



# McHenry County

## P-12 Interim School Guidance

11/15/2021, Interim Guidance  
Subject to Change

*This guidance applies to all public and nonpublic schools that serve students in prekindergarten through grade 12 (P-12). The below guidance is subject to change based on updated guidance from CDC or IDPH and changes in county level transmission of COVID-19. With McHenry County experiencing high transmission of COVID-19, MCDH is updating the guidance below. Updates due to the increased transmission level of COVID-19 are written in red below.*

Besides a child's home, no other setting has more impact on a child's health and wellbeing than their school. With in-person education required for the 2021-2022 school year, the expectation is that schools are safe for the students' and staff's return. The McHenry County Department of Health (MCDH) is committed to bringing children back to school safely.

As stated in [Executive Order Number 18 \(COVID-19 EXECUTIVE ORDER NO. 85\)](#) filed August 4, 2021, all public and nonpublic schools in Illinois serving pre-kindergarten through 12th grade (PK-12) students must follow the [joint guidance](#) issued by Illinois State Board of Education (ISBE) and Illinois Department of Public Health (IDPH) and take proactive measures to ensure the safety of students, staff, and visitors, including, but not limited to:

- a. Requiring the indoor use of face coverings by students, staff, and visitors who are over age two and able to medically tolerate a face covering, regardless of vaccination status, consistent with [Centers for Disease Control \(CDC\) guidance](#); and,
- b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with [CDC guidance](#).

When developing policies for the 2021-2022 school year, MCDH strongly recommends school officials frequently review the [IDPH COVID-19 School Guidance FAQ](#) for clarification of the required joint ISBE and IDPH guidance.

While public health officials provide guidance on evidence-based prevention strategies to reduce the risk of transmission, school officials hold the ultimate authority and discretion to develop policies to return to school safely. ***According to the CDC and IDPH, the assumption is that every school will resume the 2021-2022 with all prevention strategies in place prior to the removal of any strategies.*** It is the responsibility of schools to protect those that are not eligible to receive the vaccine. The prevention strategies outlined in the CDC's [Guidance for COVID Prevention in K-12 Schools](#) and the [ISBE and IDPH joint guidance](#) include:

- Promoting vaccination
  - Achieving high levels of COVID-19 vaccination among eligible students, as well as teachers, staff, and community (household) members, is critical to help schools safely resume full operations and keep more students in school.

- Please see [Executive Order 2021-22 \(COVID-19 EXECUTIVE ORDER NO. 88\)](#) for vaccination requirements for school personnel. Schools can also refer to [FAQ on Face Covering and Vaccination Requirements](#).
- All schools must maintain a record for school personnel employed by the school or school district that identifies them as one of the following: fully vaccinated; unvaccinated and compliant with the testing requirements; or excluded from the premises in accordance with [23 Ill. Admin. Code 6](#). Please see the [ISBE and IDPH joint guidance](#) for further information.
- Interested in hosting a vaccination clinic? Please request a clinic from IDPH by completing the [IDPH Vaccine Clinics Application](#).
- Consistent and correct mask use
  - All persons on the grounds of all public and nonpublic schools that serve students in prekindergarten through grade 12 must wear a face mask at all times when in school or in transit to and from school via group conveyance (e.g., school buses), unless a specific exemption applies. This extends to all indoor extracurricular activities and athletics. It is recommended that districts and schools update policies to require wearing a face mask while on school grounds and handle violations in the same manner as other policy violations. Please see the [ISBE and IDPH joint guidance](#) and [Executive Order Number 18 \(COVID-19 EXECUTIVE ORDER NO. 85\)](#) for further information.
    - **While McHenry County is in high transmission of COVID-19, MCDH recommends staff and students who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.**
  - Masking is safe and effective in reducing transmission, [Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC](#).
- Physical distancing
- Diagnostic and screening testing to promptly identify cases, clusters, and outbreaks
  - MCDH will not accept test results from self-tests that collect a nasal specimen, including laboratory-based tests where the specimen is collected via self-collection, unless performed at a site with CLIA certification. MCDH has the right to decline test results if it is determined the site does not have CLIA certification. MCDH will accept saliva tests, so long as they are performed in the school (such as testing through SHIELD Illinois).
    - **MCDH strongly discourages** the use of at-home tests or self-test kits for the screening of school personnel for COVID-19 due to the limitations of these tests; however, upon review of questions 32-34 in the [IDPH COVID-19 School Guidance FAQ](#), MCDH has determined that a school can choose to accept at-home tests or self-test kits for the screening of asymptomatic school personnel for COVID-19 to meet the requirements of [Executive Order 2021-22 \(COVID-19 EXECUTIVE ORDER NO. 88\)](#), but the school must require that school personnel bring the at-home test or self-test kit to school and that the test is overseen by a trained healthcare professional who will read the results of the test. Additionally, the school must have a policy in place for the proper exclusion of school personnel identified as positive via an at-home test or self-test kit. MCDH

recommends that anyone who is identified as positive for COVID-19 via an at-home test or self-test kit receive follow-up testing with an RT-PCR, rapid molecular (i.e. rapid PCR), or antigen test performed at a site with CLIA certification.

