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Public Schools

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District 90 COVID-19 Protocols for Exclusion and Masking

2022-23 School Year

District 90 schools are implementing the following COVID-19 protocols related to disease transmission, exclusion and masking pursuant to its local authority and responsibility to protect the health and safety of individuals within the school community and in consideration of state and local health guidance. As external guidance is amended, District 90 may continue to adjust these protocols.

Guidance related to receiving a positive COVID-19 test result:

- Regardless of vaccination status, students or staff who test positive for COVID-19 should isolate for a minimum of 5 days and a maximum of 10 days after the first day of symptoms or the specimen collection date from a positive COVID test. If there are no symptoms or the symptoms have resolved after 5 days, they are approved to return to school on the 6th day. **Students and staff who continue to have symptoms past the 5 days should wait to return to school until they are fever-free without fever-reducing medication for 24 hours, diarrhea/vomiting have ceased for 24 hours, and other symptoms have resolved before returning to school**. Individuals are strongly encouraged to follow any additional directions from medical professionals.

- Students or staff who test positive must continue to wear a well-fitted mask around others for 5 additional days after returning to school. If this is not possible, the individual must isolate for a total of 10 days. If masks need to be removed for eating or drinking they should be replaced immediately afterwards, with individuals keeping adequate physical distance from others until 10 days after onset of symptoms or positive result. District 90 schools will implement protocols to ensure that student seating arrangements for lunch/snack are consistent with the IDPH/ISBE "adequate distance" guidance for students returning from isolation/quarantine after 5 days and that individuals continue to wear masks consistently upon return.

Guidance information for individuals with COVID-like symptom(s):

Any individuals with COVID-19-like symptoms, regardless of vaccination status, may not attend school 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 resolved **OR**, until receiving a negative PCR test result or negative antigen test result that confirms the symptoms are not attributed to COVID-19. Home-administered or medically administered antigen test results are acceptable. If individuals are unable to procure testing options independently, they are encouraged to contact the school nurse to obtain a school-provided antigen test for administration at home.

How is "close contact" with a confirmed case defined?

Being in "close contact" occurs when an individual is within 3 to 6 feet in a classroom or other indoor setting for at least 15 minutes with another individual who is a confirmed or probable COVID-19 case, unless both individuals are consistently masked during the time of exposure.

What are the implications from being in "close contact" with a confirmed case?

- Individuals aged 5 or older who have completed the primary series of COVID-19 vaccines (with at least two weeks post second dose) and boosters, if appropriate (based on time from second-dose vaccination date), as well as individuals who have had a confirmed COVID-19 case within the last 90 days may still attend school if they are in close contact with a diagnosed case. They should wear a mask around others for 10 days and test on days 3-5, if possible. If symptoms develop, they should isolate until they receive a negative test result (see above).

- Individuals who have completed the primary series of recommended vaccine doses or the single-dose Johnson & Johnson vaccine and qualify for but have not received a booster shot, **as well as unvaccinated individuals**, may continue to attend school after close contact but must provide two negative PCR or antigen test results to the school nurse. These tests should be administered on the 3rd and 5th day after exposure to the confirmed positive case. While at school, these individuals must wear a mask around others for 5 days after being in close contact. If symptoms develop or a positive test result is noted, individuals should isolate for a minimum of 5 days.

- Children who have received the primary vaccination series but are not eligible for booster doses will not be required to stay home from school after being in close contact with a symptomatic case unless symptoms develop or they test positive for COVID-19.

- **District 90 does not require vaccinated, asymptomatic individuals who have been in close contact with a diagnosed case to be stay home from school.** These individuals (above) are recommended to wear a mask around others for 10 days and may consider testing for COVID-19 on day 5, if possible.

Returning from school absence due to COVID-related reason:

Since individual health circumstances will vary about readiness to return to school, staff and students who are impacted by COVID-related school absence should contact the school nurse to finalize details about returning to school. The IDPH and ISBE recommend that individuals return to school after 5 days **if symptoms have resolved and other conditions are met as described above**, unless clinically recommended to continue exclusion by their medical provider.

Accessing remote instruction due to COVID-related reasons:

Students who are absent from school due to COVID-related reasons will have access to remote instruction. Student participation in remote instructional activities while absent is contingent on feeling well enough to engage satisfactorily in learning. Families will make the determination about the appropriateness of individual student participation in remote instruction during COVID-related absences. Any student who does not feel well enough to complete remote instructional activities while absent will be provided with adequate time upon returning to school to work with the classroom teacher(s), submit required assignments, and complete any missed assessments that may be necessary.

Learning experiences/activities provided during remote instruction for COVID-related reasons will be age-appropriate and vary in complexity based upon grade level. In all cases, students will be provided with daily learning activities to complete and the ability to access school staff for assistance with questions and/or assistance. To ensure high quality classroom instruction for students who are physically present in school, remote instruction will not be delivered synchronously for students who must be absent due to COVID-related reasons.

More information will be provided for all families at the start of the school year, and specific information will be provided for students and families who qualify for remote instruction due to COVID-related reasons.

Outbreak Testing – Classrooms or Small Group

District 90 may be required to implement classroom or small group outbreak testing in accordance with directions from the Cook County Department of Public Health (CCDPH) when a confirmed outbreak has occurred. Outbreak testing consists of the collection of a saliva sample at school twice a week for a testing cycle of 14 days and will be conducted onsite in collaboration with our testing partner (SHIELD).

Please note the following considerations related to outbreak testing:

- Students and staff who have completed their primary series and/or booster doses (vaccinations "up-to-date") and are associated with the identified outbreak classroom or small group are recommended to participate in any necessary outbreak testing regimen to assist in curtailing ongoing transmission. However, individuals will not be required to participate unless directed by the Cook County Department of Public Health (CCDPH).

