:

"Beginning with the 2021-22 school year, all schools must resume fully in-person

[6] People are considered fully vaccinated against COVID-19 two weeks after their second dose in a two-dose series (e.g., Pfizer-BioNTech or Moderna) or two weeks after a single-dose vaccine (e.g., Johnson & Johnson's Janssen). For more information, see CDC guidance at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html#vaccinated.

[7] For purposes of this document, "Executive Order 2021-18" shall mean Executive Order 2021-18 and any future Executive Order that reissues and extends Executive Order 2021-18.

[8] For purposes of this document, "Executive Order 2022-03" shall mean Executive Order 2022-03 and any future Executive Order that reissues and extends Executive Order 2022-03.

learning for all student attendance days, provided that, pursuant to 105 ILCS 5/10-30 and 105 ILCS 5/34-18.66, remote instruction must be made available for students who are excluded by a school pursuant to 77 Ill. Admin. Code 690.30, or students who are under isolation, quarantine, or adaptive pause consistent with guidance or requirements from a local health department or the Illinois Department of Public Health."

Additionally, the following COVID-19 prevention strategies, as outlined in this guidance, remain critical to protect students and community members who are not fully vaccinated, especially in areas of moderate- to high-community transmission levels, and to safely deliver in-person instruction. Schools must implement these other layered prevention strategies to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

1. Promote and/or provide COVID-19 immunization for all school personnel and eligible students.
2. Facilitate physical distancing. Schools should configure their spaces to provide space for physical distancing to the extent possible in their facilities.
3. Implement or provide provisions for COVID-19 diagnostic testing for suspected cases, close contacts, and during outbreaks, as well as screening testing for unvaccinated students according to the CDC's testing recommendations.
4. Improve ventilation to reduce the concentration of potentially virus-containing droplets in schools' indoor air environments.
5. Promote and adhere to hand hygiene and to respiratory etiquette.
6. Encourage individuals who are sick to stay home and to get tested for COVID-19.
7. Clean and disinfect surfaces in schools to maintain healthy environments.

It is important to note that these requirements are subject to change pursuant to changing public health conditions and subsequent updated public health guidance, including from the CDC.

IDPH Health and Safety Requirements

Districts and schools should proactively prepare staff and students to prevent the spread of COVID-19 and any other infectious disease. All employees should be trained on health and safety protocols related to COVID-19.

A. Require that all school personnel be fully vaccinated against COVID-19 or submit to at least weekly testing. Collect school personnel vaccination and testing documentation. Promote and/or provide COVID-19 immunization for all school personnel and eligible students.

On August 23, 2021, the U.S. Food and Drug Administration (FDA) gave full approval to the Pfizer-BioNTech COVID-19 vaccine for individuals aged 16 years and older. The Pfizer-BioNTech

COVID-19 vaccine also continues to be available under emergency use authorization by the FDA, including for individuals aged 12 to 15 years and, as of October 29, 2021, for children aged 5 to 11 years. FDA and CDC have also authorized the administration of additional recommended doses, including booster doses that are recommended by IDPH and CDC for up-to-date vaccination coverage. See the CDC website for the most updated eligibility guidance.

COVID-19 vaccines are safe and effective.[9] [10] [11] The CDC scientific brief on COVID-19 vaccines and vaccination cites research in clinical trials and real-world settings documenting that vaccination in adults and children as young as 5 years old reduces the chances of contracting the virus that causes COVID-19, including several variants. The CDC also cites evidence that fully vaccinated people are less likely to have asymptomatic infection or transmit SARS-CoV-2 to others. Importantly, the evidence also suggests that the COVID-19 vaccine is highly effective at reducing odds for severe complications, hospitalizations, and death.[12] [13] [14]

At this time, there are limited data on vaccine protection in people who are

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[10] Thompson, M. G., Burgess, J. L., Naleway, A. L., Tyner, H. L., Yoon, S. K., Meece, J., Olsho, L. E. W., Caban-Martinez, A. J., Fowlkes, A., Lutrick, K., Kuntz, J. L., Dunnigan, K., Odean, M. J., Hegmann, K. T., Stefanski, E., Edwards, L. J., Schaefer-Solle, N., Grant, L., Ellingson, K., Groom, H. C. … Gaglani, M. (2021, April 2). Interim estimates of vaccine effectiveness of BNT162b2 and mRNA-1273 COVID-19 vaccines in preventing SARS-CoV-2 infection among health care personnel, first responders, and other essential and frontline workers – Eight U.S. locations, December 2020-March 2021. *Morbidity and Mortality Weekly Report*, *70*(13), 495-500. https://dx.doi.org/10.15585/mmwr.mm7013e3

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[12] Christie, A., Henley, S. J., Mattocks, L., Fernando, R., Lansky, A., Ahmad, F. B., Adjemian, J., Anderson, R. N., Binder, A. M., Carey, K., Dee, D. L., Dias, T., Duck, W. M., Gaughan, D. M., Lyons, B. C., McNaghten, A. D., Park, M. M., Reses, H., Rodgers, L., … Beach, M. J. (2021, June 11). Decreases in COVID-19 cases, emergency department visits, hospital admissions, and deaths among older adults following the introduction of COVID-19 vaccine – United States, September 6, 2020-May 1, 2021. *Morbidity and Mortality Weekly Report*, *70*(23), 858-864. http://dx.doi.org/10.15585/mmwr.mm7023e2

[13] Haas, E. J., Angulo, F. J., McLaughlin, J. M., Anis, E., Singer, S. R., Khan, F., Brooks, N., Smaja, M., Mircus, G., Pan, K., Southern, J., Swerdlow, D. L., Jodar, L., Levy, Y., Alroy-Preis, S. (2021). Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: An observational study using national surveillance data. *The Lancet*, *397*(10287), 1819-1829. https://doi.org/10.1016/S0140-6736(21)00947-8

[14] Lavista Ferres, J. M., Richardson, B. A., & Weeks, W. B. (2021). Association of COVID-19 vaccination prioritization and hospitalization among older Washingtonians. *Journal of the American Geriatrics Society*. https://doi.org/10.1111/jgs.17315

immunocompromised. Fully vaccinated persons with immunocompromising conditions, including those taking immunosuppressive medications (e.g., drugs such as mycophenolate or rituximab to suppress rejection of transplanted organs or to treat rheumatologic conditions), should discuss the need for personal protective measures with their health care provider after vaccination. For guidance and answers to frequently asked questions (FAQs) regarding immunocompromised people, the CDC has answered and identified concerns.

Due to the proven efficacy and safety of the vaccine, and its critical role in stopping the spread of COVID-19, Illinois has taken an additional step to protect the health and safety of school communities by requiring that all school personnel either become fully vaccinated against COVID-19 or submit to at least weekly testing.

Executive Order 2021-22 and 23 Ill. Admin. Code 6 require that all school personnel be fully vaccinated against COVID-19 in accordance with the timelines set forth below or submit to at least weekly testing:

1) School personnel acting in their school-based role on or before the effective date of Executive Order 2021-22 must receive, at a minimum, the first dose of a two-dose vaccine series or a single-dose vaccine by September 19, 2021, and, if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days following the administration of their first dose.
2) School personnel first starting in their school-based role after the effective date of Executive Order 2021-22 must receive, at a minimum, the first dose of a two-dose vaccine series or a single-dose vaccine within 10 days of their start date in the school-based role, and, if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days following the administration of their first dose.

Schools shall require school personnel who are fully vaccinated against COVID-19 to provide proof of vaccination against COVID-19 to the school by September 19, 2021, or immediately upon becoming fully vaccinated.

"School" means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through 12th grade, including state-operated residential schools such as the Philip Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. The term "school" does not include schools operated by the Illinois Department of Juvenile Justice.