- MCDH will accept RT-PCR, rapid molecular (i.e. rapid PCR), and antigen test results. MCDH will not accept antibody test results.
  - For a symptomatic individual to be considered negative for COVID-19 [symptoms of COVID-19 include fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause], MCDH requires a negative laboratory-based confirmatory SARS-CoV-2 NAAT (i.e. RT-PCR) test result **only if** the staff/student is a close contact to a confirmed case or the school is experiencing an outbreak (a rapid molecular or antigen test is still beneficial in these scenarios to more quickly determine if the symptomatic individual is positive for COVID-19). In other situations, a negative rapid molecular or antigen test is acceptable.
    - The SHIELD Illinois saliva test is a highly reliable laboratory-based NAAT and does not require an additional confirmatory test when used as a primary diagnostic test. For the confirmation of a rapid molecular or antigen test, CDC recommends collecting and testing an upper respiratory specimen, such as nasopharyngeal, nasal mid-turbinate, or anterior nasal, when using NAATs for confirmatory testing (the SHIELD Illinois saliva test should not be used to confirm a rapid molecular or antigen test).
  - Antibody test results are not accepted by MCDH. Question 56 in the [IDPH COVID-19 School Guidance FAQ](#) mentions that the local health department may consider releasing a probable case from quarantine or isolation based on antibody test results (under the circumstances defined in the question); MCDH will not release a probable case from quarantine based on the results of an antibody test.
- MCDH strongly recommends outbreak testing for schools in outbreak status. An outbreak is defined as (A) “multiple cases comprising at least 10% of students, teachers, or staff within a specified core group” or (B) “at least three cases within a specified core group meeting criteria for a probable or confirmed school associated COVID-19 case with symptom onset or positive test result within 14 days of each other; who were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting; and epidemiologically linked in the school setting or a school-sanctioned extracurricular activity. It is recommended that schools acquire parental consent for student testing at the beginning of the school year to accommodate outbreak testing should the need arise. If a school is experiencing an outbreak of COVID-19 and school personnel who are not fully vaccinated may be part of the outbreak as determined by MCDH, such school personnel must be tested for COVID-19 two times per week for the duration of that outbreak. If a student is linked to an

outbreak setting, but not a close contact, those students must be tested twice per week until the outbreak is over to continue participating in extracurricular activities, including sports. Please see the [ISBE and IDPH joint guidance](#) and the [IDPH COVID-19 School Guidance FAQ](#) for further information.

- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
  - MCDH recommends maintaining self-certification policies for teachers, staff, and students.
- Contact tracing, in combination with isolation and quarantine
  - Under the IL Administrative Code Control, Section 690.200, schools are required to report all confirmed and suspect COVID-19 cases in a timely manner utilizing the electronic link provided to school liaisons ([School Surveillance REDCap](#)).
  - Pursuant to 77 Ill. Admin. Code 690.361, districts and schools are required to investigate the occurrence of cases and suspect cases in schools and identify close contacts for purposes of determining whether students or school personnel must be excluded from school premises, extracurricular events, or any other event organized by the school. Per the [ISBE and IDPH joint guidance](#), schools must conduct their own contact tracing in the school to determine if students or school personnel must be excluded from school, regardless of whether an isolation or quarantine order has been issued by MCDH. Schools should also institute a tracking process to maintain ongoing monitoring of individuals excluded from school because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19.
  - Case investigation and contact tracing will be performed by MCDH in partnership with the schools to promptly identify, isolate and quarantine cases and close contacts. When conducted by MCDH, this includes asking people with COVID-19 to isolate and their contacts to quarantine at home voluntarily. When conducted by schools, this includes excluding cases and their contacts from school premises and activities.
  - Schools are expected to medically exclude students, staff, and teachers under the guidance provided from MCDH for isolation and quarantine. See [Executive Order 2021-24 \(COVID-19 EXECUTIVE ORDER NO. 90\)](#) and [Executive Order 2021-25 \(COVID-19 EXECUTIVE ORDER NO. 91\)](#) regarding the requirement for schools to exclude confirmed and probable cases, close contacts, and symptomatic students and staff. Schools can also refer to [Executive Order 2021-24 and 77 Ill. Admin. Code 690.361 Fact Sheet](#), the [Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools - COVID-19 Exclusion Protocols](#), and the [School Decision Tree Exclusion Guidance](#).
  - MCDH has authority to require isolation and quarantine under the IL Administrative Code, Section 690.1330.
  - Vaccinated individuals exposed to someone with confirmed or suspected COVID-19 do not need to be quarantined, testing is recommended 5-7 days after exposure. An RT-PCR, rapid molecular (i.e. rapid PCR), antigen test, or school-based saliva test (such as testing through SHIELD Illinois) can be used.