- Outbreak testing for individuals who have recovered from a confirmed COVID-19 infection is not recommended if less than 90 days have passed from symptom onset or previous positive test, but testing should resume once the 90 days have passed. Families are requested to provide confirmation of past positive COVID test results to the school nurse if evidence of result is available.

- Consent for student participation in outbreak testing or school exclusion is strongly recommended for students who are unvaccinated or have not completed their primary series and/or booster doses and are part of the identified outbreak testing classroom or small group.

- Participation in outbreak testing is required for personnel who are unvaccinated or have not completed their primary series and/or booster doses and are part of the identified outbreak testing classroom or small group.

Face Masks

Wearing face masks will remain optional indoors and outdoors at all D90 school facilities for students, staff, and school visitors, unless health conditions require reinstatement (please see the updated IDPH Community Level chart, aligned with the updated CDC school guidance). Under conditions in which masking is strongly encouraged, schools will provide face masks for students, staff and school visitors who wish to wear them. However, individuals choosing to mask will be permitted to supply a face mask of their own choosing. Students or staff who test positive must continue to wear a well-fitted mask around others for 5 additional days after returning to school (please see "Guidance related to individuals receiving a positive COVID-19 test result" above). Additional details include:

- Wearing face masks is optional for individuals on school transportation.
- Please note that individuals participating in interscholastic programs/events may be required to adhere to the host school's mask/mitigation requirements to participate in the interscholastic event.
- Individuals participating in school-sponsored field trips may be required to wear face masks if mandated by the venue. Advance notice will be provided to families about this if known beforehand.
- The nurse's office at each school remains a "mask-required" location.
- Individuals are recommended to wear face masks in elementary classrooms that have been placed in outbreak status by the CCDPH for up to 14 days after the most recent class-related diagnosis.
- School or grade-level outbreaks may necessitate mask reinstatement to contain transmission if directed by the CCDPH as a condition to sustain in-person instruction.
- District 90 is committed to provide a caring, responsive, and safe environment free from harassment, bullying, teasing and/or exclusion. This commitment includes and extends to individuals' decisions about the choice to wear a face mask or covering.

District 90 will strongly encourage masking again in its school buildings if the community is designated at a "High Community Level" by the Centers for Disease Control and Prevention (CDC). Additionally, District 90 will return to a masking requirement if the state or local government, or local health department (CCDPH), impose new masking mandates.

Additional Considerations

Please note that all other COVID-19 protocols currently being implemented in District 90 that are not addressed in this communication remain unchanged at this time. These include mitigation protocols addressing the following:

- promoting vaccinations for all qualifying individuals
- requiring COVID-19 testing or staying home from school for symptomatic individuals
- making face masks available for individuals under conditions when masking is strongly encouraged
- continuing outbreak testing protocols, if directed by the local health department
- adhering to ventilation and air circulation recommendations
- promoting handwashing regimens
- maintaining school cleaning and disinfection efforts

If you have questions about this communication or implications for you, your child, or your family, please contact the nurse at your child's school. Questions pertaining to COVID-19 procedures or safety mitigation protocols can also be directed to the D90 Infection Control Officer, Sam Martini at martinis@district90.org

District 90 COVID-19 FACE MASK TIERS

Derived from CDC Guidance Issued 2/25/22

District 90 schools will utilize the following elements to determine masking protocols, pursuant to its local authority and responsibility to protect the health and safety of individuals within the school community and in consideration of state and local health guidance. As that guidance is amended, District 90 may adjust these protocols.

The Community Levels and Indicators metrics issued by the Center for Disease Control and Prevention (CDC) on February 25, 2022 provides the foundation for decisions related to school face mask requirements (please see CDC matrix below). In addition, the District will utilize the following constellation of metrics to further assess classroom, school or school district risk and inform decision making. A combination of these metrics existing at high levels may result in the reinstatement of mask protocols, determined in consultation with the Cook County Department of Public Health (CCDPH):

- Number and distribution of active COVID-19 cases in the school community
- Number and distribution of active COVID-19 cases in the county or local community (60305)
- Number and distribution of classroom or grade-level COVID-19 outbreaks
- Student/staff vaccination rates

District 90 Face Mask Tiers

CDC Community Level	*D90 Masking Status*	*CDC Recommended Actions for Individuals*
LOW	***Mask Optional***	- Stay up to date with vaccines - Get tested if symptomatic
MEDIUM	***Mask Optional***	- Talk to healthcare provider if high risk - Stay up to date with vaccines - Get tested if symptomatic
HIGH	***Masks Strongly Encouraged****	- Wear a mask indoors, including school - Stay up to date with vaccines - Get tested if symptomatic - Possible extra precautions for high risk

** Indoor mass events may require masking, depending on rates of community transmission*

Reference: CDC's COVID-19 Community Levels and Indicators (County Level)

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

7/18/22

IDPH & ISBE Joint Summary of CDC's Operational Guidance for COVID-19 Prevention in Schools

The Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) have updated this joint summary, fully adopting the Centers for Disease Control and Prevention (CDC) Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning and related CDC FAQ (updated as of May 27, 2022). This updated guidance supersedes all prior COVID-19 school guidance documents and applies to all public and nonpublic schools that serve students in pre-kindergarten through grade 12 (pre-K-12).

Schools and local health departments should exercise their longstanding authority, including as described in the Communicable Disease Code and according to schools' infectious disease policies, to address all infectious disease cases among students and staff. IDPH and ISBE strongly encourage schools to follow the CDC's operational guidance on best practices and the recommendations of their local health department on quarantine and isolation for confirmed and probable cases and close contacts. Schools are encouraged to follow the CDC's best practices for all infectious diseases to keep students home if ill, use testing to confirm or rule out COVID-19 infection, and use Test to Stay with masking and diagnostic testing to keep asymptomatic close contacts and those linked to an outbreak in school. Schools must continue to provide remote learning to any student who is under isolation or quarantine for COVID-19 based on the State Superintendent's Remote Learning Declaration.

