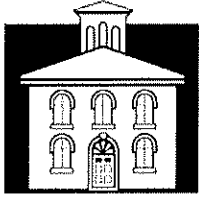


# Health Procedures



River Forest  
Public Schools

**Administration Building**  
7776 Lake Street  
River Forest, IL 60305  
Phone: 708-771-8282  
Fax: 708-771-8291

## **River Forest District 90 COVID-19 Health Response Plan/Procedures**

### *TOOLKIT PURPOSE STATEMENT*

*With the COVID-19 response in our community remaining very fluid, this toolkit will include ongoing updates as new recommendations and response procedures are developed. Recommendations and practices are all subject to change as new guidance is received from the Centers of Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH), Illinois State Board of Education (ISBE), and the Cook County Department of Health (CCDH).*

**PLEASE NOTE THAT MEDICAL EVALUATION AND COVID DIAGNOSTIC TESTING IS  
STRONGLY RECOMMENDED FOR  
ALL PERSONS WITH COVID LIKE SYMPTOMS**

***CCDPH REPORTING: 708-836-8699  
CCDPH COVID QUESTIONS: 708-633-3319  
CCDPH EMAIL: [ccdphcovid19@cookcountyhhs.org](mailto:ccdphcovid19@cookcountyhhs.org)***

## **KEY TERMS**

**Antibody test** - Blood test that identifies antibodies to the virus. Some antibodies (IgG) begin to develop when individuals are sick and can be identified after recovery

**Case** – An individual who has contracted COVID-19, with a positive PCR who could infect others

**Suspect Case** – An individual exposed to a case who develops symptoms, even if not yet tested

**Confirmed/Positive Case** - Must be isolated for a minimum of 10 days after symptom onset date (or specimen collection date if onset unclear or if asymptomatic) and can be released after afebrile and feeling well without fever reducing medication for at least 24 hours

**Contact** - Defined as being within 6 feet of an infected person (masked or unmasked) for at least 15 minutes throughout the course of the day from 2 days before the onset of symptoms/illness (for asymptomatic individuals, 2 days prior to positive specimen)

**Close Contact** - An individual who was in contact (see above). Must be quarantined for 14 days after the last/most recent contact with the case when the case was infectious. If a close contact develops symptoms, they will follow isolation rules.

**Household contacts with separate living quarters between case and contacts** - Quarantine for 14 days after the last exposure to case

**Household Contacts that share a room/living quarters (ongoing contact)** - Quarantine during contact and for 14 days after the case is released from isolation

**Incubation Period** - Time from when someone is infected until symptoms develop. Ranges from 2-14 days ( 50% of people will become ill by 5 days after being infected; 5% by 2 days; 95% by 14 days)

**Isolation** - Separates ill individuals with a contagious disease from people who are not ill

**Polymerase Chain Reactions (PCR)** - Detects RNA in virus (also called molecular test)

**Quarantine** - Separates and restricts the movement of people who were exposed to a contagious disease to monitor for potential illness

**Contact Tracing** - Common public health tool used to limit contact between infectious people and others, limiting the transmission of the disease

## Narrative Flow Chart for COVID/Suspected COVID - STUDENT

Student exhibiting symptoms at school, is a suspect case, or awaiting test results:

- **PPE is required for nurse and isolation staff before contact with potential COVID illness**
  - Gloves
  - KN95 mask
  - Gown
  - Goggles
  
- **Classroom staff calls nurses office for nurse to come to room to accompany student to quarantine area to assess student (Students are not brought to health office to prevent contamination)**
  
- **If a student exhibits symptoms at school suspicious of COVID:**
  - Nurse assesses student for symptoms - Follow **Worksheet A for Students**
  - If student meets criteria for suspected COVID (as identified on worksheet):
    - Have student remove cloth mask and place cloth mask in ziploc bag to take home for washing (double bag)
    - Place surgical mask on student and change gloves
    - Retain student and bagged belongings in quarantine area
      - Do not leave student alone but avoid close contact
      - Student is to stay in quarantine area awaiting pick-up
    - Notify Administration
    - Notify custodian for disinfection
    - Notify parent/guardians to pick up student
    - **MEDICAL EVALUATION AND COVID DIAGNOSTIC TESTING IS TO BE STRONGLY RECOMMENDED FOR ALL PERSONS WITH COVID LIKE SYMPTOM**
    - Parent/guardians are strongly encouraged to notify nurse of positive COVID results
    - Notify parent of return to school guidelines:
      - Student with positive COVID diagnosis must remain home for 10 days and fever free for 24 hours without fever reducing medications
  - OR
  - Student may return with doctor's note stating alternative diagnosis



OR

- *Student may return with proof of negative COVID test (no close contacts)*

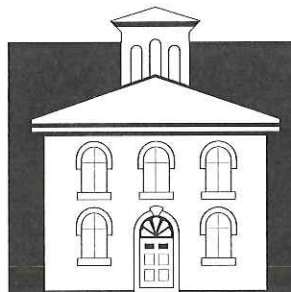
OR

- *If student had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days*

- ***Student with positive test must remain home for 10 days and fever free for 24 hours without fever reducing medications***

School/Nurse informed of Positive Covid Test in Student

- *Follow **Worksheet A for Students** - Complete Page 1*
- *Contact CCDPH and send student information to confirm the positive test results and obtain guidance*
- *Notify Administration of CCDPH guidance/directives*
- *Begin **Worksheet B** for contact collection of names for students/staff who were within 6 feet of this student for 15 minutes or greater, including 48 hours prior, to student's positive test results. Include all areas of school: bus, lunch, specials, classroom, clubs, etc.*
- *Upon discussion with CCDPH, complete **Worksheet C** for each identified close contact of positive student*
- *Notify close contacts of quarantine needed via District protocol (Quarantine is 14 days at home, no exceptions).*
- *Notify parents of positive student that student must stay in isolation and not return for 10 days and fever free for 24 hours without fever reducing medication*
- *Custodians to disinfect affected areas per District protocol and IDPH guidance*



## Narrative Flow Chart for COVID/Suspected COVID - STAFF MEMBER

Staff member exhibiting symptoms at school, is a suspect case, or awaiting test results:

- **PPE is required for nurse and isolation staff before contact with potential COVID illness**
  - Gloves
  - KN95 mask
  - Gown
  - Goggles
- **Staff member or other calls the Health Office for nurse to come to room to assess staff member (Staff member is not to enter health office to prevent contamination)**
- **If a staff exhibits symptoms at school suspicious of COVID:**
  - Assess staff for symptoms - Follow **Worksheet A for Staff**
  - If staff meets criteria for suspected COVID (as identified on worksheet):
- **Have staff remove their cloth mask and place cloth mask in ziploc bag (double bag)**
  - Place surgical mask on self and wash hands
  - If staff member is unable to change their mask; nurse with gloves on assists staff member, and Nurse changes gloves
  - Place staff in isolation area
    - Symptomatic staff is to stay in quarantine area until exiting building to go home
    - Staff remains in quarantine area awaiting personal belongings to be brought to him/her in order to leave
  - Notify Secretary for substitute
  - Notify Administration
  - Notify maintenance for disinfection
  - **MEDICAL EVALUATION AND COVID DIAGNOSTIC TESTING IS TO BE STRONGLY RECOMMENDED FOR ALL PERSONS WITH COVID LIKE SYMPTOM**
  - Staff member is encouraged to notify nurse of positive COVID results
  - Notify staff member of return to school guidelines:

- *Staff with positive COVID diagnosis must remain home for 10 days and fever free for 24 hours without fever reducing medications*

OR

- *Staff may return with doctor's note stating alternative diagnosis*

OR

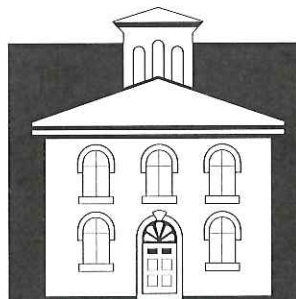
- *Staff may return with proof of negative COVID test (no close contacts)*

OR

- *If staff member had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days*

### School/Nurse informed of Positive Covid Test in Staff Member

- *Follow **Worksheet A for Staff** - Complete Page 1*
- *Contact CCDPH and send staff information to confirm the positive test results and obtain guidance*
- *Notify Administration of CCDPH guidance/directives*
- *Begin **Worksheet B** for contact collection of names for students/staff who were within 6 feet of this staff member for 15 minutes or greater, including 48 hours prior, to positive test results. Include all areas of school: lunch, specials, classroom, clubs, etc.*
- *Upon discussion with CCDPH, complete **Worksheet C** for each identified close contact of positive student*
- *Notify close contacts of quarantine needed via District protocol (Quarantine is 14 days at home, no exceptions).*
- *Notify positive staff member that he/she must stay in isolation and not return for 10 days and fever free for 24 hours without fever reducing medication*
- *Custodians to disinfect affected areas per District protocol and IDPH guidance*



**STUDENT COVID Assessment Worksheet A**

Date: \_\_\_\_\_ Student: \_\_\_\_\_ Gr/Homeroom: \_\_\_\_\_

DOB: \_\_\_\_\_

Time in: \_\_\_\_\_ Contact/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Notification of Possible COVID-19:**

- Student assessed/nurse
- Administrator
- CCDPH Contact \_\_\_\_\_
- Other \_\_\_\_\_
- Attendance secretary
- Parent phone call/email

Background Information: \_\_\_\_\_

**Is the case: Suspect - Confirmed - Contact - Awaiting Test Results? (Circle all that apply)**

**NURSE ASSESSMENT**

- If the student is in school, complete Part 1 and 2 with student. Complete Part 3 with Parent
- If student is at home, call Parent/Guardian to complete Part 1, 2 and 3

**PART 1:** (if student has 1 of these unexplained symptoms, student will be sent home, or 911 will be called if needed):

- Fever > 100.4
- Cough
- Shortness of breath/Difficulty breathing

**PART 2:** (If student is afebrile but has one or more of the following unexplained symptoms, student will be sent home):

- Chills
- Headache
- Nausea/Vomiting
- Congestion/runny nose
- Sore throat
- Diarrhea
- Myalgia (muscle/body aches)
- New loss of taste or smell
- Fatigue
- Abdominal Pain