- If a fully vaccinated individual tests positive for COVID-19 via a rapid molecular or antigen test but tests negative for COVID-19 via a RT-PCR or saliva test provided through SHIELD Illinois, the individual can be considered to be negative for COVID-19. However, if a fully vaccinated individual tests positive for COVID-19 via a RT-PCR or saliva test provided through SHIELD Illinois, the individual should be considered positive for COVID-19 (even if they tested negative via another accepted test method).
- Per the [ISBE and IDPH joint guidance](#), individuals who are solely exposed to a confirmed case while outdoors should not be considered close contacts. Schools may coordinate with MCDH to determine the necessity of exclusion for higher-risk outdoor exposures.
- Schools should refer to the [Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools - COVID-19 Exclusion Protocols](#) for information regarding the exclusion of household members when a student is sent home sick with suspected COVID-19 symptoms (this information can be found under “Situation #2”).
- Four quarantine options are available to staff and students for school exposures. To participate in shortened quarantine options (options 2-4), the close contact must be signed up and participating in MCDH’s contact tracing and symptom monitoring program. Schools are expected to inform MCDH which option they will be using for the identified close contact through the [School Surveillance REDCap](#) Line List (choose “Line List” under “Surveillance System Selection”). Parents are expected to provide appropriate negative testing results to the school for the identified option to be permitted back in school. If a positive result is received the school is to exclude the individual under the MCDH guidance for isolation and notify MCDH through the [School Surveillance REDCap](#) COVID-19 Surveillance System (choose “COVID-19 Surveillance” under “Surveillance System Selection”):
  - **Option 1:** Quarantine at home for 14 calendar days with release on day 15. Date of last exposure is considered day 0 (standard quarantine).
  - **Option 2:** Quarantine for 10 calendar days after the close contact’s last exposure to the COVID-19 case with return to school on day 11. **While McHenry County is in high transmission of COVID-19, the close contact must test negative for COVID-19 using a negative SARS-CoV-2 diagnostic test (PCR) that was collected on day 9 or 10. The earliest the close contact can return to school is day 11, on the condition that documentation of the negative PCR test result (from day 9 or 10) is provided to the school; the close contact cannot return to school until this documentation is received.** Date of last exposure is considered day 0. To use this option, the close contact must be able to maintain physical distancing and masking at all times when returning to school. This option can be used for return to classroom and extracurricular activities on the condition that documentation of a negative PCR test result (collected on day 9 or day 10) is provided to the school. Otherwise, this option can only be used for return to classroom, not extracurricular activities.



- **Option 3:** Quarantine for 7 calendar days after the close contact's last exposure to the COVID-19 case, providing the close contact tested negative for COVID-19 using a negative SARS-CoV-2 diagnostic test (PCR) that was collected on day 6 or 7. The earliest the close contact can return to school is day 8, on the condition that documentation of the negative PCR test result (from day 6 or 7) is provided to the school; the close contact cannot return to school until this documentation is received. Date of last exposure is considered day 0. To use this option, the close contact must be able to maintain physical distancing and masking at all times when returning to school. This option can be used for return to classroom and extracurricular activities.
- **Option 4:** Test to Stay Strategy; if close contact is tested on days one, three, five, and seven from date of exposure by a PCR or rapid antigen or molecular emergency use authorization (EUA)-approved test, close contact is permitted to remain in the classroom as long as the results are negative. Testing for Test to Stay must occur at the school facility. This testing can be provided by a 3rd party (such as by SHIELD Illinois), so long as it occurs on site at the school. Schools that cannot offer testing on site for test-to-stay cannot use this option. Results must be obtained within 24 hours from specimen collection, otherwise Test to Stay cannot be used and close contact must be placed on quarantine using option 1, 2, or 3 above. Date of last exposure is considered day 0. In general, close contact can return to extracurricular activities if using this option; however, students should not participate in sports competitions during the testing window. Please see the [ISBE and IDPH joint guidance](#) for additional information regarding Test to Stay, including criteria that must be met to use this option. Schools must notify MCDH of all students and staff that have successfully completed testing and remained negative through the [School Surveillance REDCap](#) Test to Stay Reporting Form (choose "Test to Stay Reporting Form" under "Surveillance System Selection").
- **While McHenry County is in high transmission of COVID-19, students cannot use options 2-4 to return to high-risk extracurricular activities. Students can use options 2-4 to return to the classroom and extracurricular activities that are not considered high risk. High-risk extracurricular activities are defined by [CDC](#) as those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.**
- **Busses:** When contact tracing on the school bus, contacts within 3 to 6 feet of an infected student do not require exclusion if: 1) both the case and contact were consistently masked, 2) a seating chart was in use, and 3) windows were opened (a one-inch window opening in the middle two windows and the two windows in the last row of seats on the bus) or HEPA filters were in use.
  - **Unless these conditions are met, anyone using options 2-4 above should not use the school bus for 14 calendar days after the close**