Vaccination is currently the leading public health prevention strategy to prevent adverse outcomes related to COVID-19. People who are up to date with COVID-19 vaccines are at low risk of symptomatic or severe infection, hospitalization, and death. To promote vaccination in school communities, Section 3 of Executive Order 2021-22 was reissued and remains in effect. Accordingly, school personnel must establish they are fully vaccinated against COVID-19 or submit to at least weekly testing for COVID-19.

On February 25, 2022, the CDC released a new framework to monitor the level of COVID-19 in communities that includes hospitalizations, hospital capacity, and cases, which is currently in use. This approach focuses recommendations on minimizing severe disease, limiting strain on the healthcare system, and enabling those at highest risk to protect themselves against infection and severe disease. Rather than focusing on eliminating all virus transmission, the CDC recommends prevention measures, such as masks, when the level of severe disease in communities has the potential to overwhelm the healthcare system. These prevention measures can reduce that strain and avoid crisis.

The updated CDC school guidance aligns with Community Levels for recommendations for testing and masking. Community levels can help schools and local health departments, as well as individuals, make decisions based on their local context and their unique needs. When

communities are at a "high" level, the CDC recommends universal indoor masking as masks are critical to keeping classrooms open for in-person learning. In all Community Levels, staff and students with COVID-19-like symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask around others. Schools should also consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities, when students are returning from breaks, and for those serving students who are at high risk for getting very sick with COVID-19. The following chart summarizing masking and testing recommendations at the three Community Levels.

COVID-19 Community Level	Prevention Strategy for Masking	Prevention Strategy for Testing
Low	Support those who choose to continue to mask	Ensure access to diagnostic testing for symptomatic persons and those exposed, and for continuity, schools may choose to continue to implement screening testing
Medium	Person who are immunocompromised, at high risk for severe disease or have household or social contacts at high risk for severe disease, should be encouraged to talk to their healthcare providers about whether they need to wear a mask	Ensure access to diagnostic testing for close contacts and those exposed, and for continuity, schools may choose to continue to use screening testing
High	Universal masking indoors in public, regardless of vaccination status, should be promoted. Persons who are immunocompromised should be encouraged to wear a mask or respiratory that provides greater protection.	Ensure access to diagnostic testing for close contacts and those exposed, and for continuity, schools may choose to continue to use screening testing

Masks continue to be federally required in healthcare settings and for healthcare personnel, including school nurse offices.

The updated CDC guidance recommends "strategies for everyday operations" or actions schools can take every day to prevent the spread of infectious disease, including the virus that causes COVID-19. The following strategies should be in place at all Community Levels:

- Promote staying up to date with all routine vaccinations
- Implement policies that encourage students and staff to stay home when sick
- Optimize ventilation systems
- Reinforce proper hand hygiene and respiratory etiquette
- Utilize proper cleaning and disinfection procedures

The following COVID-19 prevention strategies outlined in the CDC guidance remain important to protect students and community members, especially those who are not up to date on COVID-19 vaccination, and in areas where the COVID-19 community levels are medium or high, and to allow schools to safely deliver in-person instruction. Schools, with help from local health departments, should consider local context when selecting strategies to prioritize for implementation. Schools should balance risk of COVID-19 with educational, social, and mental health outcomes when deciding which prevention strategies to put in place.

- Diagnostic and screening testing to promptly identify cases, clusters, and outbreaks
- Test to Stay Programs
- Ventilation Improvements
- Case Investigation and Contact Tracing or other methods to inform people who might have been in close contact with someone with COVID-19 in the school environment of their potential exposure and the actions they should take to remain safe and reduce transmission.
- Persons identified as close contacts (persons not up to date with COVID-19 vaccination who were within 6 feet of an infected person for a cumulative total of 15 minutes or more in a 24 hour period) should quarantine for five days consistent with CDC guidance and mask for 5 additional days, or 10 days if unable to mask. For those up to date with COVID-19 vaccination, masks should be worn for 10 days after exposure.

IDPH and ISBE continue to maintain additional guidance documents addressing Illinois-specific guidance for the following

- COVID-19 Interim Guidance For Schools Decision Tree for Evaluating Symptomatic Individuals from Pre-K-12 Schools
- Interim Guidance on Testing for COVID-19 in Community Settings and Schools

July 5, 2022

Interim Guidance on Testing for COVID-19 in Community Settings and Schools

Updates (shown in red)

- Update to Test to Stay protocols to allow home testing and unobserved testing.
- Align with updated CDC guidance

Purpose

This guidance addresses COVID-19 testing options using U.S. Food and Drug Administration (FDA)-approved testing for schools and other community settings, and is consistent with the Centers for Disease Control and Prevention (CDC) guidance on testing strategies for COVID-19 prevention in K-12 schools.

School testing gives communities, schools, and families added assurance that schools can stay open safely for all students. By identifying infections early, testing helps keep COVID-19 transmission low and students in school for in-person learning, sports, and extracurricular activities. Screening testing is likely to be most feasible in larger settings and for older children and adolescents. Testing is performed for five primary reasons:

1. Testing of persons with symptoms of COVID-19, regardless of vaccination status.
2. Testing of persons who are determined to be close contacts to someone with active COVID-19 infection.
3. Testing of staff and students/participants with possible exposure in the context of outbreak settings.
4. Screening of staff and/or students/participants, especially at medium and high COVID-19 Community Levels, as a strategy to identify asymptomatic positives.
5. Weekly screening of staff not fully vaccinated is required under Executive Order 2021-22, Section 3.