"School personnel" means any person who (1) is employed by, volunteers for, or is contracted to provide services for a school or school district serving students in pre-kindergarten through 12th grade, or who is employed by an entity that is contracted to provide services to a school, school district, or students of a school, and (2) is in close contact (fewer than 6 feet) with students of the school or other school personnel for more than 15 minutes at least once a week

on a regular basis, as determined by the school. The term "school personnel" does not include any person who is present at the school for only a short period of time and whose moments of close physical proximity to others onsite are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).

Schools may implement stricter requirements regarding the vaccination or testing of school personnel, except that schools must continue to exempt individual school personnel from a vaccination requirement if: (1) the vaccination is medically contraindicated, which includes any individual who is entitled to an accommodation under the Americans with Disabilities Act (ADA) or any other law applicable to a disability-related reasonable accommodation; or (2) vaccination would require the individual to violate or to forgo a sincerely held religious belief, practice, or observance.

Beginning September 19, 2021, schools shall require all school personnel who are not fully vaccinated against COVID-19 for any reason, including, but not limited to, a religious exemption or medical contraindication, to comply with the testing requirements set forth below. Schools shall exclude from the school premises and/or refuse admittance to the school premises any school personnel who are acting in their school-based role and are not fully vaccinated against COVID-19 unless such school personnel comply with the testing requirements.

Promoting and/or providing vaccination for students and school personnel is a primary way to protect staff and students and to slow the spread of COVID-19. Strategies that minimize barriers to access vaccination for school personnel, such as vaccine clinics at or close to the place of work, are optimal. School officials and local health departments should work together to support messaging and outreach regarding vaccination for members of school communities. For more information, see IDPH's answers to FAQs about COVID-19 vaccination for young people.

ISBE and IDPH have provided the following resources to support school districts in hosting vaccination events or communicating with school communities about other options for eligible children and families to receive the COVID-19 vaccine.

- *Hosting a Vaccination Event:* Contact information and instructions for reaching out to a community vaccine provider in the event that your district can host a vaccination event at one or more schools.
- *Parent Letter*: Letter to send to parents and families on either IDPH and ISBE letterhead or district letterhead to communicate about options for eligible children to receive the COVID-19 vaccine if your district does not host a vaccination event. *Spanish*
- Strategies to Build Vaccine Confidence
- How to Talk About the COVID-19 Vaccine
- COVID-19 Vaccination for Young People FAQs
- Vaccination Information for Children and Teenagers

    - *English*
    - *Spanish*
- Illinois Chapter of the American Academy of Pediatrics Vaccination Letter
- Federal Vaccination Resources
    - *School-Located Vaccination Clinics: Best Practices for School Districts*. This CDC guide provides a roadmap for school administrators to work directly with local health departments and other vaccine providers (e.g., pharmacies) to set up vaccination clinics in places that K-12 students and their parents know and trust.
    - The following links provide additional information about pediatric COVID-19 vaccination and school-located vaccination clinics.
        - COVID-19 Vaccination for Children 5-11 Years Old | CDC
        - COVID-19 Vaccines for Children and Teens | CDC
        - Considerations for Planning School-Located Vaccination Clinics | CDC
        - Guidance for COVID-19 Prevention in K-12 Schools | CDC
        - Guide to On-Site Vaccination Clinics for School | WECANDOTHIS.HHS.GOV
        - Communication Resources for COVID-19 Vaccines | CDC
        - Frequently Asked Questions about COVID-19 Vaccination | CDC

Testing Requirements for School Personnel Who Decline Vaccination

Beginning September 19, 2021, school personnel who are not fully vaccinated against COVID-19 for any reason, including, but not limited to, a religious exemption or medical contraindication, must undergo testing for COVID-19 with either a Nucleic Acid Amplification Test (NAAT), including PCR tests, or an antigen test, that either has emergency use authorization by the FDA or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services (CMS), until they are fully vaccinated.

Testing must occur at least weekly for unvaccinated school personnel. If a school is experiencing an outbreak of COVID-19 and school personnel who are not fully vaccinated may be part of the outbreak as determined by public health authorities, such school personnel must be tested for COVID-19 two times per week for the duration of that outbreak. The Illinois Department of Public Health recommends PCR testing with less than 48-hour turnaround time.

Such testing for school personnel who are not fully vaccinated against COVID-19 must be conducted on-site at the school or the school must obtain proof or confirmation from the school personnel of a negative test result obtained elsewhere.

Schools are encouraged, but not required, to provide testing opportunities for school personnel. Schools can use federal pandemic relief funds to purchase tests and to pay the staff necessary to operate a testing program. However, ultimately, school personnel who decline vaccination are responsible for ensuring they meet the testing requirements. Schools may direct school personnel to community or commercial testing sites.

Non-school district entities that employ individuals who fall within the definition of school personnel may request permission from the school districts they serve to have those employees participate in the weekly COVID-19 testing services that those school districts provide to their employees. School districts are encouraged, but not required, to grant permission for the employees of entities who provide services to their schools to participate in the school district's COVID-19 testing program.

School personnel who are not fully vaccinated may be permitted to enter or to work at the school while they are awaiting the results of their weekly test. Schools shall exclude from school premises and/or refuse admittance to the school premises school personnel acting in their school-based role who are not fully vaccinated against COVID-19 unless they comply with these testing requirements.

Collecting Vaccination Status Information

All school personnel must provide proof of vaccination against COVID-19 immediately upon becoming fully vaccinated. "Proof of Vaccination Against COVID-19" means: (1) a CDC COVID-19 vaccination record card or photograph of such card, (2) documentation of vaccination from a health care provider or an electronic health record, or (3) state immunization records. Adults can authorize release of such proof for themselves by completing a request for immunization records from the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). (Chicago residents can complete the request for immunization records using this form.) Adults can also access their vaccination records through IDPH's immunization portal, Vax Verify, which allows Illinois residents 18 years and older to check their COVID-19 vaccination record.

Federal laws do not prevent employers from requiring employees to bring in documentation or other confirmation of vaccination. This information, like all medical information, must be kept confidential and stored separately from the employee's personnel files under the ADA.[15]

All schools must maintain a record for school personnel employed by the school or school district that identifies them as one of the following: fully vaccinated, unvaccinated and compliant with the testing requirements, or excluded from the premises in accordance with 23 Ill. Admin. Code 6.

Each school shall maintain the following documentation for each school personnel employed by the school or school district, as applicable:

1) Proof of vaccination against COVID-19.
2) The results of COVID-19 tests.

[15] U.S. Equal Employment Opportunity Commission. (2021, May 28). What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws. Retrieved from https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

Schools shall maintain any school personnel medical records in accordance with applicable law.

Beginning September 19, 2021, for school personnel who are not employed by the school or school district but are providing services through another entity (e.g., a contractor or service provider of the school), the school may determine that such school personnel are compliant with the vaccination or testing requirements by requiring the entity to:

a) Collect proof of vaccination against COVID-19 from the school personnel or proof of compliance with the testing requirements and
b) Submit an attestation to the school that they will collect this proof for any school personnel they provide to the school.

Schools that plan to request voluntary submission of documentation of students' COVID-19 vaccination status should use the same standard protocols used to collect and to secure other immunization or health status information from students. For example, Illinois state law[16] and administrative code[17] requires children enrolled in child care or school to be immunized against certain preventable communicable diseases, including highly contagious viral illnesses, such as measles, mumps, and varicella (chickenpox). Prior to entering any public, private, independent, or parochial school, every child in Illinois must provide the school with documentation from their health care provider that verifies their immunizations, with certain exceptions. Schools that request proof of vaccination for COVID-19 may use this existing infrastructure to document students' vaccination status.

The protocol to collect, to secure, to use, and to further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements.