Date that symptoms began: \_\_\_\_\_

Temperature (highest): \_\_\_\_\_ Temp Present: \_\_\_\_\_ Pulse ox: \_\_\_\_\_

Additional symptoms: \_\_\_\_\_

If above criteria has been met, begin the process to send the student home.  
Place the student in an isolation area. Place surgical mask on the student.  
Continue to fill out Part 3 with Parent/Guardian

**PART 3:** Additional questions to ask student and/or parent (call home) are:

- Does the student have any underlying medical conditions? Y N  
List: \_\_\_\_\_
- If the student is not at school, was he/she hospitalized? Y N  
Hospital dates: \_\_\_\_\_

- What is the last date student was in school?: \_\_\_\_\_
- Was the student seen in the health office? Y N (Print student schedule for future reference)
- Date and reason for visit: \_\_\_\_\_
- Did the student take the special ed. bus to school? Y N Bus: # \_\_\_\_\_
- Has the student had contact with anyone outside of family who tested positive for COVID in the past 14 days? Y N Name/s: \_\_\_\_\_
- Household family members, include sibling grades: \_\_\_\_\_
- Has any family member tested positive for COVID in the past 14 days? Y N Name/s: \_\_\_\_\_
- Has any family member shown symptoms listed above in the past 14 days? Y N Name/s: \_\_\_\_\_
- Has any family member been asked to quarantine at home in the past 14 days? Y N \_\_\_\_\_
- HCP (healthcare provider), name/phone #: \_\_\_\_\_
- HCP instructions to student/family: \_\_\_\_\_

Was COVID test performed? Y N Date of test: \_\_\_\_\_ Location of test: \_\_\_\_\_

**DISPOSITION:**

- Student was picked up by parent/guardian
- Student already at home
- Time of Departure
- EMS

**School Nurse Actions For SUSPECT Case:**

- Give return to school guidelines to parent/guardian both verbally and in writing/email
- Student will need to remain home for 10 days from first symptom and fever free for 24 hrs without fever reducing medications.  
\*\*OR\*\*
- Student will need a HCP note to return with an alternative diagnosis? (option for students w/o contact with COVID case)  
\*\*OR\*\*
- Student will need proof of a negative COVID test to return prior to 14 days? (option for students w/o contact with COVID case)
- If student had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days
- MEDICAL EVALUATION AND COVID DIAGNOSTIC TESTING IS TO BE STRONGLY RECOMMENDED FOR ALL PERSONS WITH COVID-LIKE SYMPTOMS**
- Parent/Guardian is encouraged to test student and requested to notify nurse of positive COVID results.



Patient education given for home care  
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

- Contract tracer notified: Y N  
 School administrator notified: Y N Name: \_\_\_\_\_  
 Notified attendance assistance regarding marking attendance Y N  
 Maintenance notified for disinfection Y N Notes: \_\_\_\_\_

For **Suspect or Contact case**, no further action is required.  
Wait for: Positive COVID **OR** Negative COVID **OR** HCP note with alternative diagnosis  
**OR** 10-day isolation **OR** 14-day quarantine for close contact

**School Nurse Actions For CONFIRMED Case:**

School Investigation Contact **Worksheet B** needs to be completed by School Nurse, contact tracer or administrator to find potential contacts.  
**Attach to this form with student schedule**

- District Office (Asst. to Superintendent) notified: (Name/Date) \_\_\_\_\_  
 Contact tracer notified: Y N (Name/Date) \_\_\_\_\_  
 Maintenance notified for disinfection Y N Notes: \_\_\_\_\_

**COOK COUNTY DEPT OF HEALTH COLLABORATION:**

- CCDPH notified: Date: \_\_\_\_\_ Time \_\_\_\_\_ Message left? \_\_\_\_\_  
 CCDPH guidance received (date/time): \_\_\_\_\_  
 CCDPH case manager/phone # \_\_\_\_\_  
 CCDPH guidance: \_\_\_\_\_  
  
 Student in isolation until: \_\_\_\_\_  
 Family/siblings in quarantine until: \_\_\_\_\_  
 Friends/contacts/staff recommended to quarantine until: \_\_\_\_\_  
 Based on recommendation of Administration and/or CCDPH, notification sent to:  
 Parents: \_\_\_\_\_  
 Contacts of student (including staff) (see attached worksheets): \_\_\_\_\_  
 Maintenance staff: Classrooms to be empty/disinfected/dates: \_\_\_\_\_  
 Notification of school nurse in sibling schools: \_\_\_\_\_  
 Secretary notified regarding marking attendance for case and contacts per CCDH

\_\_\_\_\_  
(Nurse Signature)

\_\_\_\_\_  
Date

**STAFF COVID ASSESSMENT Worksheet A**

Date: \_\_\_\_\_ Staff: \_\_\_\_\_ DOB: \_\_\_\_\_ Position: \_\_\_\_\_

Time in: \_\_\_\_\_ Contact/Relationship/Self: \_\_\_\_\_ Phone #: \_\_\_\_\_

Notification of Possible COVID-19:

- Staff Presented in Health Office  Attendance secretary
- Administrator
- CCDPH Contact \_\_\_\_\_
- Other \_\_\_\_\_

Background Information: \_\_\_\_\_

**Is the case: Suspect - Confirmed - Contact - Awaiting Test Results? (Circle all that apply)**

**NURSE ASSESSMENT**

- Complete Part 1-3 with the staff member

**PART 1:** (if staff has 1 of these unexplained symptoms, staff member will be sent home, or 911 will be called):

- Fever > 100.4
- Cough
- Shortness of breath/Difficulty breathing

**PART 2:** (If staff is afebrile but has one or more of the following unexplained symptoms, staff will be sent home):

- Chills
- Congestion/runny nose
- Myalgia (muscle/body aches)
- Abdominal Pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea/Vomiting
- Diarrhea
- Fatigue

Date that symptoms began: \_\_\_\_\_

Temperature (highest): \_\_\_\_\_ Temp Present: \_\_\_\_\_ Pulse ox: \_\_\_\_\_

Additional symptoms: \_\_\_\_\_

If above criteria has been met, begin the process to send the staff member home. Place the staff in an isolation area. Place surgical mask on the staff. Ask Part 3 questions while awaiting departure, or call staff member at home. Determine mode of transportation home (self, family/friend, ambulance).

**PART 3: Additional questions:**

- Does the staff member have any underlying medical conditions? Y N

List: \_\_\_\_\_

- Was the staff member seen in the health office? Y N

Dates and reason for visit: \_\_\_\_\_

- If the staff member is not at school, was he/she hospitalized? Y N  
Hospital dates: \_\_\_\_\_
- Has staff had contact non-family who tested positive for COVID in the past 14 days? Y N  
Name/s: \_\_\_\_\_
- Household family members, include children/ages/grades: \_\_\_\_\_
- Has any family member tested positive for COVID in the past 14 days? Y N  
If so, who: \_\_\_\_\_
- Has any family member shown symptoms listed above in the past 14 days? Y N  
If so, who: \_\_\_\_\_
- Has any family member been asked to quarantine at home in the past 14 days? Y N \_\_\_\_\_
- HCP (healthcare provider), name/phone #: \_\_\_\_\_
- HCP instructions to student/family: \_\_\_\_\_
- Was COVID test performed? Y N Date of test: \_\_\_\_\_ Location of test: \_\_\_\_\_

**DISPOSITION:**

- Staff was driven by family/friend  Time of Departure: \_\_\_\_\_
- Staff already at home  EMS
- Staff drove self home

**School Nurse Actions For SUSPECT Case:**

- Give return to school guidelines to staff member both verbally and in writing/email
- Staff member will need to remain home for 10 days from first onset symptoms and fever free for 24 hrs without fever reducing medications.  
**\*\*OR\*\***
- Staff member will need a HCP note to return with an alternative diagnosis? (option for staff w/o contact)  
**\*\*OR\*\***
- Staff will need proof of a negative COVID test to return prior to 14 days? (option for staff w/o contact with COVID case)
- If staff had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days
- MEDICAL EVALUATION AND COVID DIAGNOSTIC TESTING IS TO BE STRONGLY RECOMMENDED FOR ALL PERSONS WITH COVID LIKE SYMPTOMS**
- Patient education given for home care  
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
- Contract tracer notified: Y N
- School administrator notified: Y N Name: \_\_\_\_\_
- Notified secretary regarding scheduling a sub: Y N



- District Office (HR Specialist) notified: Y N (Name/Date): \_\_\_\_\_
- Maintenance notified for disinfection Y N Notes: \_\_\_\_\_

For **Suspect or Contact case**, no further action is required. Wait for: Positive COVID **OR** Negative COVID **OR** HCP note with alternative diagnosis **OR** 10-day isolation **OR** 14-day quarantine for close contact.