Testing used for screening purposes to identify new, asymptomatic positives can be an effective mitigation strategy, especially in areas with medium to high community levels. Many people with COVID-19, especially children and teens, are asymptomatic but can still spread the virus. Regular testing helps find people who have the virus before it can spread to others or cause outbreak. Regular testing also means parents or guardians are notified if their child tests positive, allowing them to plan for treatment and take steps to protect the rest of the family from COVID-19. Testing is important for those that have symptoms of COVID-19 or who have

been exposed to someone with COVID-19, regardless of vaccination status. Individuals with COVID-19 symptoms should immediately self-isolate and test. If they test positive, they should isolate at home. In addition, during outbreak situations, persons with suspect exposures, regardless of vaccination status, should be tested according to the Local Health Department's recommended outbreak testing cadence. Also, those working in health care settings should be tested according to infection control guidance from the CDC.

In general, PCR testing for people who are asymptomatic and have recovered from a SARS-CoV-2 infection is not recommended if they are within 90 days from symptom onset or previous positive test, but testing should resume once the 90 days has passed. For those developing COVID-19-like symptoms within 90 days of past infection, antigen testing is recommended to rule out COVID-19 due to the residual risk with PCR testing or referred to their primary care provider to rule out other etiologies. If the ill student/staff tests negative or another etiology is diagnosed, the case can return to school when symptoms are improving and fever free for 24 hours without use of fever reducing medications.

BACKGROUND

It's important to first understand the difference between diagnostic testing and screening, as defined by the CDC.

Diagnostic tests for SARS-CoV-2, the virus that causes COVID-19, are intended to identify current infections at the individual level and are performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2. Current CDC recommendations are to test five days after exposure.

Outbreak testing is strongly recommended for staff and students in schools in outbreak status. As established by the Council of State and Territorial Epidemiologists (CSTE), a school-associated outbreak is defined as multiple cases comprising at least 10% of students, teachers, or staff, within a specified core group OR 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.[1] According to CSTE, a "core group" includes, but is not limited to, an extracurricular activity, cohort group, classroom, sports team, performing arts group, before/after school care, etc. IDPH recommends schools acquire parental consent for student testing in advance to accommodate outbreak testing should the need arise. Schools must conduct twice weekly testing of school personnel who are not fully vaccinated and linked to an outbreak. Additionally,

[1] 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

schools should conduct twice weekly testing of students linked to the impacted classroom(s), grade(s), extracurricular participants, or entire student body, depending on the circumstances, unless the local health department recommends otherwise. Students who have been identified as part of an outbreak should not participate in extracurricular activities unless participating in outbreak testing. Testing should continue until the school has gone one incubation period, or 10 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 Illinois community-based testing sites is available at https://dph.illinois.gov/covid19/testing.html.

Additionally, SHIELD Illinois may be deployed to a school setting as part of outbreak response. Schools can request assistance with outbreak testing by completing this interest form: https://tinyurl.com/2p88t48c. Deployment is dependent on availability. 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.

Screening tests for SARS-CoV-2 are intended to identify infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening tests are performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Schools or organizations using SHIELD or another test provider to conduct end-to-end diagnostic or screening tests do not need to obtain a CLIA waiver directly; the provider will instead be responsible for obtaining a CLIA waiver. Schools that directly administer diagnostic or screening tests require a Clinical Laboratory Improvement Amendments (CLIA) certificate and a provider order signed by a medical professional. A CLIA certificate and provider order are required to report/provide any of the following diagnostic testing information from your screening program: Negative, Positive, Inconclusive, or Presumptive Positive results of Clinical Significance, or a result of Potential Clinical Significance. Assays and test systems used for COVID-19 diagnostic or screening testing must have received an emergency use authorization (EUA) from the FDA. Currently approved EUAs can be found on the FDA website. A COVID-19 diagnostic/screening test performed by a CLIA certified laboratory does not need to have an EUA. A certified lab may use a lab developed test (LDT) for COVID-19 screening without having FDA EUA.

The updated CDC school guidance aligns with Community Levels for recommendations for testing. Community levels can help schools and local health departments, as well as individuals, make decisions based on their local context and their unique needs. When communities are at a "high" and "medium" levels, the CDC recommends screening testing to keeping classrooms open for in-person learning. At all Community Levels, schools should ensure access to diagnostic testing for symptomatic persons and those exposed. Schools should also consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities, when students are returning from breaks, and for those serving students who are at

high risk for getting very sick with COVID-19. For staff who are not fully vaccinated, weekly testing is required regardless of community levels.

The state of Illinois has made testing available free of charge to all schools through SHIELD Illinois throughout the 2022-2023 school year. Public schools interested in establishing a K-12 testing program using the SHIELD Illinois saliva test should complete an interest form (https://bit.ly/interestedSHIELD). SHIELD Illinois is also able to offer rapid antigen test results tracking in conjunction with its weekly saliva testing program. Private schools have the option of testing with SHIELD or the Midwest Coordination Center (https://testedandprotected.org/interest.html). All schools should sign up by July 15, 2022 to better assure testing is in place for the start of school in the fall.

The FDA has granted an EUA to several tests for "unobserved" collection, including the SHIELD Illinois saliva test. Unlike observed testing where school or third-party staff monitor specimen collection, unobserved collection can be administered at home under the observation of an adult. School districts that participate in SHIELD testing will be required to continue offering on-site testing to students unable to complete screening testing at home. Unobserved testing will be allowed for outbreak testing and for collection of specimens for school personnel not fully vaccinated.