Local school authorities are permitted to access the statewide immunization database to review student immunization records. Only employees who have direct responsibility for ensuring student compliance with 77 Ill. Admin. Code 665.210 can apply for and receive access to I-CARE, the statewide system. No access will be granted to other personnel, such as superintendents or human resource managers. All individuals with I-CARE access are subject to the requirements and penalties authorized by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). School employees may apply for access to I-CARE by following the instructions in the I-CARE access enrollment packet. Contact I-CARE program staff via email at dph.icare@illinois.gov for more information.

[16] Section 27-8.1 of the School Code [105 ILCS 5] at https://www.ilga.gov/legislation/ilcs/documents/010500050K27-8.1.htm

[17] 77 Ill. Adm. Code Part 665 Child and Student Health Examination and Immunization Code at https://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html

Adults can authorize release of such proof for their children by completing a request for immunization records from I-CARE. (Chicago residents can complete the request for immunization records using this form.)

As families and communities continue to increase vaccine uptake, schools and districts must ensure all students, no matter their vaccination status, continue to have access to safe full-time in-person instruction.

B. Require all teachers, staff, students, and visitors to pre-K-12 schools to wear a mask while indoors, regardless of vaccination status.

This guidance is based on updated recommendations in CDC guidance for COVID-19 prevention in K-12 schools and an updated state executive order. Executive Order 2021-18 requires that all teachers, staff, students, and visitors to pre-K-12 schools who are 2 years of age or older and medically able to tolerate a mask, regardless of vaccination status, to wear a mask while indoors.

The following categories of people are exempted from the requirement to wear a mask:

- Children under 2 years of age.
- A person who cannot wear a mask or cannot safely wear a mask because of a disability as defined by the ADA (42 U.S.C. 12101 et seq.). Schools and districts should discuss the possibility of a reasonable accommodation with workers who are unable to wear a mask, or who have difficulty wearing certain types of masks because of a disability.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

All persons, regardless of vaccination status, must wear a face mask at all times when in transit to and from school via group conveyance (e.g., school buses), unless a specific exemption applies. This is in accordance with the CDC order, in effect as of February 1, 2021, which requires "the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent the spread of the virus that causes COVID-19."

Masks may be temporarily removed at school in the following circumstances:

- When eating.
- For children while they are napping with close monitoring to ensure no child leaves their designated napping area without putting their mask back on.
- For staff when alone in classrooms or offices with the door closed.
- For staff and students when they are outdoors. However, particularly in areas of substantial to high transmission, per CDC COVID Data Tracker or IDPH's COVID-19 County & School Metrics, staff and students who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

Staff and students who remove their face mask in these limited situations should be monitored and should maintain physical distancing to the greatest extent possible given the space in their facilities, with at least 3 feet recommended, but not required, between students and at least 6 feet recommended, but not required, between adults or between students and adults.

IDPH recommends that any individual with a condition or medical contraindication (e.g., difficulty breathing) that prevents them from wearing a mask be referred to a health care provider licensed to practice medicine in all branches of medicine, as defined in 105 ILCS 5/27-8.1, to provide certification of such medical contraindication.

Most people, including those with disabilities, can tolerate and safely wear a face mask. According to the American Academy of Pediatrics, face masks can be safely worn by all children 2 years of age and older, including the vast majority of children with underlying health conditions, with rare exception. In reviewing recommendations from the CDC; American College of Allergy, Asthma, and Immunology; American Lung Association; and American Academy of Pediatrics, physicians may determine a child is medically unable to tolerate a face covering for the following reasons:

1. The child has a medical condition that prohibits use.
2. A person who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.).

Licensed health care professionals, as defined in 105 ILCS 5/27-8.1, who determine that a student cannot medically tolerate a face covering due to a disability or medical contraindication should include the following information in any face covering exemption order:

- Detailed description, including diagnostic code, of disability or medical contraindication that precludes the student's ability to wear a face covering.
- Detailed explanation of why the disability or medical condition expressly requires a face covering exemption.
- Face covering alternatives that are not medically contraindicated that may be available to the student (e.g., face shield, intermittent use of face covering with scheduled breaks).
- The health care professional's state license number.

Students with an Individualized Education Program (IEP) or 504 Plan who are unable to wear a face mask or face shield due to a medical contraindication may not be denied access to an in-person education if the school is offering in-person education to other students. Staff working with students who are unable to wear a face mask or shield due to a medical contraindication should wear approved and appropriate personal protective equipment (PPE) based on job-specific duties and risks and maintain physical distancing as much as possible. Other students should also remain distant from students who are unable to wear a face mask or face shield due to a medical contraindication. Schools should consult with their local health department regarding appropriate PPE for these situations.

It is recommended that districts and schools update procedures to require wearing a face mask while on school grounds according to the provisions noted above and handle violations in the same manner as other policy violations.

Additional Face Mask Guidance

According to the CDC scientific brief on transmission of SARS-CoV-2, the virus that causes COVID-19, the principal mode by which people are infected is through exposure to respiratory fluids, most commonly by inhalation of smaller droplets or direct splashes or sprays of larger droplets that are deposited in someone's mouth, nose, or eyes. Masks act as source control to block the release of exhaled respiratory droplets and filter some droplets to reduce exposure by inhalation. There is significant evidence that face masks provide protection and decrease the spread of COVID-19, including in schools.[18] According to the CDC scientific brief on the use of cloth masks to control the spread of SARS-CoV-2, at least 10 studies have confirmed the benefit of universal masking, documenting that new COVID-19 infections fell significantly following directives for universal masking.

See the CDC guide to masks for more information on choosing an appropriate mask. IDPH also recommends the following for students, staff, and other individuals in schools:

- Masking at work: Consider choosing from the list of masks reported to meet the new CDC Workplace Performance standard. To date, CDC has identified only two brands that meet the new recommended standards.
- Masking at school and in the community: Consider choosing from the list of masks reported to meet the new ASTM standard for barrier face coverings. When possible, choose a surgical mask over a cloth mask.[19] [20] [21] When choosing cloth masks, make sure the mask is washable, breathable, has at least two layers, and fits correctly.
    - Any mask should fit snugly over the nose and chin with no large gaps around the

[18] Gettings, J., Czarnik, M., Morris, E., Haller, E., Thompson-Paul, A. M., Rasberry, C., Lanzieri, T. M., Smith-Grant, J., Aholou, T. M., Thomas, E., Drenzek, C., & MacKellar, D. (2021, May 28). Mask use and ventilation improvements to reduce COVID-19 incidence in elementary schools – Georgia, November 16-December 11, 2020. *Morbidity and Mortality Weekly Report*, *70*(21), 779-784. http://dx.doi.org/10.15585/mmwr.mm7021e1

[19] Sharm, A., Omidvarborna, H., & Kumar, P. (2021). Efficacy of facemaks in mitigating respiratory exposure to submicron aerosols. *Journal of Hazardous Materials*, *422*, 126783. https://doi.org/10.1016/j.jhazmat.2021.126783

[20] Patra, S. S., Nath, J., Panda, S., Das, T., & Ramasamy, B. (2021). Evaluating the filtration efficiency of commerical facemasks' materials against respiratory aerosol droplets. *Journal of the Air & Waste Management Association*, *72*(1), 3-9. https://doi.org/10.1080/10962247.2021.1948459

[21] Lindsley, W. G., Blachere, F. M., Beezhold, D. H., Law, B. F., Derk, R. C., Hettick, J. M., Woodfork, K., Goldsmith, W. T., Harris, J. R., Duling, M. G., Boutin, B., Nurkieqicz, T., Boots, T., Coyle, J., & Noti, J. D. (2021). A comparison of performance metrics for cloth masks as source control devices for simulated cough and exhalation aerosols. *Aerosol Science and Technology*, *55*(10), 1125-1142. https://doi.org/10.1080/02786826.2021.1933377

side of the face.[22] Ways to improve a mask's fit include using a nose clip or nose wire, tying a simple knot in the ear loops,[23] or using a brace over the mask to prevent leaks.[24] See other suggestions from the CDC on ways to improve how a mask protects you.