contact's last exposure to the COVID-19 case while McHenry County is in high transmission.

- **Cafeteria:** Option 4 (Test to Stay) cannot be used for close contacts who meet all the following criteria: 1) exposure occurred in the cafeteria, 2) the COVID-19 case or close contact was not engaged in consistent and correct use of well-fitting masks (such as while eating), and 3) while unmasked, the COVID-19 case and close contact were within 6 feet for at least 15 minutes while in the cafeteria. **While McHenry County is in high transmission of COVID-19, option 3 and 4 cannot be used if the criteria above are met.**
  - All external (i.e. outside of school) exposures will be investigated on a case-by-case basis. MCDH will determine whether modified quarantine options (options 2-4 above) can be used based on its investigation. If it is determined that the close contact meets criteria for modified quarantine, MCDH will notify the school liaison. Otherwise, all external exposures should quarantine at home for 14 calendar days (option 1 above).
  - MCDH will make the final determination on who is to be quarantined and for how long. MCDH may determine that a close contact is not a candidate for modified quarantine (options 2-4 above) due to a high-risk exposure (e.g., sustained close contact without masking, outbreaks, etc.). MCDH may remove use of options from schools if it is determined that compliance for the option is not occurring or not possible for the school. MCDH may remove use of options from schools based on level of community transmission.
- Cleaning and disinfection
  - MCDH recommends schools review [Science Brief: SARS-CoV-2 and Surface \(Fomite\) Transmission for Indoor Community Environments](#), [Cleaning and Disinfecting Your Facility](#), and the [IDPH COVID-19 School Guidance FAQ](#) for information regarding cleaning and disinfection.

## Guidelines for Determining Level of Community Transmission

CDC's [Guidance for COVID Prevention in K-12 Schools](#) and the ISBE and IDPH [joint guidance](#) refer to "community transmission levels" throughout the guidance documents. The level of community transmission (i.e., low, moderate, substantial, or high) for McHenry County is based on incidence rate and test positivity as summarized in the table below. If the two indicators suggest different transmission levels, the higher level is selected:

<b>Indicator</b> - If the two indicators suggest different transmission levels, the higher level is selected	<b>Low Transmission</b> Blue	<b>Moderate Transmission</b> Yellow	<b>Substantial Transmission</b> Orange	<b>High Transmission</b> Red
Incidence Rate	0-9.99	10-49.99	50-99.99	≥100
Test Positivity	0-4.9%	5-7.9%	8-9.9%	≥10.0%

### Incidence Rate

To best capture the community spread of COVID-19, incidence rate will be evaluated using the following methods and considerations:

*Calculation*

This metric is calculated by dividing the total number of new cases in the past 7 days by the total county population, then multiplying it by 100,000. This measure uses the 2015-2019 American Community Survey estimate of population (307,714). New cases are reported by lab report date. Incidence rate will be reported daily. This measure will be reported with a five-day lag.

*Evaluation*

Incidence rate is considered to have met the criteria for the lower level of community transmission (high → substantial → moderate → low) when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the higher level of community transmission (low → moderate → substantial → high) when it has met the threshold for at least 7 of the last 10 days.

**Test Positivity**

To best capture the community spread of COVID-19, test positivity will be evaluated using the following methods and considerations:

*Calculation*

This metric is calculated by dividing the total number of positive tests for the last 7 days by the total tests performed in the last 7 days, multiplied by 100 and rounded to the nearest decimal place. Tests are reported by lab report date. Test positivity will be reported daily. To remain consistent with IDPH, this measure will be reported with a three-day lag.

*Evaluation*

Test positivity is considered to have met the criteria for the lower level of community transmission (high → substantial → moderate → low) when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the higher level of community transmission (low → moderate → substantial → high) when it has met the threshold for at least 7 of the last 10 days.