Surveillance testing for SARS-CoV-2 is intended to monitor community or population-level outbreak of disease, or to characterize the incidence and prevalence of disease. Surveillance testing is performed on de-identified specimens and, thus, results are not linked to individuals. Surveillance testing does not require a lab to be CLIA certified. Without a CLIA certificate, a lab can NOT report or provide any of the following diagnostic testing information from surveillance testing with the following categories/statements: Negative, Positive, Inconclusive, Presumptive Positive, a result of Clinical Significance, or a result of Potential Clinical Significance. If the test is positive, this can delay procedures for notification and other mitigation measures. For this reason, IDPH does not recommend schools utilize surveillance testing.

Two different test types are available for COVID-19: **viral** tests and **antibody** tests. Viral tests, including Nucleic Acid Amplification Tests (NAATs), such as SHIELD Illinois, POC NAATs, and antigen tests, such as BinaxNOW and over the counter/home tests, are approved or authorized by the FDA and are recommended to **diagnose current COVID-19 infection**. The NAAT is the "gold standard" for clinical diagnostic detection of SARS-CoV-2. POC NAATs and antigen tests, including BinaxNOW, provide more rapid results than the NAAT, but have a higher probability of missing an active infection. Therefore, it may be necessary to confirm an antigen or POC NAAT result with a laboratory based NAAT, especially if the result of the antigen or POC NAAT is inconsistent with the clinical perspective, i.e., a negative antigen test in a symptomatic individual or in a person who is a close contact to a confirmed or probable case. (Detailed information is provided below.)

The CDC recommendations for SARS-CoV-2 testing are based on what is currently known about the virus. Information on testing for SARS-CoV-2 is updated as more information becomes

available. Antigen tests perform best when the person is tested in the early stages of infection with SARS-CoV-2 when viral load is generally highest. They also may be informative in diagnostic testing situations in which the person has a known exposure to a confirmed or probable case of COVID-19. At this time, antigen tests for screening are most appropriately used in high-risk congregate settings in which repeat testing can quickly identify persons with a SARS-CoV-2 infection to inform infection prevention and control measures, thus preventing transmission.

Test to Stay Procedures

Test to Stay (TTS) procedures have been endorsed by the CDC for exposures occurring during the school day as an alternative to staying home. To further protect in-person learning, IDPH and the Illinois State Board of Education recommend that close contacts (persons not up to date with COVID-19 vaccination who are within six feet of a case for 15 or more minutes during a 24-hour period) occurring during the school day or during extracurricular activities may remain in school through TTS protocols. To use TTS, close contacts should test at least two times 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. A close contact may remain in the classroom if test results are negative, and the person remains asymptomatic. Rapid antigen, including home tests, may be most appropriate for Test to Stay given the short turnaround time for results. Testing may be conducted in school or at home, and, preferably, should be performed before the start of the school day. Testing may also be done using SHIELD's unobserved testing. IDPH strongly recommends that schools using Test to Stay participate in weekly screening testing, as described above in the Screening Testing section, and that students participating in TTS be enrolled (consented) in weekly screening, especially at medium to high COVID-19 Community Levels.

Participation Requirements

- For the first five days after exposure, TTS participants should avoid social gatherings and remain at home when not at school functions during the testing period. If at any time the student tests positive or becomes symptomatic, they should be immediately isolated and sent home and the school should notify the local health department.

  Testing Cadence for Test to Stay
- TTS enrollment requires that schools test close contacts at least 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 (exposure date = Day 0) by a PCR or rapid EUA-approved viral test (including a home test). Close contacts should be permitted to remain in the classroom as long as the results are negative, they remain asymptomatic and consistently and correct wear a mask.

Regardless of when an individual returns to school, daily symptom monitoring should continue through calendar day 10 after the exposure. If any symptoms develop, the individual should immediately self-isolate and be tested.

Antibody tests approved or authorized by the FDA are used to **detect a past infection** with SARS-CoV-2. Antibody testing is not currently recommended to assess for immunity to COVID-19 following COVID-19 vaccination or to assess the need for vaccination in an unvaccinated person. Because vaccines induce antibodies to specific viral protein targets, post-vaccination antibody test results will be negative in persons without history of previous natural infection if the test used does not detect antibodies induced by the vaccine. Antibody testing should not be promoted as a way to be exempt as a close contact. The robustness and durability of immunity following natural infection remain unknown.

HOW TO IMPLEMENT POINT-OF-CARE (POC) TESTING

General Considerations for Performing POC Testing

Due to wide-ranging symptoms associated with COVID-19 infection and the frequency with which children are likely to display one or more of these symptoms, POC tests may be useful diagnostic tools for testing persons in the early stages of infection with SARS-CoV-2 when viral load is generally highest. The benefits of POC tests in schools and other community settings is that results may be used to expedite return to school, identify early those needing isolation and quarantine, and to inform infection prevention and control measures, thus preventing transmission. Additionally, POC testing can allow students to return to school and community members to work more quickly if their test results are negative. Entities considering implementation of POC testing should address the following prerequisites in their plans:

- Obtaining a CLIA waiver to perform the test (instructions below).
- Establishing an area/room in which POC testing will be performed.
- Designating a person(s) who will perform POC testing.
- Obtaining a provider order for the testing.
- Training for person(s) who will perform POC testing.
- Securing personal protective equipment (PPE) for person(s) who will perform POC testing.
- Putting a process in place for disposal of infectious waste materials created through the testing process.
- Complying with federal requirements for reporting test results (see details regarding Illinois Department of Public Health/CDC reporting below).
- Obtaining parental consent for POC testing of students.