- When choosing a cloth mask, look for those made of tightly woven fabrics with two or more layers.[25] Scarves and other loosely woven fabrics offer less protection.
- One way to ensure a mask has enough layers is to wear two.[26] For example, wear a two-layer cotton mask over a surgical mask.

Districts and schools may wish to maintain a supply of disposable face masks in the event that a staff member, student, or visitor does not have one for use. School leaders, local leaders, and others respected in the community should also set an example by correctly and consistently wearing masks.

Face shields do not provide adequate source control because respiratory droplets may be expelled from the sides and bottom. They may only be used as a substitute for face masks in the following limited circumstances:

- Individuals who are under the age of 2.
- Individuals who are unconscious, incapacitated, or otherwise unable to remove a face mask without assistance.
- Students and staff who provide a health care provider's note as documentation that they have a medical contraindication (a condition that makes masking absolutely inadvisable) to wearing a face mask.
- Teachers needing to show facial expressions where it is important for students to see how a teacher pronounces words (e.g., English Learners, early childhood, world language, etc.). However, teachers will be required to resume wearing face masks as soon as possible. Preferred alternatives to teachers wearing face shields include clear face masks or video instruction. There must be strict adherence to physical distancing when a face shield is utilized in lieu of a face mask.

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[22] Konda, A., Prakash, A., Moss, G. A., Schmoldt, M., Grant, G. D., & Guha, S. (2020). Aerosol filtration efficiency of common fabrics used in respiratory cloth masks. *ACS Nano*, *14*(5), 6339-6347. https://doi.org/10.1021/acsnano.0c03252

[23] Arumuru, V., Sankar Samantaray, S., & Pasa, J. (2021). Double masking protection vs. comfort – A quantitative assessment. *Physics of Fluids*, *33*, 077120. https://doi.org/10.1063/5.0058571

[24] Runde, D. P., Harland, K. K., Van Heukelom, P., Faine, B., O'Shaughnessy, P., & Mohr, N. M. (2020). The :double eights mask brace" improves the fit and protection of a basic surgical mask amidst COVID-19 pandemic. *Journal of the American College of Emergency Physicians*, *2*(1), e12335. https://doi.org/10.1002/emp2.12335

[25] Pan, J., Harb, C., Leng, W., & Marr, L. C. (2021). Inward and outward effectiveness of cloth masks, a surgical mask, and a face shield. *Aerosol Science and Technology*, *55*(6), 718-733. https://doi.org/10.1080/02786826.2021.1890687

[26] Arumuru, Sankar Samantaray, & Pasa, 2021: https://doi.org/10.1063/5.0058571

When wearing a face shield, there is need for heightened adherence to physical distancing (at a recommended distance of least 6 feet) because face shields do not provide adequate "source control" and are not substitutes for face coverings. Exemptions to the requirement to wear face coverings while in a school should be kept to a minimum and should adhere to the guidance above.

Other Recommendations for use of PPE

Ensure that appropriate PPE is made available to and used by staff, as needed, based on exposure risk. Provide training to staff prior to the start of student attendance on the proper use of PPE, including the sequence for putting on and removing PPE. In addition, training should also include directions on the proper disposal of PPE since inappropriate application or removal of PPE can increase the transmission. Employers are required to comply with Occupational Safety and Health Administration (OSHA) standards on bloodborne pathogens, including the proper disposal of PPE and regulated waste.

The highest level of safety for school health personnel who are screening a sick individual includes wearing a fit-tested N95 mask, eye protection with face shield or goggles, gown, and gloves. School health personnel performing clinical evaluation of a sick individual will use enhanced droplet and contact transmission-based precautions and should use appropriate PPE, including:

- Fit-tested N95 mask
- Eye protection with face shield or goggles
- Gown
- Gloves

Any staff member who may be involved in the assessment or clinical evaluation of a student or staff member with COVID-19-like symptoms should be trained on the type of PPE required and how to put on and remove it correctly and safely.

Respirators, such as N95 masks, must be used as part of a written respiratory protection program. OSHA requires that N95 masks be fit-tested prior to use. This is an important step to ensure a tight fit for the mask to be effective in providing protection. If a fit-tested N95 mask is not available, the next safest levels of respiratory protection include, in the following order, a non-fit-tested N95 mask, a KN95 mask on the list approved by the FDA, or a surgical mask.

Staff should continue to follow all recommended infection prevention and control practices, including wearing a face masks for source control while at work, actively monitoring themselves for fever or COVID-19 symptoms prior to work and while working, and staying home if ill. See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

C. Facilitate physical distancing. Schools should configure their spaces to provide space for physical distancing to the extent possible in their facilities.

Physical distancing provides protection, minimizes risk of exposure, and limits the number of close contacts. CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. No school may restrict a student's access to in-person learning in order to keep a minimum distance requirement.

Schools should provide for the maximum space possible between students and between students and staff, within the school facilities' physical capabilities. Districts and schools may wish to post visual reminders throughout school buildings and lay down tape or other indicators of safe distances in areas where students may remove masks, congregate, or line up (e.g., arrival and departure, lunchroom lines, hallways, recess lines, libraries, cafeterias). When face masks are removed in limited situations (e.g., lunchrooms), it is especially important that school staff facilitate physical distancing to the greatest extent possible within the school facilities' physical capabilities. Districts and schools may consider increasing physical distancing measures when community transmission levels are substantial or high.

Physical distance should be measured as the distance between persons (i.e., "mouth to mouth") rather than between furniture (e.g., desk to desk). A distance of at least 3 feet is recommended between unvaccinated students, but not required. A distance of at least 6 feet is recommended between unvaccinated adults or between unvaccinated adults and students, but not required.

There is no recommended capacity limit for school transportation. Schools should facilitate physical distancing on school transportation vehicles to the extent possible given the space on such vehicles.

Mealtimes represent one of the highest-risk settings within the school. Masks are removed and the act of eating and talking, usually with increased projection, can increase transmission risk. Physical distancing of 3 feet is recommended for students while eating or drinking. Given the risk of transmission among unvaccinated persons while unmasked, a distance of at least 6 feet is recommended for all unvaccinated individuals while eating and drinking but is not required.

Districts and schools may wish to consider "staggering" schedules for arrivals/dismissals, hall passing periods, mealtimes, bathroom breaks, etc. to ensure the safety of unvaccinated students and staff. Staff and students should abstain from physical contact, including, but not limited to, handshakes, high fives, and hugs.

Cohorts (or "pods") are activities or classes that are grouped together to the extent possible during the school day in order to minimize exposure to other individuals in the school environment. When implementing cohorts, schools should keep them as static as possible by

having the same group of students stay with the same teachers or staff (all day for young children, and as much as possible for older children). If additional space is needed to support cohorting, consider available safe spaces in school and community facilities. Limit mixing between cohorts. Students and staff in the same cohort who are not fully vaccinated should continue to wear masks at all times, except as otherwise noted in this guidance.

It is important to consider services for students with disabilities, English Learners, and other students when developing cohorts so that such students may receive services within the cohort, but also to assure adherence to equity, integration, and other requirements of civil rights laws, including federal disability laws. If itinerant staff (e.g., speech language pathologists, Title I targeted assistance teachers) are required to provide services within existing cohorts, mitigation measures should be taken to limit the potential transmission of SARS-CoV-2 infection, including providing face masks and any necessary PPE for staff and children who work with itinerant staff. Itinerant staff members should keep detailed contact tracing logs.

School athletics must comply with the latest Sports Safety Guidance.