***School Nurse Actions For CONFIRMED Case:***

School Investigation Contact Worksheet B needs to be completed by School Nurse or administrator to find potential contacts. **Attach to this form with daily schedule**

- District Office (HR Specialist) notified: (Name/Date) \_\_\_\_\_
- Contract tracer notified: Y N (Name/Date) \_\_\_\_\_
- Maintenance notified for disinfection Y N Notes: \_\_\_\_\_

***COOK COUNTY DEPT OF HEALTH COLLABORATION:***

- CCDPH notified: Date: \_\_\_\_\_ Time \_\_\_\_\_ Message left? \_\_\_\_\_
- CCDPH guidance received (date/time): \_\_\_\_\_
- CCDPH case manager/phone # \_\_\_\_\_
- CCDPH guidance: \_\_\_\_\_
  
- Staff member in isolation until: \_\_\_\_\_
- Family/siblings in quarantine until: \_\_\_\_\_
- Friends/contacts/staff recommended to quarantine until: \_\_\_\_\_
- Based on recommendation of Administration and/or CCDPH, notification sent to:
  - Contacts of student (including staff) (see attached worksheets): \_\_\_\_\_
  - Maintenance staff: Classrooms to be empty/disinfected/dates: \_\_\_\_\_
- Notification of school nurse in sibling schools: \_\_\_\_\_
- Secretary notified regarding marking attendance for case and contacts per CCDH

\_\_\_\_\_  
(Nurse Signature)

\_\_\_\_\_  
Date

**Worksheet B - School Contact Investigation Report for SARS-CoV-19 (COVID-19)**

**\*\*\*CONFIDENTIAL\*\*\* COMPLETED BY SCHOOL NURSE, ADMINISTRATOR OR CONTRACT TRACER\*\*\***

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Grade/Homeroom \_\_\_\_\_

Date of Start of Symptoms \_\_\_\_\_

Date of Positive Test \_\_\_\_\_

List of students or staff (close contacts) with possible exposure to positive student/staff during their infectious period, meaning, within 6 feet of student, with or without masks, for at least 15 minutes during the 48 hour time frame prior to the start of symptoms (or date of positive test if asymptomatic)

**The following areas/groups must be investigated to ensure all potential contacts were explored:**

- Classmates
- Teachers
- Aides
- Specials
- RTI/PBIS
- Support Staff
- Nurse
- Bus Driver
- Coaches
- Cafeteria
- Admin
- Volunteers
- Sports
- IEP Meetings
- Bus Peers
- Substitutes
- Clubs
- Library
- Custodian
- Lunch Contacts
- Group Work
- Transportation (car) Peers
- Before/After school care
- Secretarial Staff
- Recess Contacts
- Counselor/SW/Psych
- Siblings/Family Members
- Therapists(SLP/PT/OT)
- Other \_\_\_\_\_
- Peer Social Interactions

<u>Contact Name</u>	<u>Gr/Position (Staff)</u>	<u>Describe Details of Contact (Include Dates/Length)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**STUDENT COVID Contact Form -- (Worksheet C- STUDENT)**  
(this form to be attached to worksheet A)

Date: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Gr/Homeroom \_\_\_\_\_

Siblings in District (school) quarantined:

---

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_  Cell  Home  Work

Home Address: \_\_\_\_\_

Per CCDPH guidelines, was the student suggested to quarantine? Y \_\_\_\_\_ N \_\_\_\_\_

Was Parent/Guardian notified of quarantine restrictions? Y \_\_\_\_\_ N \_\_\_\_\_

Who notified the Parent/Guardian of restrictions? \_\_\_\_\_

Date quarantine began \_\_\_\_\_

Student symptoms \_\_\_\_\_

Onset of symptoms \_\_\_\_\_

Referral for COVID testing Y \_\_\_\_\_ N \_\_\_\_\_

**Date symptomatic student may return to school? (14 days after last date of last contact)** \_\_\_\_\_

**Administration Actions:**

Notify teacher about remote learning needs and length of remote instruction \_\_\_\_\_

Notify attendance assistant regarding marking attendance \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse/Contract tracer: \_\_\_\_\_

**School Nurse Contact Form for Positive COVID -STAFF (Worksheet C - STAFF)**  
(attach to worksheet A)

Date: \_\_\_\_\_

Staff member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Position in District: \_\_\_\_\_

Schools: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home

Per CCDPH guidelines, was the staff member suggested to quarantine? Y \_\_\_\_\_ N \_\_\_\_\_

Was Staff Member notified of quarantine restrictions? Y \_\_\_\_\_ N \_\_\_\_\_

Who notified the staff member of restrictions? \_\_\_\_\_

Date quarantine started : \_\_\_\_\_

Is the staff member ill with fever and/or respiratory illness? Y \_\_\_\_\_ N \_\_\_\_\_

If so, what is the date of onset of symptoms? \_\_\_\_\_

Were any additional symptoms present? \_\_\_\_\_

Requested to obtain COVID testing? Y \_\_\_\_\_ N \_\_\_\_\_

Date staff member can return to school: \_\_\_\_\_

**Administration Actions:**

Administrator to provide substitute for in school? \_\_\_\_\_

Administrator to notify HR \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse/Contract tracer: \_\_\_\_\_

Appendix:  
Public Health  
Agency Resources

## Reporting to CCDPH

**Reporting cases/close contacts:** palak.panchal@cookcountyhhs.org

**For general guidance questions:** (708)633-3319 or email: ccdphcovid19@cookcountyhhs.org

1. **Email subject line:** please provide school name, city

### **In the Excel template:**

2. **If reporting a confirmed case,** please provide:
  - Name
  - Date of birth
  - Address
  - Email (minor: parent/guardian)
  - Phone number (minor: parent/guardian)
  - Close contact (name, phone number, email)
  - Date of Symptoms (Y/N)
  - Last day of school attendance
  - Need a letter of release from quarantine or isolation (Yes/No)
3. **If reporting a close contact,** please provide:
  - Name
  - Email
  - Phone number (minor: parent/guardian)
  - Case (name, phone number, email)
  - Last day of contact with case
  - Need a letter of release from quarantine or isolation (Yes/No)
4. Email body: indicate which ones are new cases (that are added to the line list).
5. Lastly, please NOTIFY cases and/or close contacts that they will be receiving a call from Cook County Department of Public Health.

**\*\*A close contact CANNOT be released from 14-day quarantine regardless of negative test results. ALL close contacts MUST quarantine 14 days from their last day of contact with a confirmed case.**

**Letter of Release from Isolation/Quarantine:** *Turnaround time is based on the # of days of monitoring during quarantine or isolation.*

- **Process:** When a cases or controls are reported to LHD, email addresses of cases/close contacts are entered in the software system which sends a health assessment URL for symptom monitoring. A link to the health assessment URL is sent during each day of monitoring period. The day after the submission of the last health assessment, a customer satisfaction survey needs to be completed.
- Letter of release from quarantine/isolation can be *requested* using the **same** health assessment URL the day **AFTER** their last day of monitoring.
- Monitoring survey **MUST** be completed for each day. If a day of monitoring is missed, a letter of release **WILL NOT** be generated by the system.

**\*\*Currently, LHD is NOT providing letters of release from quarantine/isolation for those staff or students who are working or studying remotely and do not need to come back to building.**

- **IDPH Guidelines on Release from Quarantine/Isolation for Cases and Controls:**  
<https://www.dph.illinois.gov/covid19/community-guidance/isolation-quarantine>
- **COVID-19 Guidance for schools:** <https://cookcountypublichealth.org/school-health/>



# COVID-19 INTERIM EXCLUSION GUIDANCE<sup>1</sup>

## Decision Tree for Symptomatic Individuals in Pre-K, K-12 Schools and Day Care Programs



Send home or deny entry (and provide remote instruction) if ANY of the following symptoms<sup>2</sup> are present: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, abdominal pain from unknown cause, new congestion/runny nose, new loss of sense of taste or smell, nausea, fatigue from unknown cause, muscle or body aches.

**Medical Evaluation and Testing are Strongly Recommended for ALL Persons with COVID-Like Symptoms.**

Status	A. COVID-19 diagnostic test Positive (confirmed case) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case)	B. Symptomatic individual with a negative COVID-19 diagnostic test <i>(Negative COVID-19 diagnostic tests must be from a specimen collected up to 48 hours prior to symptom onset or after and is valid for only the date the specimen was collected.)</i>	C. Symptomatic individual with an alternative diagnosis without negative COVID-19 diagnostic test	D. Symptomatic individual without diagnostic testing or clinical evaluation <i>Individuals may move to Columns A, B, or C based on results of diagnostic testing and/or clinical evaluation.</i>	E. Asymptomatic individual who is a close contact <sup>6</sup> to a confirmed or probable COVID-19 case
Evaluated by Healthcare Provider	YES / NO	YES / NO	YES	NO	NA
Return to School Guidance	<u>Stay home</u> at least ten <sup>3</sup> calendar days from onset of symptoms AND for 24 hours with no fever (without fever-reducing medication) AND improvement of symptoms.	<u>Stay home</u> until symptoms have improved/resolved per return-to-school criteria for diagnosed condition <sup>4</sup> . Follow provider directions, recommended treatment & return to school guidance as per school policies and <a href="#">IDPH Communicable Diseases in Schools</a> .	<u>Stay home</u> until symptoms have improved/resolved per return-to-school criteria for diagnosed condition <sup>4</sup> . Follow provider directions, recommended treatment & return to school guidance as per school policies and <a href="#">IDPH Communicable Diseases in Schools</a> .	<u>Stay home</u> at least ten <sup>3</sup> calendar days from onset of symptoms AND for 24 hours with no fever (without fever-reducing medication) AND improvement of symptoms.	Stay home for 14 calendar days after last exposure to the COVID-19 case. <i>If COVID-19 illness develops, use the ten-day isolation period<sup>3</sup> guidance for a COVID-19 case from the onset date. Testing is recommended.</i>
Quarantine for Close Contacts?	YES	NO	NO	Household Member (e.g., Siblings, Parent) <sup>5</sup>	NA
Documentation Required to Return to School	Release from Isolation letter (if received from their LHD) provided by the parent/guardian or staff person, notification via phone, secure email or fax from the LHD to the school, OR other process implemented by your LHD	Negative COVID-19 test result OR healthcare provider's note indicating the negative test result	Healthcare provider's note with alternative diagnosis	After the ten-day exclusion, a note from parent/guardian documenting that the ill student and/or household contacts are afebrile without fever-reducing medication and symptoms have improved	Release from Quarantine letter (if received from their LHD) provided by the parent/guardian or staff member, LHD notification via phone, secure email or fax to the school OR other process implemented by your LHD

<sup>1</sup> 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 [Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs<sup>1</sup> for Addressing COVID-19](#).

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

<sup>3</sup> Severely immunocompromised or severely ill: may need to isolate for 20 days as per guidance from the individual's infectious disease physician.

<sup>4</sup> If the individual has been identified by public health for quarantine or knows they are a close contact to a case, the 14-calendar-day quarantine must be completed.

<sup>5</sup> Consider quarantine for other close contacts if there was poor adherence to social distancing or use of face coverings.

<sup>6</sup> Contacts to close contacts of a case do not need to be excluded unless the close contact becomes a confirmed or probable case.



## 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 14 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. HCW, 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 moderate or high community transmission? (as defined in the [Adaptive Pause Metrics guidance](#)<sup>1</sup>)

Do they have a history of travel to an area of high transmission in previous 14 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 14 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 & resides in County with Minimal County Transmission<sup>1</sup>

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

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

Isolation  
COVID-19 Testing Recommended

Alternate diagnoses should be considered, and exclusions based on usual practice. (Isolate until at least 24 hours fever-free without fever-reducing medicine)

### TESTING

PCR or antigen (Ag) testing is acceptable.