## **Additional Considerations and Expectations**

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MCDH recommends schools review the [IDPH Interim Music Guidance](#), [IDPH and ISBE All Sports Policy](#), and [Sports Safety Guidance FAQs](#) for information regarding precautions to take during musical activities and sports. Per the [ISBE and IDPH joint guidance](#), school athletics must comply with the latest [Sports Safety Guidance](#).

MCDH does not set local guidance for travel restriction, such as quarantine guidance after returning from travel. Schools wishing to implement such policies can reference CDC's recommendations for [domestic](#) and [international](#) travel.

In addition to the above metrics, schools are advised to monitor additional metrics such as the percent increase in the number of cases per week, the percent increase in the number of youth cases per week, county vaccination rate, school vaccination rate, school case rate. Schools should also consider other relevant epidemiological factors (e.g., rapid increase in cases, outbreaks, significant shifts in demographics of cases, etc.) and local factors (capacity/infrastructure of school district to implement prevention strategies) to inform decision-making.



- **Percent increase in the number of cases per week** is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported during the 7 days of the week (Sun – Sat). New cases are counted by lab report date. This metric is considered stable/decreasing when the percent increase is  $\leq 10\%$  for two consecutive weeks (for each week). It is considered increasing when the percent increase is  $> 10\%$  for two consecutive weeks (for each week). This metric is considered fluctuating when the percent increase for one week is  $\leq 10\%$  and for the other week is  $> 10\%$  over a consecutive two-week period.
- **Percent increase in the number of youth cases per week** is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported amount youths (ages 3-18) during the seven days of the week (Sun – Sat). New cases are counted by lab report date. This metric is considered stable/decreasing when the percent increase is  $\leq 10\%$  for two consecutive weeks (for each week). It is considered increasing when the percent increase is  $> 10\%$  for two consecutive weeks (for each week). This metric is considered fluctuating when the percent increase for one week is  $\leq 10\%$  and for the other week is  $> 10\%$  over a consecutive two-week period.
- **School vaccination rate** should include students, teachers and staff and should be calculated for each building separately. It is calculated as the total number of vaccinated students, teachers and staff divided by the total number of students, teachers, and staff in attendance at the building.
- **School case rate** should include students, teachers and staff and should be calculated for each building separately. It is calculated as the total number of cases among students, teachers and staff divided by the total number of students, teachers, and staff in attendance at the building.

If school officials decide to remove any of the prevention strategies for their school based on local conditions, they should remove them one at a time and monitor closely (with adequate testing through the school and/or community) for any increases in COVID-19 cases. School officials should consider the level of transmission in the community; vaccination coverage among teachers, staff, and students; as well as if the school currently has a screening testing program in place. Schools should make these decisions in consultation with MCDH.

Educational examples to assist schools in determining how to use prevention strategies to protect students, teachers and staff, as informed by local public health conditions, can be found in the [IDPH COVID-19 School Guidance FAQ](#). These examples are intended to serve as examples of how school officials may use information about local public health conditions to inform decision-making. They are not intended to serve as a definitive state or county-recommended framework to determine how to adjust mitigation strategies.

Every school is expected to have an Emergency Operations Plan (EOP) to protect students, teachers, staff, and families from the spread of COVID-19 and other emergencies. What should be included in the EOP and tools and resources can be found in the CDC's [Guidance for COVID Prevention for K-12 Schools, Appendix 1: Planning and Preparing](#).

MCDH expects that each school identify a liaison and a back-up liaison to provide efficient communication between the schools and MCDH. Schools must complete the [School Liaison Survey](#) to notify MCDH of these individuals. An [EOP Submission Form](#) must be completed for each school regarding specific information from their EOP so that MCDH

understands the prevention strategies each school is using. MCDH will not be approving or endorsing any EOP; this survey is strictly for information to provide efficient guidance as prevention strategies are expected to evolve. Each school is expected to keep their liaison and EOP changes updated throughout the school year using the above electronic forms.

MCDH asks that each school complete weekly school absenteeism surveillance through the [School Absenteeism Surveillance REDCap](#) (choose “School Absenteeism Surveillance” under “Surveillance System Selection”). School absenteeism surveillance involves the tracking of absences due to COVID-19-like illness (CLI), influenza-like illness (ILI), gastrointestinal illness, and total absences. Our Epidemiology Program and Communicable Disease staff monitor this information to determine the spread of COVID-19 and influenza in our county and identify acute gastro enteritis (AGE) outbreaks in schools. We ask that this form be submitted every Monday at 3 pm for the previous week's absenteeism data.