Evidence suggests that staff-to-staff transmission is more common than transmission from students to staff, staff to student, or student to student.[27] [28] [29] [30] [31] Districts and schools should address staff-to-staff transmission and limit these exposures, primarily focused on unvaccinated staff. Nonessential exposures among unvaccinated staff should be minimized, including both physical and professional meetings. For example, staff break areas should be arranged to facilitate physical distancing and break times should be staggered to minimize exposure while eating with face mask off near others. Measures to prevent transmission among staff, including promotion of COVID-19 precautions outside of the school and vaccination, will likely reduce in-

[27] Ismail, S. A., Saliba, V., Lopez-Bernal, J., Ramsay, M. E., & Ladhani, S. N. (2021, March 1). SARS-CoV-2 infection and transmission in educational settings: A prospective, cross-sectional analysis of infection clusters and outbreaks in England. The *Lancet Infect Diseases*, *21*(3), 344-353. https://doi.org/10.1016/S1473-3099(20)30882-3

[28] Gandini, S., Rainisio, M., Iannuzzo, M. L.,. Bellerba, F., Cecconi, F., & Scorrano, L. (2020). No evidence of association between schools and SARS-CoV-2 second wave in Italy [pre-print]. *mexRxiv*. https://doi.org/10.1101/2020.12.16.20248134

[29] Stein-Zamir, C., Abramson, N., Shoob, H., Libal, E., Bitan, M., Cardash, T., Cayam, R., & Miskin, I. (2020). A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020. *Eurosurveillance*, *25*(29), 2001352. https://doi.org/10.2807/1560-7917.ES.2020.25.29.2001352

[30] Yung, C. F., Kam, K. Q., Nadua, K. D., Chong, C. Y., Tan, N. W. H., Li, J., Lee, K. P., Chn, Y. H., Thoon, K. C., & Ng, K. C. (2020). Novel coronavirus 2019 transmission risk in educational settings. *Clinical Infectious Diseases*, *72*(6), 1055-1058. https://doi.org/10.1093/cid/ciaa794

[31] Ehrhardt, J., Ekinci, A., Krehl, H., Meincke, M., Ficni, I., Klein, J., Geisel, B., Wagner-Wiening, C., Eichner, M., & Brockmann, S. O. (2020). Transmission of SARS-CoV-2 in children aged 0 to 19 years in childcare facilities and schools after their reopening in May 2020, Baden-Württenberg, Germany. *Eurosurveillance*, *25*(36), 2001587. https://doi.org/10.2807/1560-7917.ES.2020.25.36.2001587

school transmission.[32]

D. Employ contact tracing and exclusion of students and staff consistent with public health guidance or requirements.

Contact Tracing

Pursuant to 77 Ill. Admin. Code 690.361, districts and schools are required to investigate the occurrence of cases and suspect cases in schools and identify close contacts for purposes of determining whether students or school personnel must be excluded from school premises, extracurricular events, or any other event organized by the school.

Districts and schools, as well as students and families, must work with local health departments to facilitate contact tracing of infectious students, teachers, and staff, and consistent implementation regarding isolation of cases and quarantine (see Mandatory Exclusion of Students and School Personnel below) of close contacts, as well as for exclusion from school per Executive Order 2022-03. Contact tracing is used to prevent the spread of infectious diseases. In general, contact tracing involves identifying people who have a confirmed or probable case of COVID-19 (cases) and individuals with whom they came in contact (close contacts) and working with such individuals to interrupt disease spread. When conducted by schools, this includes excluding cases and their contacts from school premises and activities, in accordance with Mandatory Exclusion of Students and School Personnel below.

Schools can prepare and provide information and records to local health departments to aid in the identification of potential unvaccinated contacts, exposure sites, and mitigation recommendations that are consistent with applicable laws, including those related to privacy and confidentiality. Local health department collaboration with pre-K-12 school administration to obtain contact information of other unvaccinated individuals in shared rooms, class schedules, shared meals, or extracurricular activities will expedite contact tracing and control the spread of COVID-19 infection.

Additionally, schools must conduct their own contact tracing in the school to determine if students or school personnel must be excluded from school, regardless of whether an isolation or quarantine order has been issued by the local health department. Schools should also institute a tracking process to maintain ongoing monitoring of individuals excluded from school because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19. Tracking ensures CDC and local health department criteria for discontinuing home isolation, quarantine, or exclusion by the school are met before

[32] Gold, J. A. W., Gettings, J. R., Kimball, A., Franklin, R., Rivera, G., Morris, E., Scott, C., Marcet, P. L., Hast, M., Swanson, M., McCloud, J., Mehari, L., Thomas, E. S., Kirking, H. L., Tate, J. E., Memark, J., Drenzek, C., Vallabhaneni, S., & Georgia K-12 School COVID-19 Investigation Team. (2021, February 26). Clusters of SARS-CoV-2 infection among elementary school educators and students in one school district – Georgia, December 2020-January 2021. *Morbidity and Mortality Weekly Report*, *70*(8), 289-292. http://dx.doi.org/10.15585/mmwr.mm7008e4

a student or staff member returns to school. Tracking methods include checking in with the school health personnel upon return to school to verify resolution of symptoms and that any other criteria for discontinuation of isolation, quarantine, or exclusion have been met. Tracking should take place prior to a return to the classroom. Schools should communicate this process to all members of the school community prior to the resumption of in-person learning. This communication should be translated into the languages appropriate for the communities served.

Monitoring of continual communicable disease diagnoses and monitoring of student and staff absenteeism should occur through collaboration of those taking absence reports and school nurses/school health personnel. Employees and families must be encouraged to report specific symptoms, COVID-19 diagnoses, and COVID-19 exposures when reporting absences. Districts and schools should maintain a current list of community testing sites to share with staff, families, and students. Districts and schools must be prepared to offer assistance to local health departments when contact tracing is needed after a confirmed case of COVID-19 is identified. This may include activities such as identifying the individual's assigned areas and movement throughout the building.

Confirmed cases of COVID-19 and outbreaks should be reported to the local health department by the school health personnel or designee as required by the Illinois Infectious Disease Reporting requirements issued by IDPH.

Definition of a Close Contact

"Close contact" means an individual who was within 6 feet of a confirmed or probable case for a cumulative total of 15 minutes or more in a 24-hour period. However, a close contact is not:

- A student who was within 3 to 6 feet in a classroom setting for least 15 minutes with a confirmed or probable student case if both case and contact were consistently masked for the entire exposure period.
- Students and staff aged 18 years and older who have received all recommended COVID-19 vaccine doses, including boosters for any individual who completed the Pfizer-BioNTech primary vaccination series beyond the past five months, the Moderna primary vaccination series beyond the past five months, or Johnson & Johnson Janssen's (J&J) primary vaccination dose beyond the past two months (and additional primary doses for some immunocompromised people)..
- A student aged 5-17 years who completed the primary series of a COVID-19 vaccine.
- An individual on school transportation within 3 to 6 feet if both the confirmed case and the exposed individual were consistently and correctly masked during the entire

exposure period *and* windows were opened (front, middle, and back, or overhead) to allow for good ventilation or HEPA filters were in use during transit.[33] [34] [35]
- An individual who has tested positive for COVID-19 in the past 90 days from date of exposure.
- An individual who is solely exposed to a confirmed case while outdoors; however, schools may coordinate with their local health department to determine the necessity of exclusion for higher-risk outdoor exposures.

The longer a person is exposed to an infected person, the higher the risk of exposure or transmission. The infectious period of close contact begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person). If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts.

Mandatory Exclusion of Students and School Personnel

Schools must investigate the occurrence of cases, suspect cases or carriers in schools and identify close contacts for purposes of determining whether students or school personnel must be excluded pursuant to 77 Ill. Admin. Code 690.361 and must exclude individuals according to Table 1 below, pursuant to Executive Order 2022-03.