- If an Ag detection test is negative and there is a high clinical suspicion of COVID-19, confirm with PCR, ideally within 2 days of the initial Ag test.
- If RT-PCR testing is not available, clinical discretion can be used to recommend isolation.

Test result is only valid for the day of specimen collection.

1. Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments. Available at <https://www.isbe.net/Documents/IDPH-Adaptive-Pause-Metrics.pdf>

#### 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>



# RELEASING COVID-19 CASES AND CONTACTS FROM ISOLATION AND QUARANTINE

7/20/2020



## CASES

Must be isolated for a minimum of 10 days\* after symptom onset (or specimen collection date if asymptomatic) and can be released when the following criteria are met:

- Case is afebrile (without fever-reducing medication) for at least 24 hours and with improvement of COVID-19 symptoms

### Time-based Strategy for Release from Isolation



OR

- Case has 2 negative COVID-19 PCR tests in a row, with testing done at least 24 hours apart  
*A test-based strategy is no longer recommended in the majority of cases. Consult with infectious disease physician.*

\*A limited number of persons with severe illness or who are severely immunosuppressed may produce replication-competent virus beyond 10 days; this may warrant extending duration of isolation and precautions for **up to 20 days after symptom onset or first positive test (if no symptoms)**. Consult with the infectious disease physician.

For hospitalized cases and discontinuing transmission-based precautions, see:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

## CLOSE CONTACTS<sup>1</sup>

- Must be quarantined for 14 days after the last/most recent contact with the case when the case was infectious.
- If a close contact develops symptoms, they should follow isolation rules for cases.

Contact Scenario	Quarantine Period
• Has close contact with someone who has COVID-19 and will not have further close contact	• 14 days from the date of last close contact
• Has close contact with someone who has COVID-19 and lives with the case but can avoid further close contact	• 14 days from when the person with COVID-19 began home isolation away from other members of the household
• Is under quarantine and had additional close contact with someone else who has COVID-19	• Restart quarantine from the last day close contact occurred with anyone who has COVID-19. Any time a new household member gets sick with COVID-19 and close contact occurs, quarantine will need to be restarted.
• Lives with someone who has COVID-19 and cannot avoid continued close contact (e.g., shared kitchen/bathroom)	• Quarantine for 14 days after the person who has COVID-19 meets the <u>criteria to end home isolation</u> (see Cases information).

<sup>1</sup> For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

### Guidance for Healthcare Worker Contacts:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

### Guidance for Critical Workers in Essential Infrastructure:

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

### References

- **Isolation:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
- **Quarantine:** <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



“Adaptive Pause”  
IDPH Protocols

Metric Guidance for Local Health Departments to Prompt Discussion with School Officials

	Minimal Community Transmission	Moderate Community Transmission	Substantial Community Transmission
County-Level Metric	<p>Alert for one metric but remained <b>BLUE</b> at any point in the last 4 weeks</p> <p>Weekly county case rates <math>\leq 50</math> per 100,000</p> <p>Weekly county overall case numbers increase for two consecutive weeks with a <math>&gt;5\%</math> to <math>\leq 10\%</math> increase occurring each week</p> <p>Weekly county youth case numbers increase for two consecutive weeks with a <math>&gt;5\%</math> to <math>\leq 10\%</math> increase occurring each week</p> <p>Weekly test positivity <math>\leq 5\%</math></p> <p>Neighboring county in orange once in the last 4 weeks*</p>	<p>Transitioned to <b>ORANGE</b> once in last 4 weeks</p> <p>Weekly county case rates <math>&gt;50</math> to <math>\leq 100</math> per 100,000</p> <p>Weekly county overall case numbers increase for two consecutive weeks with a <math>&gt;10\%</math> or <math>\leq 20\%</math> increase occurring each week</p> <p>Weekly county youth case numbers increase for two consecutive weeks with a <math>&gt;10\%</math> or <math>\leq 20\%</math> increase occurring each week</p> <p>Weekly test positivity <math>&gt;5\%</math> but <math>\leq 8\%</math></p>	<p>Remained in <b>ORANGE</b> for <math>\geq 2</math> consecutive weeks</p> <p>Weekly county case rates above <math>&gt; 100</math> per 100,000</p> <p>Weekly county overall case numbers increase for two consecutive weeks with a <math>&gt; 20\%</math> increase occurring each week</p> <p>Weekly county youth case numbers increase for two consecutive weeks with a <math>&gt;20\%</math> increase occurring each week</p> <p>Weekly test positivity <math>&gt;8\%</math></p>
Regional Resurgence Metric**			Region moved to Tier 1 mitigation

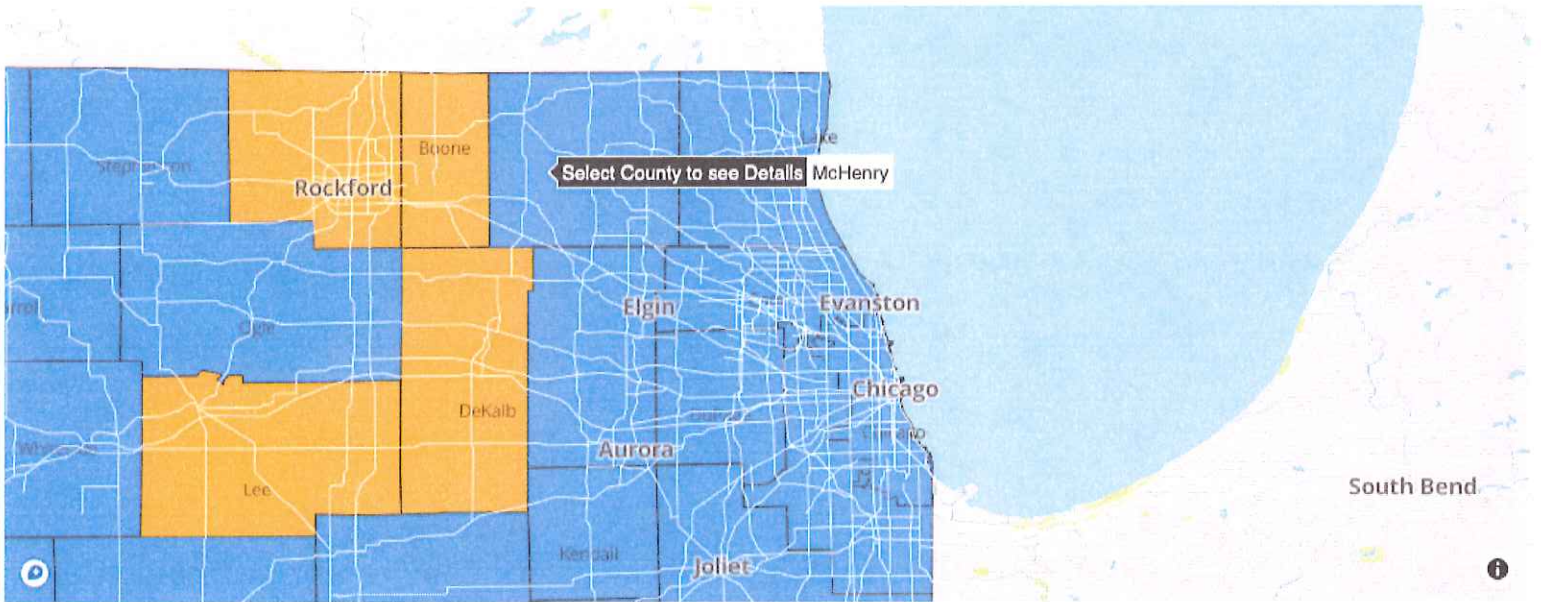
\*Should also monitor and track contiguous counties and those in adjoining states

\*\* Involving just one Region of the state



# Cook County Detailed Metrics & School Metrics

Week 39: 9/20/2020 Through 9/26/2020



## Metrics for School Determination of Community Spread

### Test Positivity (%)

(%) positive tests reported Sun-Sat  
(Target: less than or equal to 5%)

5.1%

▲ Moderate

### New Cases Per 100,000

Cases Reported reported Sun-Sat  
(Target: less than 50 per 100,000)

97 Cases per 100k

▲ Moderate

### New Cases

Cases Reported reported Sun-Sat  
(Target: decreasing or stable)

2398 Cases

● Minimal

### Youth Case Increase

Cases Reported reported Sun-Sat  
(Target: decreasing or stable)

358 Youth Cases

● Minimal

SOURCE: IDPH WEBSITE



## Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments

### Purpose:

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) and is largely based on the [CDC's Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#). IDPH will update this document as needed, based on accrued experience, new information, and future guidance from the CDC. This guidance has been prepared for Local Health Departments (LHD) to support school officials in making decisions using current relevant information. LHD staff should monitor and track the County Level COVID-19 Risk Metrics available on the IDPH website to help guide decision making (<https://www.dph.illinois.gov/countymetrics>). This guidance document should be used in conjunction with the [previous guidance](#) released by IDPH and the Illinois State Board of Education (ISBE) as well as [IDPH/ISBE FAQs](#), which addresses key topics of significance for local school officials.

### Background:

LHDs working collaboratively with school administration and local officials play an important role in slowing the spread of disease, protecting vulnerable students and staff, and helping to ensure that students have safe and healthy learning environments. Schools should consult the public health requirements included in the Part 3 Joint Transition Guidance: Starting the 2020-21 School Year to prevent the spread of COVID-19 among their students, teachers and staff and should work with LHDs, local government officials and local school officials to determine strategies for responding to a variety of scenarios that may arise over the course of the school year.

School preparations should build on previous guidance released by IDPH and ISBE, include normal everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely with parents and staff, sanitization) and include strategies for *before*, *during*, and *after* a possible outbreak.

Decisions about implementing school-based strategies (e.g., pivot to remote learning, event or extracurricular cancellations, other social distancing measures) should be made locally, in collaboration with local health officials, who can help determine the level of transmission in the community, and in conformity with ISBE/IDPH Joint Guidance. This document acknowledges that school resources, social determinants impacting the school population, and feasibility in



achieving optimal educational goals must be considered when implementing the best strategy to reduce disease transmission and keep community members healthy. Implemented strategies should aim to balance educational needs and the reduction of COVID-19 transmission.