Regulatory Requirements for Performing POC Testing: Clinical Laboratory Improvement Amendment (CLIA) Waiver

Any entity that conducts ***diagnostic or screening testing*** for SARS-CoV-2 with antigen or POC NAATs, including those tests conducted in school settings or for school populations, must comply with CLIA regulations. Entities that intend to conduct antigen testing must first obtain a CLIA waiver. A waiver can be obtained for tests categorized as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result" as determined by the FDA. Entities seeking a CLIA waiver must submit this form to DPH.CLIA@illinois.gov. More

information on how to obtain a CLIA waiver can be found at https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf.

Designating Personnel to Perform POC testing

Each POC test will come with requirements for training prior to administration. The FDA, in its authorization and instructions, does not require any specific qualification or license to administer the BinaxNOW test. The FDA requires that the operator using the test be "appropriately trained in performing and interpreting the results." The state's current recommendation is that those administering the test be any level of licensed health care professional to perform the swabbing and have proper training pursuant to any relevant state and federal guidelines and requirements, but the final determination is with the issuer of the standing order. This is primarily due to training and experience in proper infection control, and use of recommended PPE. SHIELD Illinois is a laboratory-based test, so schools and facility only need to ensure that those collecting the specimen are properly trained.

Obtaining a Provider Order for POC Testing

All tests must be performed under the direction of a health care provider's order. These orders can be issued by health care providers on an individual basis, or health care providers can issue standing orders that authorize certain trained individuals to administer the test without an order from a physician for that patient. If interested in obtaining a provider order sample template, email the IDPH Antigen Testing Team at DPH.AntigenTesting@illinois.gov and someone will share a template with you.

Training and Personal Protective Equipment (PPE)

Under CLIA rules, persons who perform POC tests must be properly trained to perform the test and must use appropriate PPE when handling samples. Recommended PPE for persons performing POC testing include fit-tested N95 respirator, face shield, gown, and gloves. Testing personnel new to CLIA-waived testing will find it useful to complete CDC's online training module (continuing education available) at https://www.cdc.gov/labtraining/training-courses/ready-set-test.html.

Waste Disposal Requirement

Any entity performing testing must be prepared to follow proper medical waste handling and disposal guidelines. All components of the BinaxNOW test kit, as well as gloves used by persons administering the test and any grossly contaminated PPE, are considered potentially infectious medical waste (PIMW), and require disposal as hazardous waste. Based on the definition established by the Occupational Safety and Health Administration (OSHA), the state defines PIWM (Section 1420.102) to include "waste generated in connection with the diagnosis of human beings" and "specimens of body fluids and their containers." Any waste that may be infectious to humans qualifies as PIWM and is banned from Illinois landfills unless properly treated to eliminate its infectious potential.

To assist facilities with proper handling and disposal of hazardous waste, the CDC has developed Waste Management Guidance for SARS-CoV-2 Point-of-Care (POC) Testing. Persons

performing SARS-CoV-2 POC tests should take appropriate biosafety precautions in accordance with the manufacturer's label to ensure the safety of the individual being tested and the individual conducting the test. Consult with U.S. Environmental Protection Agency (EPA) and OSHA offices for more information and specific guidance on available services related to removal, transportation, and disposal of hazardous waste.

Reporting Requirements for POC Testing
Entities that perform POC testing must report each individual positive test result to state and local public health officials, per the Control of Communicable Disease Code, in addition to the patient/parent/guardian according to the instructions below. Anyone at the school or entity performing the testing may enter the data.

- Register in IDPH's reporting system with the entities' CLIA certificate number at https://redcap.link/dph.illinois.gov.poccovid19registration.
- You will need your CLIA number, ordering provider, entity name, address, phone number, the type of testing platform, and the POC email and phone number.
- Once the registration has been processed, the individual who submitted the registration will receive an email with instructions and a link to register for Simple Report. In Simple Report the individual can add other authorized users who will be reporting results.
- All positive results must be reported to the IDPH system within 24 hours.
- Entities must also report all positive test results to their local health department.
- If you have questions, send an email to dph.elrresp@illinois.gov.

Considerations for Performing COVID-19 POC Testing and Interpreting Results
Results from COVID-19 POC onsite testing, as well as testing performed at other locations, should be interpreted based upon the test sensitivity and specificity, whether the individual being tested has symptoms, and the level of transmission in the community. **A confirmatory Nucleic Acid Amplification Test (NAAT) may be needed in certain situations as described below in CDC's Antigen Test Algorithm.** Tests are also affected by viral mutations. See information from the FDA about the impact of viral mutations on COVID-19 tests.

- **POC testing for persons with symptoms (diagnostic - not screening).** The intended use of currently available POC testing equipment is for evaluating persons with symptoms suggestive of COVID-19. The test should be performed as soon as possible from onset and up to **seven days after symptom onset**. A positive result is considered a "**presumptive positive,**" and a person with a positive test is classified as a **probable case;** therefore, positive test results should lead to immediate implementation of infection control measures, such as sending a confirmed or probable case and close contacts home to self-isolate. In most situations, a positive antigen result from a POC test for a symptomatic person does not require a confirmatory test, should be considered a probable case If a student, teacher, or staff member has symptoms of COVID-19 and the **POC test is negative**, a **confirmatory Nucleic Acid Amplification Test (NAAT) may be needed within 48**

hours as described below (e.g., individual is a close contact to a confirmed case, or an outbreak is occurring in the school/facility). If indicated, the individual should self-isolate pending the result of the confirmatory NAAT test.