Table 1. *Determining Exclusion*

If you test positive for COVID-19 (exclusion)	Everyone, regardless of vaccination status, must do the following: • Stay home for a minimum of five days and a maximum of 10 days after the first day of symptoms or the specimen collection date from positive viral test for asymptomatic persons. • Continue to wear a mask around others for five more days after returning to school. Individuals may return to school after five days *if* asymptomatic or if

[33] Ramirez, D. W. E., Klinkhammer, M. D., & Rowland, L. C. (2021). COVID-19 transmission during transportation of 1st to 12th grade students: Experience of an independent school in Virginia. *Journal of School Health*, *91*(9), 678-682. https://doi.org/10.1111/josh.13058

[34] Lindsley, W. G., Derk, R. C., Coyle, J. P., Martin, Jr., S. B., Mead, K. R., Blachere, F. M., Beezhold, D. H., Brooks, J. T., Boots, T., & Noti, J. D. (2021). Efficacy of portable air cleaners and masking for reducing indoor exposure to simulated exhaled SARS-CoV-2 aerosols – United States, 2021. *Morbidity and Mortality Weekly Report*, *70*, 972-976. http://dx.doi.org/10.15585/mmwr.mm7027e1

[35] Gettings, J., Czarnik, M., Morris, E., Haller, E., Thompson-Paul, A. M., Rasberry, C., Lanzieri, T. M., Smith-Grant, J., Aholou, T. M., Thomas, E., Drenzek, C., & MacKellar, D. (2021). Mask use and ventilation improvements to reduce COVID-19 incidence in elementary schools – Georgia, November 16-December 11, 2020. *Morbidity and Mortality Weekly Report*, *70*, 779-784. http://dx.doi.org/10.15585/mmwr.mm7021e1

	fever-free without fever reducing medication for 24 hours, diarrhea/vomiting have ceased for 24 hours, and other symptoms have improved. *Be aware that your clinical provider may determine that you need a longer period of isolation based on certain underlying clinical conditions such as a weakened immune system.*
If you have COVID-19-like symptoms (exclusion)	Everyone, regardless of vaccination status, must immediately be excluded from school until: • Receiving a negative test result that confirms the symptoms are not attributable to COVID-19; or • For a minimum of five days and a maximum of 10 days until fever free without fever reducing medication for 24 hours, diarrhea/vomiting have ceased for 24 hours, and other symptoms have improved. Individuals must continue to wear a mask around others for five more days after returning to school. Those testing positive should be excluded from school and follow guidance for persons testing positive.
If you were exposed to someone with COVID-19 and have no COVID-19-like symptoms (exclusion)	The following people ***are*** close contacts* who must be excluded from school: • Students and staff who are not fully vaccinated (completed primary series). • Students and staff aged 18 years and older who have received primary COVID-19 vaccine doses but have not received a booster dose when eligible ("unboosted"). **As an alternative to exclusion for individuals who are close contacts, schools may permit close contacts without symptoms of COVID-19 who were exposed in the school setting during the school day (excludes extracurricular activities) to remain in school through Test to Stay.** Individuals without symptoms of COVID-19 who are **not** participating in Test to Stay: • Must stay home for five days after the last contact with the person who has COVID-19; • Must wear a mask around others for five additional days and remain asymptomatic; and

	• Should test for COVID-19 on day five. Those testing positive should be excluded from school and follow guidance for persons testing positive.
	The following people ***are not*** close contacts* who require exclusion: • A student who was within 3 to 6 feet in a classroom setting for least 15 minutes with a confirmed or probable student case if both case and contact were consistently masked for the entire exposure period. • Students and staff aged 18 years and older who have received all recommended COVID-19 vaccine doses, including boosters and additional primary doses for some immunocompromised people. • A student aged 5-17 years who completed the primary series of a COVID-19 vaccine. • An individual on school transportation within 3 to 6 feet if both the confirmed case and the exposed individual were consistently and correctly masked during the entire exposure period *and* windows were opened (front, middle, and back, or overhead) to allow for good ventilation or HEPA filters were in use during transit. • An individual who has tested positive for COVID-19 in the past 90 days from date of exposure. • An individual who is solely exposed to a confirmed case while outdoors; however, schools may coordinate with their local health department to determine the necessity of exclusion for higher-risk outdoor exposures. These individuals must wear a mask around others for 10 days and may consider testing for COVID-19 on day five, if possible. Those testing positive should be excluded from school and follow guidance for persons testing positive.

* Refer to definition of close contact above.

For purposes of Executive Order 2022-03, 77 Ill. Admin. Code 690.361, and this guidance, "exclude" means a school's obligation to refuse admittance to the school premises, extracurricular events, or any other event organized by the school regardless of whether an isolation or quarantine order issued by a local health department has expired or has not been issued. Exclusion from a school shall not be considered isolation or quarantine.

Test to Stay (TTS) Protocol

ISBE and IDPH now allow a strategy for close contacts to remain in school following exposure to COVID-19 through a Test to Stay protocol.[36] [37] Following an exposure occurring in the school setting that occur during the school day (excludes extracurricular activities), close contacts are permitted to remain in the classroom as long as close contacts are tested twice during the period between close contact notification/TTS enrollment and day 7 after exposure, with the last test occurring 5-7 days after last close contact from date of exposure with a NAAT (such as a PCR test) or rapid antigen test with emergency use authorization by the FDA and all results are negative.

Rapid antigen testing (e.g., BinaxNOW) may be most appropriate for Test to Stay given the short turnaround time for results. Testing must be conducted in school and, preferably, should be performed at the start of the school day before entering the classroom. When testing in the outlined cadence is not possible due to weekends and holidays, students and staff enrolled in TTS should be tested at the earliest possible opportunity.

Test to Stay may be used for both students and staff following any exposure occurring during the school day, excluding exposures during extracurricular activities. While engaged in Test to Stay after an exposure, students and staff who are not fully vaccinated or unboosted (if eligible) may participate in extracurricular activities during the testing period but may not participate in competitive play or performances during the testing period. After the five-day testing period has concluded, close contacts may fully participate in all aspects of the school day and extracurricular activities, including competitions and performances, as long as they remain consistently and correctly masked and physically distanced as much as possible for 10 days from exposure. Test to Stay participants should avoid social gatherings and remain at home when not at school functions for the full testing period and monitor for symptoms for 10 days, quarantining immediately if symptoms develop and seeking additional testing. Local health departments have the authority to assess high-risk exposures and recommend exclusion without the option of Test to Stay.

If at any time the student or staff person tests positive or becomes symptomatic, they should be immediately isolated and sent home, excluded from school, and the local health department notified. Even if the symptomatic TTS participant tests negative, they should be excluded from school and may not be reenrolled in TTS, which requires that participants remain

[36] Lanier, W. A., Babitz, K. D., Collingwood, A., Graul, M. F., Dickson, S., Cunningham, L., Dunn, A. C., MacKellar, D., & Hersh, A. L. (2021, May 28). COVID-19 testing to sustain in-person instruction and extracurricular activities in high schools – Utah, November 2020-March 2021. *Morbidity and Mortality Weekly Report*, *70*(21), 785-791. http://dx.doi.org/10.15585/mmwr.mm7021e2

[37] Nemoto, N., Dhillon, S., Fink, S., Holman, E. J., Keswani Cope, A., Dinh, T., Meadows, J., Taryal, D., Akindileni, F., Franck, M., Gelber, E., Bacci, L., Ahmed, S., Thomas, E. S., & Neatherlin, J. C. (2021). Evaluation of test to stay strategy on secondary and tertiary transmission of SARS-CoV-2 in K-12 schools – Lake County, Illinois, August 9-October 29, 2021. *Morbidity and Mortality Weekly Report*. http://dx.doi.org/10.15585/mmwr.mm705152e2

asymptomatic. School personnel are responsible for monitoring and ensuring student and staff compliance with Test to Stay protocols. At the conclusion of the Test to Stay period, the school should notify the local health department that the individual has successfully completed testing and remained negative.