Potential school-based strategies include, but are not limited to:

1. Isolation/quarantine measures for affected populations (e.g. affected classroom, teammates, etc.);
2. Limiting classroom capacity and/or cancelling events or activities, such as extracurriculars;
3. Pivot to remote learning (duration to be determined on a case-by-case basis) in a particular classroom, school, school district/area or region; or
4. Making return to school optional and providing parents a choice of remote learning.

### **Community Transmission:**

Community transmission exists when a case is identified without a clear source of the infection in a community, i.e. when you can no longer identify how someone was infected. Specifically, an infected person does not know where or how they were infected and did not travel out of the community during their incubation period.

The Table below aligns the IDPH County Level COVID-19 Risk Metrics to levels of community transmission (minimal, moderate, substantial). A county level metric color change should prompt a discussion by the school authorities and local health department to determine if increased community transmission warrants an adaptive pause to implement strategies to further mitigate transmission.

- **Blue** indicates that the county is experiencing overall stable COVID-19 metrics.
- **Orange** indicates there are warning signs of increased COVID-19 transmission in the county.

All metrics are updated weekly, based on the previous week. Please click on this link for a detailed description of County Level COVID-19 Risk Metrics:

<https://www.dph.illinois.gov/countymetrics>

The role of the LHDs is to be available for consultation to vet proposed school interventions. These interventions as outlined below, should be aligned with current best practices to decrease acquisition and transmission of COVID-19. The role of school authorities is to address students' education needs, including adapting to ensure continuity of student learning.



### **Remote Learning as Adaptive Pause:**

An Adaptive Pause is a strategy that allows for movement into any level of remote learning to prevent disease transmission during a pandemic. An Adaptive Pause may result in delayed reopening at the start of a specific school term or a pivot to remote learning once the school year is underway for school officials to have time to plan for next steps with parents, teachers and staff. An Adaptive Pause may also include a pivot to remote learning for a classroom, a grade level, a wing, a building or school- or district-wide remote learning. At all levels of community transmission, school officials may need an Adaptive Pause to consult with their LHD to understand community transmission metrics and to [plan for how to respond to a given scenario](#). Adaptive Pauses may be for a set period of time or indefinite, depending on the specific metrics related to transmission and infection rates within a county or school district/area and its student population. The school officials will make the determination on how long an Adaptive Pause will last (days, weeks, months, rest of school year) in order to respond effectively.

Several Adaptive Pauses may be needed until COVID-19 transmission is controlled and an effective vaccine is available. However, the goal of implementing the suggested interventions is to reduce the frequency of these interruptions and allowing for in-person learning when feasible.

Metric Guidance for Local Health Departments to Prompt Discussion with School Officials

	Minimal Community Transmission	Moderate Community Transmission	Substantial Community Transmission
County-Level Metric	<p>Alert for one metric but remained <b>BLUE</b> at any point in the last 4 weeks</p> <p>Weekly county case rates <math>\leq 50</math> per 100,000</p> <p>Weekly county overall case numbers increase for two consecutive weeks with a <math>&gt;5\%</math> to <math>\leq 10\%</math> increase occurring each week</p> <p>Weekly county youth case numbers increase for two consecutive weeks with a <math>&gt;5\%</math> to <math>\leq 10\%</math> increase occurring each week</p> <p>Weekly test positivity <math>\leq 5\%</math></p> <p>Neighboring county in orange once in the last 4 weeks*</p>	<p>Transitioned to <b>ORANGE</b> once in last 4 weeks</p> <p>Weekly county case rates <math>&gt;50</math> to <math>\leq 100</math> per 100,000</p> <p>Weekly county overall case numbers increase for two consecutive weeks with a <math>&gt;10\%</math> or <math>\leq 20\%</math> increase occurring each week</p> <p>Weekly county youth case numbers increase for two consecutive weeks with a <math>&gt;10\%</math> or <math>\leq 20\%</math> increase occurring each week</p> <p>Weekly test positivity <math>&gt;5\%</math> but <math>\leq 8\%</math></p>	<p>Remained in <b>ORANGE</b> for <u><math>&gt;2</math></u> consecutive weeks</p> <p>Weekly county case rates above <math>&gt; 100</math> per 100,000</p> <p>Weekly county overall case numbers increase for two consecutive weeks with a <math>&gt; 20\%</math> increase occurring each week</p> <p>Weekly county youth case numbers increase for two consecutive weeks with a <math>&gt;20\%</math> increase occurring each week</p> <p>Weekly test positivity <math>&gt;8\%</math></p>
Regional Resurgence Metric**			Region moved to Tier 1 mitigation

\*Should also monitor and track contiguous counties and those in adjoining states

\*\*Involving just one Region of the state

## **Epidemiological Considerations for Local Health Department Consultation with School Officials:**

Whether county transmission is minimal, moderate, or substantial, there are signs and signifiers of community transmission that are relevant to addressing prevention of COVID-19 in schools. Even minimal transmission may warrant consideration for pivoting to remote learning, along with the other strategies that are discussed in this document, depending on the specific data in the county. LHDs should assess the data described above and take into account the following in advising school districts.<sup>1</sup>

**A)** LHDs and school officials should consider Internal epidemiological conditions, such as:

- School COVID-19 outbreak that is Epi-linked (person, place, time) and is spreading rather than contained
- Poor student adherence to use of face coverings, social distancing, or contact tracing whether within an entire school or just by grade or classroom

**B)** When considering potential responses to a change in a county's level of transmission, the LHD should take into consideration the circumstances of that change. For example, a shift in color may have been triggered by an outbreak that would not necessarily warrant action within a school.

**C)** Keep in mind that a color change that warrants intervention may bring about differential response among schools in the same area. This is because the schools may be starting at different places in their preparation, lack vital capital or human resources needed for response, or have a disproportionate number of students or staff who would be adversely affected by the preferred intervention. Within the same county, more densely populated centers/districts may opt to take a different response within their schools in contrast to a district that is less populated.

**D)** If community transmission occurs but is controlled (containment without further spread), consideration should be given to keeping the school open but shutting down communal places, sporting activities, band/choir or other activities. However, community transmission that is uncontrolled may lead to a pivot to remote learning.

**E)** LHDs are strongly encouraged to monitor and track the local epidemiology within neighboring counties and in neighboring states. Similarly, schools draw students or staff from different localities and so stakeholders should be cognizant of regional activity. This includes relevant county test positivity, case rates, and qualitative information such as significant outbreaks. This is vital because populations cross borders for employment, healthcare and commerce that may put them at increased risk for COVID-19.

---

<sup>1</sup> In circumstances in which a local school district straddles two or more counties, the LHD that covers most of the school district footprint will lead on providing COVID-19 related guidance to that school district.



F) LHDs are strongly encouraged to work with school officials to encourage them to report trends in absenteeism, disease activity and other indicators to further inform their collaboration.

#### **CDC Interim Guidance Regarding Levels of Community Transmission:**

The guidance below adapts the [CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#) to address the following scenarios and includes recommendations that LHDs and school officials should discuss:

- 1) *When there is minimal community transmission***
- 2) *When there is moderate community transmission***
- 3) *When there is substantial community transmission***

The recommended strategies are minimal steps to be considered at each stage of transmission. LHDs and school officials should use this guidance in conjunction with the considerations recommended above.

#### ***When there is minimal and moderate community transmission***

The most important thing to do is to **plan and prepare**. Administrators should reinforce healthy practices for schools that include their students and staff. As the global outbreak evolves, attention to community-level outbreaks will continue to be important. So that schools can **be ready** as community level transmission occurs, here are some crucial actionable strategies that may be implemented during times of minimal or moderate community transmission:

- 1. Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration with LHDs and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.
  - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease and influenza vaccination when that becomes available. The plan should also include strategies for remote learning, meal programs, and other related services in the event of suspension of in-person instruction.
  - Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
  - Ensure the plan includes covers the critical importance of masking, social distancing and containment for CoVID-19.
  - Reference key resources while reviewing, updating, and implementing the EOP:

- Multiple federal agencies have developed resources on school planning principles and for creating plans to build and continually foster safe and healthy school communities *before, during, and after* possible emergencies. Key resources include [guidance on developing high-quality school emergency operations plans](#) and a [companion guide on the role of school districts in developing high-quality school emergency operations plans](#).
- [The Readiness and Emergency Management for Schools \(REMS\) Technical Assistance \(TA\) Center's](#) and [ISBE's website](#) contain free resources, trainings, and TA to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

## 2. Develop information-sharing systems with partners.

- Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.
- Local health officials should be a key partner in information sharing.

## 3. Teach and reinforce healthy hygiene practices.

- Train staff on healthy hygiene practices so they can teach these to students at age appropriate levels.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; before and after socially-distanced playground activities; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol. 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.
- CDC offers several free handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and [tips for families to help children develop good handwashing habits](#).
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

## 4. Intensify cleaning and disinfection efforts.

- Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs,



light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the [EPA website](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- Ensure that commonly used surfaces (e.g., keyboards, desks, remote controls) can be cleaned and disinfected before use.
- Ensure adequate supplies to support cleaning and disinfection practices.

#### **5. Monitor and plan for absenteeism.**

- Review the usual absenteeism patterns at your school among both students and staff.
- As school officials monitor student and staff absenteeism, they may be in close consultation with local health departments, particularly if absences appear due to respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to COVID-19).
- Review attendance and sick leave policies. Encourage students and staff to stay home when sick.
- Discourage the use of perfect attendance awards and incentives.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.

#### **6. Assess group gatherings and events. Consider postponing non-critical gatherings and events.**

- Ensure you have a clear understanding of all upcoming group gatherings for your school community. Indoor events with more than 50 individuals in attendance are not permitted. Large events are strongly discouraged, even if they comply with IDPH attendee and social distancing requirements.
- Consider whether any of these events should be held virtually, canceled, or postponed. Speak with local health officials to help determine the best approach.

#### **7. Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.**

- Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible. Evaluate options with the

LHD should a child still be sent to school despite being ill or having symptoms. A parent/guardian may willingly agree to keep their child home without the use of an isolation/quarantine order issued by the LHD. COVID-19 testing to confirm diagnosis should be strongly encouraged to minimize uncertainty regarding illness.

- Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff until they can leave. Plan to have areas where these individuals can be isolated from well students and staff until they can leave the school.
- Remember that **schools are not able to identify cases of COVID-19 but should take note of symptoms if a child or staff member appears ill.** If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
- Share resources with the school community to help families understand when to keep children home.

#### **8. Create and test communications plans for use with the school community.**

- Include strategies for sharing information with staff, students, and their families.
- Include information about steps being taken by the school or childcare facility to prepare, and how additional information will be shared.
- Test communication tools, and reiterate steps staff, students, and families can take to stay healthy and guidance that they should stay home if sick.
- Ensure families have access to information (e.g. consider translating information and addressing technology barriers).

#### **9. Assess and reinforce multiple social distancing strategies.** Select strategies based on feasibility given the unique space and needs of the school. Not all strategies will be feasible for all schools. For example, limiting hall movement options can be particularly challenging in high schools. Many strategies that are feasible in elementary or high schools may be less feasible in child-care settings. Administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. Schools may consider strategies such as:

- **Cancel field trips, assemblies, and other large gatherings – or hold them virtually.** Cancel activities and events such as field trips, student assemblies, extracurricular activities, athletic events or practices, special performances, school-wide parent meetings, or spirit nights.
- **Cancel or modify classes where students are likely to be in very close contact.** For example, in physical education or art classes, consider having teachers come to



classrooms to prevent classes mixing with others in the gymnasium or art room and alternate curriculum instruction. Classes such as choir or band are strongly encouraged to be held outdoors.

- **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing). Consider reduction of class size to accommodate social distancing requirements and square footage in the classroom.
- **Avoid mixing students in common areas.** For example, allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes or grade levels (e.g., stagger lunch by class, segregate lunch and recess area by class, send a few students into the library to pick out books rather than going as a class, suspend the use of lockers). Restrict hallway use through homeroom stays or staggered release of classes. Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess). In childcare or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together, and limit other activities where multiple classes interact. Although playgrounds may be utilized in Phase 4, schools may wish to consider not allowing the use of playground equipment due to social distancing requirements.
- **Consider if and how to honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of their children or others in their home.** For example, consider requests for in-person accommodations (e.g. requests to eat lunch outdoors) on a case-by-case basis.
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times. Such accommodations will need to be done in conjunction with school bus companies and families during drop off and pick up times.
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic



clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.

- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.

10. **Pivot to remote learning could range from an offer to accommodate the requests of families to a full pivot to remote learning across the district.**

### **When there is substantial community transmission**

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

1. **Continue to coordinate with local health officials.** If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools or childcare facilities.
2. **Consider extended remote learning.** In collaboration with local health officials, implement remote learning. This longer-term, and likely broader-reaching strategy is intended to slow transmission rates of COVID-19 in the community. Cancel extracurricular group activities, school-based afterschool programs, and school events. Remember to implement strategies to ensure the continuity of education (e.g., remote learning) as well as meal programs and other essential services for students.
3. **School should strongly consider a pivot to various arrays of remote learning.**

### **Further CDC Guidance:**

[Guidance for businesses and employers that schools can use in their role as an employer](#)



## Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs<sup>1</sup> for Addressing COVID-19

### Procedures for Students, Faculty and Support Staff who Test Positive:

- An immediate notification should be sent to the school/day care from the parent, faculty, or support staff, and this reporting requirement should be communicated to all in advance.
- The school/day care should send an immediate written notification to the Local Health Department (LHD) and begin discussions on next steps; the school/day care should share with the LHD all available information about the case's movements and potential exposures within the facility. This includes:
  - Total number of classrooms impacted
  - Total number of students at the school/day care and total number of classrooms
  - Total number of staff at the school/day care
  - Total number of students and staff potentially exposed
  - The COVID-positive individual's reported/observed onset date of symptoms
  - The COVID-positive individual's last day at the school/day care
- The LHD will contact the COVID-positive staff person, or the parents/guardians of the COVID-positive child to complete the investigation and conduct contact tracing to identify close contacts to the case (persons within 6 feet, for at least 15 minutes cumulatively while the individual was infectious).
- If the COVID-positive child/staff person was in the daycare/school during their infectious period, i.e., from 48 hours prior to symptom onset (for a symptomatic person) or, 48 hours before specimen collection (for an asymptomatic person) through the date of last attendance, areas used by the individual should be cleaned and disinfected thoroughly according to [CDC guidelines](#) and as described below.
- The school/daycare will notify families, teachers, and support staff while maintaining confidentiality as required by the Americans with Disabilities Act (ACA) and the Family Educational Rights and Privacy Act. The notification should be sent as soon as possible and include information on symptom monitoring, what to do if symptoms develop, COVID-19 prevention strategies, and information on what the school/day care is doing in response to the positive case. In advance of a positive case, the school/day care

---

<sup>1</sup> Day Care Programs includes all day care centers, day care homes, and group day care homes licensed by the Department of Children & Family Services (DCFS) and day care centers that are exempt from licensure.



should prepare a draft notification and have it reviewed by the LHD. A sample notification is available on ISBE's COVID website and IDPH's LHD COVID WebPortal.

- The COVID-positive individual should remain in home isolation as instructed by the LHD.
- Before isolation precautions are discontinued and clearance is granted for entry or return to school/day care, CDC's [Discontinuation of Isolation](#) requirements should be met.

#### **Procedures for Students, Faculty and Support Staff who are Close Contacts to a Confirmed COVID-19 Case:**

- Schools/day cares should provide to the LHD attendance records, classroom schedules, seating charts, transportation schedules, and staff assignments to identify close school contacts (within 6 feet for 15 minutes) to the COVID-positive child/staff person.
- Close household and social contacts to a COVID-19 case will be identified by the LHD through contact tracing interviews with the COVID-positive staff person, or the parents/guardians of the COVID-positive child.
- In day care settings, especially with infants and toddlers, the entire class and staff will be considered close contacts.
- The school/day care should determine if other staff members not normally assigned to classrooms were exposed by reviewing records and interviewing staff.
- Close contacts to a case of COVID-19 should be [quarantined](#) at home for 14 days, as long as they remain asymptomatic. Siblings, parents/guardians, and other household members of the case who are deemed to be close contacts will also be quarantined. After completing 14 calendar days in quarantine, asymptomatic contacts may return to school/day care.
- If the contact becomes symptomatic during quarantine, they will be managed as a probable case (if not tested) or a confirmed case (if they test positive).
- Probable and confirmed cases should complete 10 days of isolation from the date of first symptom onset, demonstrate improvement of symptoms and be fever-free for 24 hours without use of fever-reducing medications before they are allowed to return to school/day care.

#### **Procedures for Students, Teachers, and Support Staff who Become Sick at School/Day Care:**

- If a student or staff person at a school or day care becomes sick with COVID-like symptom, the school or day care should immediately notify the LHD.
- The student or staff person who becomes sick while at school/day care or arrives sick with a [COVID-like symptom\(s\)](#) should be immediately masked, if not already so, and sent to the designated separation room (a room that can be used to isolate a sick child for evaluation of the sick individual).
- If the nurse is screening a symptomatic student, it will be safest for them to be wearing fit tested N95 mask, eye protection with face shield or goggles, gown and gloves. With N95 masks, the user should be trained on the type of PPE required and how to don (put on) and doff (remove) it correctly and safely. Respirators such as N95s must be used as part of a written

respiratory protection program.<sup>3</sup> 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. Schools should contact their LHD to determine where fit testing can be obtained in their area.

- Based on clinical assessments and when possible (e.g., schools with school-based health clinics), the sick individual should be tested for COVID-19 and other respiratory viruses, where indicated. Depending on the severity of illness:
  - Sick students and staff should be:
    - safely transported home by parent or guardian as soon as possible, or
    - safely transported by parent or guardian to a healthcare facility for clinical evaluation and testing, if necessary.

Schools/day cares are encouraged to work with their LHD to arrange for medical evaluation and testing options to ensure testing arrangements can be made quickly when indicated.

- Sick individuals should remain in home isolation until testing is completed. If COVID-negative, the child or staff person should remain out of school/day care until they have been afebrile (fever-free) for 24 hours without fever-reducing medication, and symptoms improved.
  - If they test COVID-positive, refer to the section, “**Procedures for Students, Faculty and Support Staff who Test Positive.**”
  - If testing is not performed due to the clinical judgment of the healthcare provider, a medical note is needed to return to school/day care documenting that there is no clinical suspicion for COVID-19 infection and indicate an alternative diagnosis with exclusion consistent with this diagnosis, e.g., 24 hours afebrile.
  - If testing is not performed for other reasons, the child should remain out of school/day care for 10 calendar days after symptom onset and 24 hours afebrile (fever-free) without fever-reducing medication and symptoms improved.
- All areas used by the sick individual should be cleaned and disinfected thoroughly according to [CDC guidelines](#) and as described below.

### **Procedures for Contact Tracing and Quarantining Persons Exposed to a Confirmed COVID-19 Case:**

- Parents/guardians of a COVID-positive child, or a COVID-positive staff person will be interviewed by personnel from the LHD. The purpose for the interview is to identify everyone with whom the COVID-positive individual had close contact (within 6 feet for a cumulative 15 minutes or more while the individual was infectious).
  - The infectious period begins 2 days before the onset of symptoms (for a symptomatic person) or 2 days before the positive sample was obtained (for an



asymptomatic person) and ends when the COVID-positive individual was placed in isolation.

- Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk). Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.
- Parents/guardians and staff must cooperate with the LHD for purposes of conducting contact tracing or any outbreak pursuant to the Control of Communicable Disease Code, 77 Illinois Administrative Code 690.
- School/day care personnel will inform the LHDs about possible exposures within the school/day care, including transportation, classroom, common areas and extracurricular activities. Schools/day cares should designate a person for this role and have them available after hours.
- All close contacts to a confirmed case of COVID-19 will be placed in [quarantine](#) for 14 days and monitored daily by the LHD for the onset of any signs and symptoms of COVID-19. Testing of close contacts is also recommended and where possible, should be facilitated by the school/day care/LHD. CDC does not recommend universal testing of all students and staff. See [CDC's Interim Considerations for testing in schools](#).