- According to CDC guidance, only laboratory based NAATs should be used to confirm lower sensitivity tests, such as POC NAATs or antigen tests. Further, only those with EUA approval and from specimens considered optimal for detection – nasopharyngeal, nasal mid-turbinate, and anterior nasal swabs – should be used (**oral specimens are not recommended**). Recommendations for confirmatory testing are subject to change based on new findings.
- **POC testing for asymptomatic persons (outbreak response or screening testing).** Antigen tests can be used for testing during outbreaks or screening testing in high-risk settings in which repeat testing could quickly identify persons with a SARS-CoV-2 infection to initiate isolation and identification of close contacts quickly, thus preventing transmission. In this case and especially in settings where a rapid test turnaround time is required, there is value in providing immediate results with antigen tests, even though they may have lower sensitivity than NAATs. An antigen negative result in an asymptomatic person may need confirmatory testing with a NAAT test if the person has a high likelihood of SARS-CoV-2 infection (e.g., the person has had close contact or suspected exposure to a person with COVID-19 within the last 14 days or is part of an outbreak). If the confirmatory test is positive, the person would be considered a confirmed case and schools should follow CDC's guidance for isolation and notification of close contacts.
- **CDC's Antigen Test Algorithm.** Although the CDC's algorithm is specific to antigen testing, POC molecular testing that produces presumptive positive results should follow the same algorithm. Visit the CDC's webpage, Interim Guidance for Antigen Testing for SARS-CoV-2, for the most recent testing algorithm. For asymptomatic and close contacts with COVID-19 positive results by antigen or POC NAAT, clinical discretion should be used to determine if confirmation is needed. Similarly, in situations of higher pretest probability, such as when community transmission levels are high, clinical discretion should be used to determine if a positive antigen result requires confirmation. If an asymptomatic person tests positive by antigen test with no known close contact to a confirmed or suspected COVID-19 case, no linkage to an ongoing outbreak, and/or the LHD is not considering the level of community transmission to be creating a high pretest probability state, a confirmatory negative lab-based PCR collected within 48 hours could be used to determine that the first antigen test was a false positive and the individual is not infectious and isolation is not needed for case or contacts.

Contact: Questions regarding COVID-19 testing in schools can be directed to DPH.COVIDSchool@Illinois.gov. Those interested in participating in SHIELD Illinois can email Beth Heller, Senior Director of External Affairs for SHIELD, at bheller@uillinois.edu. For Midwest Coordinating Center (MCC), complete the interest form at https://testedandprotected.org/interest.html. For questions regarding rapid antigen testing, schools should email dph.antigentesting@illinois.gov.

IDPH Supplemental Guidance: Considerations for School Nurses and Health Care Providers

Illinois Department of Public Health

June, 22, 2022
Interim Guidance, Subject to updates

Box A. Assessment of Symptomatic Persons

Consider the following when assessing symptomatic students/staff:

Are symptoms new to the student/staff person or are they a change in baseline for that individual?

Does the symptomatic individual have any of the following potential exposure risks?

- Did the student/staff have an exposure to a suspected or confirmed COVID-19 case in the past 10 days?
- Is there a household or other close contact with similar symptoms who has not been yet classified as a confirmed or probable case?
- Is there a household member or other close contact with high-exposure risk occupation or activities (e.g., health care worker, correctional worker, other congregate living setting worker or visitor)?
- Did the student/staff member have potential exposure due to out-of-school activities (private parties, playing with friend groups, etc.) or have poor compliance with mask wearing and social distancing?
- Do they live in an area of substantial or high community transmission?
- Do they have a history of travel to an area of high transmission in previous 10 days?
- Is there an outbreak in the school or has there been another known case of COVID-19 in the school building in the last 10 days or are there other students or staff in the classroom or cohort currently out with COVID-19 symptoms?

Box B. Clinical Evaluation for Children with Symptoms of COVID-19

(https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html)

Consider the individual's risk of exposure. See Box A.

No Exposure Risk Identified and resides in Community with Low Transmission[1]

If no known close contact to COVID-19 case and no other exposure risks, testing for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Has Exposure Risk and/or Clinical Suspicion for COVID-19

Isolation
COVID-19 Testing Recommended

TESTING

PCR or antigen testing is acceptable.
-If an antigen detection test is negative and there is a high clinical suspicion of COVID-19, confirm with lab-based NAAT (see CDC Testing Algorithm), ideally within two days of the initial Ag test.
-If lab-based confirmatory NAAT testing is not available, clinical discretion can be used to recommend isolation.
Test result is only valid for the day of specimen collection.

Resources:

- COVID-19 Testing Overview https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html
- Isolation and Quarantine: CDC https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html

COVID-19 INTERIM GUIDANCE FOR SCHOOLS[1]

Decision Tree for Evaluating Symptomatic Individuals from Pre-K, K-12 Schools and Day Care Programs

Rev. June 27, 2022 Interim Guidance, Subject to updates

IDPH Illinois Department of Public Health

Isolate[4] if **ANY** of the following symptoms[2] are present: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause. When suspicion of COVID-19 is high due to other symptoms, school health officials should isolate students/staff.

Testing is Strongly Recommended for ALL Persons with COVID-19-Like Symptoms, Regardless of Vaccination Status.