Test to Stay should be deployed in addition to weekly screening testing as recommended by the CDC. See Section E below for contact information to participate in the free, state-sponsored testing programs through SHIELD Illinois.

If the local health department issues an isolation or quarantine order that requires the individual to remain in isolation at home, the school must exclude the student as required by the isolation or quarantine order.

See IDPH's Interim Guidance on Testing for COVID-19 in Community Settings and Schools for more details on testing in schools.

E. Implement or provide provisions for COVID-19 diagnostic testing for suspected cases, close contacts, and during outbreaks, as well as screening testing for unvaccinated students according to CDC's testing recommendations.

Viral testing strategies are an important part of a comprehensive mitigation approach. Testing is most helpful in identifying new cases to prevent outbreaks, to reduce risk of further transmission, and to protect students and staff from COVID-19. The COVID-19 Exclusion Protocols should be used to guide testing approaches of symptomatic staff or students and need for use of a NAAT (i.e., PCR test) for confirmation. For additional guidance on testing, including what types of tests are appropriate for use on asymptomatic individuals, refer to the IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools. Schools can find more information in IDPH's answers to FAQs about COVID-19 testing in schools.

The hierarchy of testing for COVID-19 in schools is first for persons with symptoms of COVID-19, regardless of vaccination status, followed by close contacts to a confirmed case, and all staff and students with possible exposure in the context of an outbreak. Testing may also be used for screening purposes. This involves serial testing of asymptomatic persons, including at least weekly testing for all school personnel who are not fully vaccinated against COVID-19, as required by Executive Order 2021-22. In areas where community spread of COVID-19 is low (i.e., fewer than 10 new cases per 100,000 population in the past seven days), IDPH recommends schools adopt weekly screening testing of unvaccinated students that are participating in extracurricular activities. Persons who are fully vaccinated or who have recovered from COVID-19 in the prior 90 days should be exempted from screening testing. Contact tracing should immediately begin if anyone tests positive for COVID-19.

The state has made testing for students available free of charge to all schools in Illinois through SHIELD Illinois. Those interested in establishing a K-12 testing program using the

SHIELD Illinois saliva test should complete this interest form: https://bit.ly/interestedSHIELD. SHIELD Illinois is also able to offer BinaxNOW rapid antigen testing along with its weekly saliva testing program. Those interested in implementing a K-12 testing program using the BinaxNOW rapid antigen test should email dph.antigentesting@illinois.gov. (See the IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools for complete information on testing.)

CDC recommends that all states define school-associated outbreaks according to the standards established by the Council of State and Territorial Epidemiologists (CSTE).[38] As of October 1, 2021, IDPH is adopting the CSTE definition of school-associated outbreaks and, upon consultation with the CDC, extending the definition to all school-based pre-K12 settings. As established by CSTE, a school-associated outbreak is defined as (A) "multiple cases comprising at least 10% of students, teachers, or staff within a specified core group"[39] or (B) "at least three cases within a specified core group meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other; who were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting; *and* epidemiologically linked in the school setting or a school-sanctioned extracurricular activity." Schools should consult with their local health department to determine if their circumstances and cases constitute a school-associated outbreak, using either of the definitions above as determined by the local health department. A school-associated COVID-19 case (confirmed or probable) is school personnel present in the school setting or who participated in a school-sanctioned extracurricular activity, including sports, (a) within 14 days prior to illness onset or a positive test result OR (b) within 10 days after illness onset or a positive test result.

Outbreak testing is strongly recommended for students in schools that are in outbreak status and required for school personnel who may be part of the outbreak, as determined after consultation with public health authorities. Implementation of outbreak testing should begin as soon as possible from the date the outbreak is declared and at least within three days. IDPH recommends schools acquire parental consent for student testing in advance to accommodate outbreak testing should the need arise. Schools should conduct twice weekly testing of unvaccinated students targeted to the impacted classroom(s), grade(s), extracurricular participants, or entire student body, depending on the circumstances, unless the local health department recommends otherwise. Unvaccinated school personnel who may be part of the outbreak, as determined after consultation with public health authorities, must be tested twice

[38] Council of State and Territorial Epidemiologists. (2021, August 6). *Standardized COVID-19 K-12 school surveillance guidance for classification of clusters and outbreaks*. Retrieved from https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf

[39] According to the Council of State and Territorial Epidemiologists, a "core group" includes but is not limited to a school-sanctioned extracurricular activity (e.g., preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities, etc.), cohort group, classroom, before/after school care, etc.

weekly. Testing should continue until the school has gone two incubation periods, or 28 days, without identifying any new cases. If testing is not already in place for screening, schools should make plans to deploy outbreak testing when needed. A listing of free testing sites is available at http://dph.illinois.gov/testing. Individuals who tested positive for COVID-19 within the prior 90 days and are currently asymptomatic may be exempted from testing during outbreaks, unless otherwise required by local public health officials. All close contacts should be tested at least five days after exposure.

Additionally, SHIELD Illinois can be quickly deployed to a school setting by completing this interest form. For schools partnering with SHIELD Illinois for weekly student screening, outbreak testing is included in the testing program. For districts without weekly student screening, outbreak-only testing through SHIELD Illinois is available by completing this interest form: https://bit.ly/3mMejKH. However, prioritization of outbreak testing will be given to districts with weekly student screening programs. Schools can also utilize BinaxNOW rapid antigen testing for their outbreak response by emailing dph.antigentesting@illinois.gov.

Results from COVID-19 point-of-care (POC) antigen tests (e.g., BinaxNOW) should be interpreted based on the test sensitivity and specificity, whether the individual being tested has symptoms, and level of transmission in the community and the facility. A confirmatory NAAT, such as a PCR test, may be needed in certain situations. Because laboratory-based NAATs are considered the most sensitive tests for detecting SARS-CoV-2, the virus that causes COVID-19, they can also be used to confirm the results of lower sensitivity tests, such as POC NAATs or rapid antigen tests, such as BinaxNOW. While the SHIELD Illinois saliva test is a highly reliable laboratory-based NAAT and does not require an additional confirmatory test when used as a primary diagnostic test, CDC recommends collecting and testing an upper respiratory specimen, such as nasopharyngeal, nasal mid-turbinate, or anterior nasal, when using NAATs for confirmatory testing. An upper respiratory test, such as the BinaxNOW rapid antigen test, should be confirmed by a laboratory-based NAAT performed on an upper-respiratory specimen.

Also see the *Test to Stay Protocol*.

F. Improve ventilation to reduce the concentration of potentially virus-containing droplets in schools' indoor air environments.

Schools should work to improve ventilation to the extent possible, including some or all of the following activities:

- Increase outdoor air ventilation, using caution in highly polluted areas.
    - When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
    - Use child-safe fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially

contaminated airflow directly from one person over another. Strategically place fans to help draw fresh air into the classroom from open windows or to blow air from the classroom out open windows.
    - Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase total airflow supply to occupied spaces, when possible.
- Disable demand-controlled ventilation controls that reduce air supply based on occupancy or temperature during occupied hours.
- Further open outdoor air dampers to reduce or to eliminate heating, ventilation, and air conditioning (HVAC) air recirculation. In mild weather, this will not affect thermal comfort or humidity; however, this will be difficult to do in cold, hot, or humid weather.
- Improve central air filtration:
    - Increase air filtration to as high as possible without significantly diminishing design airflow. Consider CDC recommendations for the number of air exchanges per hour.
    - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
    - Check filters to ensure they are within service life and appropriately installed.
- Consider running the HVAC system at maximum outside airflow for two hours before and after the school is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use portable high-efficiency particulate air fan/filtration (HEPA filter) systems to help enhance air cleaning (especially in higher-risk areas, such as the health office, dining areas, sports practice areas). HEPA filters need to have the appropriate CADR (Clean Air Delivery Rate) rating for the room size. Refer to CDC guidance on ventilation (see FAQ #5 for specifications on CADR).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas, such as the health office).
- Consider using ultraviolet germicidal irradiation as a supplement to help inactivate the virus that causes COVID-19, especially if options for increasing room ventilation are limited. This modality would need close safety controls and monitoring to ensure that there are acceptable levels of UV light activity.
- Consider that ventilation is also important on school buses and HEPA filters or MERV-13 filters in school buses could help reduce transmission in this setting.