#### **Procedures for Temporary Closure and Environmental Cleaning and Disinfection when a Confirmed or Possible Case of COVID-19 is Identified in a School/Day Care:**

- If a person diagnosed with COVID-19 is determined to have been within the school/day care during the 48 hours prior to symptom onset (for a symptomatic person) or 48 hours before specimen collection (for an asymptomatic person), the school/day care may be closed temporarily for cleaning and disinfection. School/day care closure will be determined by the LHD investigation as described below.
- An initial, temporary closure allows time for the LHD to gain a better understanding of the COVID-19 situation impacting the school/day care. This allows the LHD to help the school/day care determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.
- Areas used by the individual with COVID-19, e.g., classroom, restrooms, separation room in the School Nurse's office, will be closed off for as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the individual with COVID-19, focusing especially on frequently touched surfaces.
- Schools/day care facilities should clean, sanitize and disinfect toys and bedding per [CDC's guidance](#).

- Windows should be opened to increase air circulation in the area used by the individual with COVID-19.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.

### **Procedures for Outbreak Response and Consideration for Closure:**

- An outbreak is defined as two cases that are linked epidemiologically with respect to person, place, and time. In other words, the two cases have shared close contacts and location and have onsets within 14 calendar days of each other. Conversely, two cases that occurred in different time frames (at least calendar 15 days apart), separate locations, and having no common source of exposure would not constitute an outbreak.
- Once an outbreak is identified, the LHD will further investigate to determine the extent of exposures at the school/day care and what control measures are needed to mitigate the outbreak. Alternative social distancing strategies, less drastic than closure, might include:
  - Quarantining the affected classroom, especially for infant and toddler classrooms where masking is not achievable and social distancing is challenging.
  - Suspending in-person learning for affected classes
  - Closing playgrounds.
  - Canceling non-essential activities and meetings.
  - Keeping students in stable class groups or classrooms and moving teachers between classes, if necessary.
  - Increasing spacing between students in classes.
  - Shortening the in-person school week.
  - Staggering school/day care start and lunch/break times across year groups or classes.

If there is substantial transmission in the local community, local health officials may suggest remote instruction as part of a community mitigation strategy. This longer-term, and likely broader-reaching, remote instruction is intended to slow transmission rates of COVID-19 in the community.

# Planning Documents



# COVID-19 Advisory Panel Recommendations for Return to School

## KEY FOCUS AREA "PRIORITY NEEDS"

Focus Area 1 – "Return to School Considerations"			Hawley
Topic	Impact on Organization	Deliverables - Who is Responsible - Due Date	Status
<b>Social distancing processes and procedures</b>	Development of process/procedures to allow for socially distanced movement entering/exiting the building and movement within schools related to: <ul style="list-style-type: none"> <li>● Arrival/dismissal of students</li> <li>● Lunch</li> <li>● Recess</li> <li>● Passing periods</li> <li>● Bathroom breaks</li> <li>● CPI calls</li> <li>● Movement within the classroom</li> </ul>	Development of schedules for: <ul style="list-style-type: none"> <li>● arrival/dismissal</li> <li>● bathroom breaks</li> <li>● recess</li> <li>● passing periods</li> </ul> Development of process/procedures for: <ul style="list-style-type: none"> <li>● recess</li> <li>● CPI calls</li> <li>● movement within the classroom</li> </ul>	
<b>Update the Safety and Operations Team Recommendations</b>	Ensure compliance with the most recent IDPH and ISBE guidance. Review of the Safety and Operations Team recommendations and current level of implementation.	<ul style="list-style-type: none"> <li>● Conduct a procedural walk through in each building to review logistics</li> <li>● Verify socially distanced classroom set up</li> <li>● See <i>Safety and Operations</i> under Infection Control</li> </ul>	

<b>Facilities Review and Modifications</b>	Review of facility modifications to address measures related to Return to School.	Identify need and location for the following: <ul style="list-style-type: none"> <li>• Dedicated quarantine locations (see Infection Control)</li> <li>• Health certification tents (see Infection Control)</li> <li>• Locations of staff work spaces for teachers/aides that share close quarters</li> <li>• Plexiglas barriers for student desks</li> </ul>	
<b>Procurement and Distribution of PPE</b>	District will supply appropriate PPE, monitor usage, supply and distribution for future needs.	<ul style="list-style-type: none"> <li>• Conduct inventory of current PPE stock</li> <li>• Develop procedure for requesting additional PPE and/or routine distribution to teachers, teacher aides, and staff.</li> </ul>	

<b>Focus Area 2 – Infection Control</b>			<b>Cozzi</b>
<b>Topic</b>	<b>Impact on Organization</b>	<b>Tasks/Things to Do - Who is Responsible - Date Due</b>	<b>Status</b>
<b>Daily Procedures for Students per SOAT Recommendations</b>	District will develop consistent procedures for students	<ul style="list-style-type: none"> <li>• Families will sign off on the “Return to School” addendum of the Student Handbook.</li> <li>• Parents will self-certify their student(s) each day using Powerschool. District attendance clerks will monitor lists of students that have not self-certified by time of arrival and communicate to temperature takers so that a symptom questionnaire can be administered.</li> <li>• Students will be assigned a door for arrival by class assignment as close as possible to their classroom. Students will line up outside at temperature checkpoints, keeping socially distant. Yellow footprint signs shall be placed 6 feet apart on the ground for reference.</li> <li>• Lincoln School will have three, 10 x 10 tents to be used as exterior temperature checkpoints, outside doors 1, 7</li> </ul>	

and 10. Willard School will have five exterior checkpoints, outside doors 1, 3, 4, 7 and 8.

- Roosevelt Middle School checkpoints will be just inside doors 1, 4, 7 and 13.
- Arrival times will be staggered by grade level.
- Students will be required to wear a face mask at all times inside the buildings.
- Each student will be instructed to “pump in” by using hand sanitizer in their classrooms to promote cleanliness and to avoid congestion at the handwashing stations or the bathrooms at the beginning of the day.
- During hallway movement, which will be two-way directionally, students will be instructed to stay to the right as much as possible. At Roosevelt and Willard, the handwashing stations should be used as “road medians” to promote social distancing.
- At Lincoln and Willard, bathroom breaks during instructional time will happen as a full class, monitored by the classroom teacher. A google doc will be made to schedule each class’ daily bathroom break. At Roosevelt, hall monitors during passing periods will monitor student bathroom use. It should be noted that for grades PK-8, emergency bathroom breaks during instructional time should also be at the discretion of the classroom teacher as there may be an extraordinary student need.
- At all buildings, dismissal times will be staggered by grade level. At Lincoln and Willard, teachers will escort their students out the same door as their assigned entrance door while promoting social distancing. At Roosevelt, students will be instructed to exit through the same door as their assigned entrance door.
- Each student will be instructed to “pump out” by using hand sanitizer in their classrooms to promote cleanliness and to avoid congestion at the handwashing stations or the bathrooms at the end of the day.

<p><b>Daily Procedures for Staff per SOAT Recommendations</b></p>	<p>District will develop consistent procedures for staff</p>	<ul style="list-style-type: none"> <li>• Staff will self-certify prior to arrival using their Powerschool login. Staff will enter at specific locations that have a tethered IR thermometer, disinfectant wipes and hand sanitizer. At Lincoln, those entrances are doors, 1, 7 and 10. At Roosevelt, they are doors 1, 4, 7 and 13. At Willard, they are doors 1, 4 and 7.</li> <li>• Custodians will clean all areas each night, as per standard procedures. In addition, each classroom, bathroom and common area will be sanitized with electrostatic sprayer. Also, during the instructional day, bathrooms, common areas and any open instructional area will be periodically cleaned as well as quarantine areas after they are emptied.</li> </ul>	
<p><b>Procedures for a Symptomatic Student</b></p>	<p>District will develop procedures adhering to IDPH and CCDPH and implement them with uniformity.</p>	<ul style="list-style-type: none"> <li>• Students with indicated temperatures or symptoms will be taken to quarantine areas. Parents will be called and encouraged to pick up their students within 30 minutes or have a reliable listed emergency contact pick them up in an adequate amount of time. Quarantine areas at each school will be: Lincoln - Conference Room; Willard - Assistant Principal's Office; Roosevelt - auditorium hallway behind dividers.</li> <li>• Symptomatic students who are sent home will need to provide/perform one of the following: a negative COVID test result; an alternative diagnosis; or quarantine for the prescribed number of days.</li> <li>• If a COVID positive case is determined, the District contact tracer will be notified for tracing to begin. Families of students in close contact will be notified and instructed to quarantine for the prescribed number of days.</li> </ul>	



# Focus Area 3 – Medical Response/Tracing

Condon

Topic	Impact on Organization	Tasks/Things to Do - Who is Responsible - Date Due	Status
<p><b>Data Metrics</b></p>	<p>Metrics are a guide to understanding the rate of local infection, level of community risk and the extent to which there is a low, medium, or high risk of an infected person entering a school building.</p> <p>Data utilized by the district should be interpreted knowing that not all River Forest cases have been tracked by IDPH and CCHD. Additionally, the number of infected people is estimated by the CDC to be 5-10 times the number of positive test results.</p> <p>Residents can support the district to maintain the highest level of safety in schools by reporting positive test results.</p>	<ul style="list-style-type: none"> <li>● Adopt the data metric in the Illinois Department of Health (IDPH) Adaptive Pause document to provide important background and guidance for district decisions.</li> <li>● Develop and maintain a district COVID-19 data dashboard separate from state and county dashboards.</li> <li>● Use the River Forest data (60305) for the guidance in the IDPH metric to determine local risk as opposed to the regional data.</li> <li>● If relying only on IDPH numbers, the district should “round up” and consider the community in the higher risk category when at or near the metric cutoffs.</li> <li>● Instructional delivery decisions based on metrics should allow for a range of options beyond the binary open/close.</li> <li>● Any suspicion of in-school transmission immediately places the school in the highest risk category. In this situation, an adaptive pause as outlined in the IDPH document is recommended.</li> <li>● District participation in the National School COVID-19 dashboard will contribute to the research around effective school decision-making related to COVID rates, providing additional context to frame district data and situation.</li> </ul>	
<p><b>Testing</b></p>	<p>Testing is an integral part of public health safety measures as it relates to COVID-19. Providing the D90 community with information about testing sites,</p>	<ul style="list-style-type: none"> <li>● Publicize a resource list of testing availability for all in the D90 community.</li> <li>● Develop a process for all results to be voluntarily reported back to D90.</li> <li>● Appoint a liaison to communicate with partnering</li> </ul>	