Status	Return to School Guidance (For recently vaccinated persons, see Post Vaccination Guidance)	Quarantine Close Contacts?	Additional Guidance
A. COVID-19 diagnostic test positive (confirmed with PCR test or probable with antigen test[3]) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case).	For those that can mask upon return, isolate[4, 5] for at least five calendar days from onset of symptoms; return after the five calendars days **AND** if 24 hours with no fever (without fever-reducing medication), diarrhea and vomiting ceased for 24 hours **AND** improvement of symptoms **AND** consistent masking upon return through day 10. If unable to mask, isolate for 10 days.	YES (see Row D)	The local health department may supply dates as to when a student or staff member can return to school, otherwise schools should permit return consistent with this guidance. Letter from local health department releasing the student or staff member from isolation or quarantine is not required.
B. Symptomatic individual with a negative COVID-19 diagnostic test *Negative COVID-19 diagnostic tests are valid only for the date on which they are collected; specimens collected within 48 hours of onset are acceptable for determining school admission status. If testing is not accessible or delayed, testing within 72 hours would be acceptable, but testing within 48 hours of onset should be promoted (Home Tests are Allowed).*	Isolate until symptoms have improved/resolved per return-to-school criteria for diagnosed condition, including fever free for 24 hours, symptoms improving and until 24 hours after diarrhea and vomiting have ceased. Follow provider directions, recommended treatment and return to school guidance as per school policies and IDPH Communicable Diseases in Schools.	NO	NAAT (PCR) testing/confirmation or serial antigen (2 test 24 hours apart) is recommended if the staff/student is a close contact to a confirmed case, the school is experiencing an outbreak, or the local health department is recommending due to high Community Levels (see CDC Testing Algorithm). In other situations, a negative RT-PCR, rapid molecular (rapid PCR), or negative antigen (including home tests) test is acceptable.
C. Symptomatic individual without diagnostic testing who is not a known close contact to a confirmed case.	For those who can mask upon return, isolate for at least five[5] calendar days from onset of symptoms; return if 24 hours with no fever (without fever-reducing medication), vomiting and diarrhea have ceased for 24 hours, **AND** improvement of symptoms **AND** consistent masking upon return through day 10. If unable to mask, quarantine for 10 days.	Unvaccinated Household Members in the School System	If the ill individual is not tested within 24 hours of first notification of symptoms, household members should be sent home.
D. Asymptomatic individual who is a close contact[6,7,8,9] to a confirmed or probable COVID-19 case	For those that can mask upon return, quarantine for five days after last exposure to the COVID-19 case and upon return, mask consistently through day 10, or according to test-to-stay protocols[10]. If unable to mask, quarantine for 10 days.	NO	If COVID-19 illness develops, isolate per Row A. Testing is recommended.

1 Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart should be used in conjunction with the Centers for Disease Control and Prevention Guidance for COVID-19 Prevention in K-12 Schools.

2 New onset of a symptom not attributed to allergies or a pre-existing condition.

3 In most situations, a positive antigen in symptomatic person does not require a confirmatory test, should be considered a probable case (follow Row A and D) and will not be discounted or deemed a false positive with a negative PCR.

4 Pursuant to Communicable Disease Code, 77 Ill. Admin. Code 690.631.

5 Severely immunocompromised or severely ill may need to be isolated for 20 days as per guidance from the individual's infectious disease physician.

6 If the individual has been identified by local health department or school as a close contact, or knows they are a close contact to a case, the individual should be quarantined.

7 CDC exempts from the close contacts definition if they are up to date with COVID-19 vaccination and were within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. They should be tested three and five days after the exposure to a suspect, probable or confirmed case of COVID-19, monitor for symptoms, isolate immediately and get tested if symptoms develop, and wear a mask for 10 days..

8 Contacts to close contacts of a case do not need to stay home unless the close contact becomes a confirmed or probable case.

9 Close contacts with confirmed COVID-19 (lab or home test) in the past 90 days are exempt from isolation and quarantine.

10 Test-to-stay requires viral testing at least two times within seven days of close contact notification/Test to Stay enrollment with the last test occurring 5-7 days after last close contact. to avoid quarantine

From: **Illinois State Board of Education** hello@isbe.net
Subject: Preparing for Future COVID-19 Surges
Date: April 5, 2022 at 11:38 AM
To: condone@district90.org

Click here if you are having trouble viewing this message.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

Illinois State Board of Education

April 5, 2022

TO: Public and nonpublic schools
RE: Preparing for Subsequent Surges of SARS-CoV-2 Infections and COVID-19 Illness

Dear School and District Leaders,

The number of Illinoisans being infected with SARS-CoV-2 and those hospitalized or suffering other adverse outcomes related to COVID-19 has sharply decreased since January 2022. As of March 30, 2022, COVID-19 community levels were low in every county in Illinois. Unfortunately, the prospect of new variants of concern, the potential seasonality of transmission, and underlying social and medical vulnerabilities increase the likelihood that we will experience future waves of morbidity and mortality. To ensure the state is prepared for the next surge of COVID-19, we ask that Illinois schools have updated emergency plans in place now.

In the event of a surge, a well-developed emergency plan would:

- Ensure adequate testing supplies are readily available
- Ensure adequate supplies of personal protective equipment (PPE), including NIOSH-approved respirators (N95 and KN95 masks) or other masks that meet the Barrier Face Covering Standard, are readily available
- Include a method to anticipate/calculate daily PPE usage or burn rates and significant changes that may occur related to a surge
- Ensure compliance with infection control procedures including updated staff trainings
- Ensure compliance with case reporting requirements and handling of cases of COVID-19 and their close contacts.

Schools should plan to maintain at least a 10-week supply of PPE and testing supplies and should continue to engage in preparedness activities. Schools should plan for how

and should continue to engage in preparedness activities. Schools should plan for how they will bring on additional staff and substitutes if needed. We encourage schools to take full advantage of any remaining federal resources available when preparing for future surges. Vaccination remains the leading public health prevention strategy to prevent adverse outcomes related to COVID-19. We encourage schools to work with their local health departments to improve vaccination rates.

If you have any questions, please contact the Illinois State Board of Education by completing this form. Thank you for your critical work on the behalf of every resident of Illinois. We are in this together.

Sincerely and respectfully,

Amaal V.E. Tokars
Acting Director
Illinois Department of Public Health

Dr. Carmen I. Ayala
State Superintendent of Education
Illinois State Board of Education

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