G. Promote and adhere to handwashing and to respiratory etiquette.

Districts and schools should encourage frequent and proper handwashing. Ensure availability of

supplies, such as soap, paper towels, and hand sanitizer for all grade levels and in all common areas of the building. Cloth towels should not be used. Handwashing with soap and water is always the first recommended line of defense, but where this is not feasible or readily accessible, the use of hand sanitizer with at least 60% alcohol may be used. Districts and schools should be cognizant of any students or staff members with sensitivities or allergies to hand sanitizer or to soap and ensure easy access to appropriate alternatives.

Hands should be washed often with soap and water for at least 20 seconds. Consider ways to build routines for hand hygiene into the school day. It is recommended that hand hygiene is performed upon arrival to and departure from school; after blowing one's nose, coughing, or sneezing; following restroom use or diaper changes; before food preparation or before and after eating; before/after routine care for another person, such as a child; after contact with a person who is sick; upon return from the playground/physical education; and following glove removal. Districts and schools should determine any "hot spots" where germ transmission may easily occur and ensure hand sanitation/handwashing supplies are readily available.

Additionally, districts and schools should adhere to recommendations for safe hand sanitizer use, including:

- Alcohol-based hand sanitizers should be used under adult supervision with proper child safety precautions and stored out of reach of young children to reduce unintended, adverse consequences. It will be necessary to ensure that students do not ingest hand sanitizer or use it to injure another person.
- Alcohol-based hand sanitizers must be properly stored – which includes away from high temperatures or flames – in accordance with National Fire Protection Agency recommendations.
- Hand sanitizers are not effective when hands are visibly dirty. Use soap and water to clean visibly soiled hands.
- Alcohol-based hand sanitizers do not remove allergenic proteins from the hands.
- Staff preparing food in the cafeteria/kitchen should ALWAYS wash their hands with soap and water. The IDPH Food Service Sanitation Code[40] does not allow persons who work in school cafeteria programs to use hand sanitizers as a substitute for handwashing.
- The FDA controls sanitizers as over-the-counter drugs because they are intended for topical antimicrobial use to prevent disease in humans.

Educate staff and students on healthy hygiene and handwashing to prevent the spread of infection. Monitor to ensure adherence among staff and students. Schools may wish to post handwashing posters in the bathrooms, hallways, classrooms, and other areas, as appropriate. See CDC's Handwashing: Clean Hands Save Lives for free resources. Ensure availability of resources for teachers, school health personnel, and other staff members so they can appropriately train students or review handwashing procedures. Various classroom lesson,

[40] Illinois Department of Public Health, Food Service Sanitation Code, 77 Illinois Administrative Code Part 750: https://www.ilga.gov/commission/jcar/admincode/077/07700750sections.html

activities, and resources are available.

Respiratory etiquette should be taught and reinforced frequently. Respiratory etiquette practices include masking the nose and mouth with a tissue when coughing or sneezing, disposing of the used tissue in a trash receptacle, and then immediately washing hands. If wearing a mask, turn away from others and cough/sneeze into the crook of the elbow. If the mask become moist, soiled, or torn, it should be replaced with a clean, dry mask. Districts and schools should also consider additional signage to display on the correct methods for sneezing and coughing.

Staff and students should be directed and encouraged to avoid touching the face (eye, nose, mouth) to decrease the transmission of COVID-19 or other infectious diseases.

H. Encourage individuals who are sick to stay home and to get tested for COVID-19.

Schools should post signage and otherwise communicate to students and to staff that they are discouraged from entering buildings or boarding school transportation if ill.

Both the CDC operational guidance for K-12 schools and this joint guidance no longer recommend fever and symptom screening by school staff upon arrival at school. Instead, self-screening for COVID-19-like symptoms, as well as any other symptoms of common respiratory viruses and ailments, prior to arriving on school grounds or boarding school transportation continues to be recommended.

Symptoms of COVID-19 include fever (a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius), cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, vomiting, or diarrhea.

I. Clean and disinfect surfaces in schools to maintain healthy environments.

Districts and schools should develop sanitation procedures per recommendations of the CDC, IDPH, and local health departments. In April 2021, the CDC issued a scientific brief on SARS-CoV-2 and surface transmission for indoor environments that concluded:

> *Routine cleaning performed effectively with soap or detergent, at least once per day, can substantially reduce virus levels on surfaces. When focused on high-touch surfaces, cleaning with soap or detergent should be enough to further reduce the relatively low transmission risk from fomites in situations when there has not been a suspected or confirmed case of COVID-19 indoors. In situations when there has been a suspected or confirmed case of COVID-19 indoors within the last 24 hours, the presence of infectious*

virus on surfaces is more likely and therefore high-touch surfaces should be disinfected.[41]

Clean with products containing soap or detergent to reduce germs on surfaces and objects that will remove contaminants and may weaken or damage some of the virus particles to decrease the risk of infection from surfaces. Clean high-touch surfaces and shared objects at least once a day. For more information on cleaning and disinfecting schools, see Cleaning and Disinfecting Your Facility.

Clean more frequently and disinfect surfaces and objects if certain conditions apply:

- High transmission of COVID-19 in your community.
- Low number of people wearing masks or improper mask usage.
- Infrequent hand hygiene.
- The space is occupied by people at increased risk for severe illness from COVID-19.

If someone in your school is sick or someone who has COVID-19 has been in your school in the last 24 hours, clean and disinfect the facility.

Ensure that U.S. Environmental Protection Agency (EPA)-approved disinfectants for use against COVID-19 are available to staff responsible for cleaning. If not available, consult your local health department for guidance on alternative disinfectants.

- Gloves and other appropriate personal protective equipment (PPE) must be used during cleaning and disinfection. Ensure that appropriate PPE is made available to and used by staff, as appropriate, based on job-specific duties and risk of exposure.
- Always follow label directions.
- Allow the required wet contact time.
- Keep all disinfectants out of the reach of children.
- Do not mix bleach or other cleaning products and disinfectants together.

Before students and staff return to a school or child care building that has been closed for an extended time, look for ways to reduce potential hazards. Flush plumbing (including all sink faucets, water fountains, water bottle fillers, hoses, and showers) to replace the water inside building pipes with fresh water. This can help protect occupants from possible exposure to lead, to copper, and to *Legionella* bacteria. You can also follow the EPA 3Ts – Training, Testing, and Taking Action – for reducing lead in drinking water at schools and child care centers. Follow guidance to check your building for mold and remediate as needed.

[41] Santarpia, J. L., Rivera, D. N., Herrera, V. L., Morwitzer, M. J., Creager, H. M., Santarpia, G. W., Crown, K. K., Brett-Major, D. M., Schnaubelt, E. R., Broadhurst, M. J., & Lawler, J. V. (2020). Aerosol and surface contamination of SARS-CoV-2 observed in quarantine and isolation care. *Scientific Reports*, *10*(1), 1-8. https://doi.org/10.1038/s41598-020-69286-3

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