	<p>coordinating the sharing of test results between school and medical offices, and being transparent about D90 case count, will help facilitate school control of COVID-19 among staff and students. As rapid testing becomes more routinely available, the District should consider developing a program for interested D90 stakeholders.</p>	<p>pediatricians/medical offices and community partners.</p> <ul style="list-style-type: none"> <li>● Conduct surveillance testing should testing become more readily available than it is currently - such as a readily available rapid test.</li> <li>● Follow well-established guidance to determine when a student can re-enter school after testing positive.</li> <li>● Identify necessary waivers for sharing of test results.</li> </ul>	
<b>Contact Tracing</b>	<p>In collaboration with local pediatricians and medical offices, contract tracing of known positive cases of COVID-19 will allow the district to isolate and limit the spread of infection.</p>	<ul style="list-style-type: none"> <li>● Hire a contact tracer</li> <li>● Create contact tracing separate from IDPH and CCHD</li> <li>● Collaborate with local medical/pediatrician groups in contact tracing efforts.</li> <li>● Utilize IDPH definition of close contact (within 6 feet for 15+ minutes) with latitude to include any additional people reasonably at risk for infection.</li> <li>● Consider hiring an infection control nurse should existing staff not be able to handle PPE management, the isolation and evaluation of potential cases, contact tracing, liaison duties, and maintenance of the COVID health metrics dashboard.</li> </ul>	

## Focus Area 4 - Communication

Simmons

Topic	Impact on Organization	Tasks/Things to Do - Who is Responsible - Date Due	Status
<b>Revise the Preliminary Communication Plan as needed</b>	Safety protocols and how to reinforce at home	<ul style="list-style-type: none"> <li>● Create specific messages for varied stakeholder groups using a variety of communication channels regarding D90's safety protocols</li> </ul>	

	<p>Process for families to ask questions</p> <p>Ongoing planning information</p> <p>Signage</p> <p>Ongoing messaging to families</p>	<ul style="list-style-type: none"> <li>• Regularly update the D90 website with new information regarding safety protocols, ongoing planning information, updated information from health agencies and officials, etc.</li> <li>• Develop a COVID-19 Dashboard for the D90 website with current status of cases in D90 and other relevant information (as appropriate)</li> <li>• Create collateral materials to promote safety, SEL, infection control, contact tracing, and return to school messages.</li> </ul>	
<b>Collaborate with Area Focus Teams on Key Messages</b>	Develop priorities for key messages to stakeholders	<ul style="list-style-type: none"> <li>• Implement appropriate areas of communication plan to facilitate the key messages from focus area teams.</li> </ul>	
<b>Focus Area: Return to School</b>	Initial Key Issue: Requirements for returning to school	<ul style="list-style-type: none"> <li>• Communicate key information about returning to in-person instruction, from District and School Administrators</li> </ul>	
<b>Focus Area: Infection Control</b>	Initial Key Communication Issue: Procedures for returning to school	<ul style="list-style-type: none"> <li>• Communication of procedural information for returning to school, visiting school, and other applicable issues.</li> </ul>	
<b>Focus Area: Medical Response/Tracing</b>	Initial Key Communication Issue: Appealing to community for adhering to COVID prevention actions	<ul style="list-style-type: none"> <li>• Issue appeals to greater community and D90 families to follow COVID prevention actions, report COVID status when appropriate, and cooperate with contact tracing effort.</li> </ul>	
<b>Focus Area: SEL</b>	Initial Key Communication Issue: Social emotional health and safety of students, families, and staff	<ul style="list-style-type: none"> <li>• Provide information about the available resources within D90 and the River Forest community to maintain social emotional wellness.</li> </ul>	



# Focus Area 5 - Social Emotional Supports

Matthews

Topic	Impact on Organization	Tasks/Things to Do - Who is Responsible - Date Due	Status
<b>Structures for Reporting Safety Related Concerns</b>	Collaboration with staff, students and families to make sure everyone feels safe.	<ul style="list-style-type: none"> <li>● Elementary level students: Regular check-ins regarding safety and inviting 1:1 interaction (we have resources from Thrive regarding helping students talk about COVID-related issues)</li> <li>● Middle school level students: Google form for reporting concerns - submit to a chosen trusted adult</li> <li>● Staff: Create flow chart outlining where to go with custodial concerns, larger safety issues, and health questions</li> <li>● Parents: Follow existing pathways, emailing classroom teachers for classroom concerns, building principals for building-wide concerns</li> </ul>	
<b>Structures for Reporting and Monitoring Social Emotional Concerns</b>	Collaboration with staff, students and families to make sure everyone feels safe.	<ul style="list-style-type: none"> <li>● Elementary level: Regular check-ins regarding safety + inviting 1:1 interaction (we have resources from Thrive regarding helping students talk about COVID)</li> <li>● Middle school level: Google form for reporting concerns - submit to a chosen trusted adult</li> <li>● Staff: Create a flow chart of resources (health insurance, building social workers, THRIVE, etc.)</li> <li>● Parents: Follow existing pathways, emailing classroom teachers to report problems and access student supports</li> </ul>	



<b>Guidance - Updates on Standards and Use in D90 (also on Communication Plan)</b>	Collaboration with staff, students and families to make sure everyone feels safe.	<ul style="list-style-type: none"> <li>● Post short video presentations on social emotional resources for families</li> <li>● Maintain COVID panel page on District website after school reopening to provide a dedicated place for safety updates and information</li> </ul>	
<b>Access Tools and Resources for Staff, Students and Families</b>	Collaboration with staff, students and families to make sure everyone feels safe.	<p>Staff:</p> <ul style="list-style-type: none"> <li>● Provide PD on becoming a trauma informed district (Initial training - (Matthews)</li> <li>● Strategies for Tier 1 SEL supports in the classroom</li> </ul> <p>Students:</p> <ul style="list-style-type: none"> <li>● Examine tiered interventions (Matthews/Torrisi)</li> </ul> <p>Families:</p> <ul style="list-style-type: none"> <li>● Refine website with updated information and dedicated SEL page (easier access)</li> <li>● Ensure targeted SEL feedback (Tier 2 and 3)</li> <li>● Provide short video presentations on SEL resources for families</li> </ul>	

DRAFT

# Communications Plan

**COVID-19 Community Advisory Panel  
Communications Sub-Committee  
Preliminary Communications Plan**

**Background Situation**

In early September, District 90 formed the COVID-19 Community Advisory Panel with the charge of investigating the necessary approaches and requirements for safely transitioning students back to in-person learning. The Advisory Panel is composed of 33 individuals from numerous stakeholder groups across the school community, including PTO leaders, teachers, River Forest physicians (who are also parents), school and district administrators, River Forest Education Association (RFEA) leadership, staff members, community partners, and Roosevelt Middle School students. The key intention is to craft recommendations that are both responsive and actionable.

The Advisory Panel was grouped into five focus areas, which are, Return to School Plans, Infection Control, Medical Response/Tracing, SEL Supports, and Communications. This communication plan outlines the strategy and tactics that will be undertaken to support the work and implementation of the COVID-19 Advisory Panel recommendations.

**Communications Goals**

The following goals have been identified as foundational to this communication initiative:

- Increase awareness by all stakeholders and stakeholder groups about the many and varied ways that D90 has worked to return students to in-school instruction safely.
  - The Advisory Panel's recommendations will be the first step in the process to determine when and how students will return to in-school instruction.
- Inform faculty, staff, and community partners using D90 facilities of the Safety and Operations Action Plan, the current and pending procedures to maintain a safe instructional environment, the ongoing progress for facility modifications, and any other issues that affect the return to school process.
- Through all communications channels, District 90 stakeholders will discern the District's commitment to providing a safe, high-quality, and equitable educational experience to all students.
- Inform appropriate stakeholders of the resources and procedures to help address social-emotional and physical wellness concerns.
- Increase awareness about the infection control practices and protocols that will be in effect for all employees and visitors to District 90 buildings (such as daily health certifications, temperature checks, arrival/dismissal protocols, area population limits, etc.)
- Increase awareness of District 90's contact tracing protocols, COVID metrics in River Forest and D90, and D90 incidences of COVID (when/as appropriate).

## **Target Audiences and Stakeholders**

- Students
- Faculty and staff
- Parents/guardians and families
- Board of Education members and administrators
- Community residents
- Other stakeholders, including members of the media, civic organizations, government officials/agencies, community partners, and interested others

## **Key Messages (To Be Developed)**

Key communication messages will be developed under collaboration with the other focus area teams and their communication needs.

## **Communications Channels and Vehicles**

This communication plan will rely on varied outreach channels to inform and reach out to the District's various audiences and stakeholders:

- COVID-19 Dashboard (in process for all stakeholders)
- District 90 Website (including Remote Learning Update Page)
- Primer (general message to all stakeholders)
- School Messenger (targeted to specific audiences)
- Community Information Brochure (targeted to community residents and other community stakeholders)
- Board of Education Communiques
- Superintendent's Videos
- Wednesday Journal, Forest Leaves, etc. (targeted to community residents and other stakeholders)
- Talking/Message Points for PTO and school newsletters (targeted to students and families)
- District 90 website and social media sites, such as Facebook (targeted to students, families, & others)
- Classroom websites (targeted to students and families)
- School Newsletters (targeted to families)
- PTO Newsletters and meetings



### Major Timeline/Key Dates (To Be Determined)

This communications plan is intended to support and advance the process of returning to in-school instruction. As the transition process progresses, adjustments will be made as needed.

### Key Message Communication Flow Chart

This Communication Flow Chart provides a visual approach to the communications plan. It serves as a prototype of how a message will flow through D90 to the various stakeholder groups. While consistent across vehicles and stakeholders, each message will be adapted and tailored by each message purveyor to each stakeholder group.

