



**Illinois
State Board of
Education**

Frequently Asked Questions (FAQs) for Schools

Additional Guidance as of October 18, 2021

(subject to change based on new information and updates to existing CDC guidance)

The state of Illinois has adopted the Centers for Disease Control and Prevention's (CDC's) updated [Guidance for COVID-19 Prevention in K-12 Schools](#). In addition, the Illinois Department of Public Health (IDPH) and the Illinois State Board of Education (ISBE) have issued Revised Public Health Guidance for Schools that applies to all public and nonpublic schools that serve students in pre-kindergarten through grade 12 (pre-K-12). The joint guidance is based on updated CDC guidance for COVID-19 prevention and the State of Illinois Executive Orders.

[Executive Order 2021-18](#)¹ requires that masks be worn indoors by all teachers, staff, students, and visitors to pre-K-12 schools, regardless of vaccination status. [Executive Order 2021-22](#)² requires that all school personnel be fully vaccinated against COVID-19 by September 19, 2021 or submit to at least weekly testing. [Executive Order 2021-24](#)³ requires all schools and school districts to exclude students and school personnel from school who are confirmed or probable cases of COVID-19, who are close contacts to a case, or who exhibit COVID-19 like symptoms.

In addition to the health and safety reasons for following state and CDC guidance, school districts that decide not to follow this guidance should consult with their insurers regarding risk assumption and liability coverage. Insurers may be unwilling to cover liabilities created as a result of failure to adhere to public health guidance.

Further, school districts and nonpublic schools that decide not to follow this guidance are exhibiting deficiencies that present a health hazard or a danger to students or staff and therefore risk the benefits of state recognition. For nonpublic schools, losing recognition status means they cannot participate in the Invest in Kids Act tax credit scholarship program and cannot participate in Illinois High School Association (IHSA) and Illinois Elementary School Association (IESA) sanctioned sports, subject to the regulations set by IHSA/IESA. For public school districts, total loss of recognition means loss of access to state and federal funding and the inability to participate in IHSA and IESA sanctioned sports, subject to the regulations set by IHSA/IESA.

Major changes to the guidance for the 2021-2022 school year include the following:

- Mandatory exclusion of students and school personnel as required by [Executive Order 2021-24](#).

¹ For purposes of this document, "Executive Order 2021-18" shall mean Executive Order 2021-18 and any future Executive Order that reissues and extends Executive Order 2021-18.

² For purposes of this document, "Executive Order 2021-22" shall mean Executive Order 2021-22 and any future Executive Order that reissues and extends Executive Order 2021-22.

³ For purposes of this document, "Executive Order 2021-24" shall mean Executive Order 2021-24, [Executive Order 2021-25](#), which amends Executive Order 2021-24, and any future Executive Order that reissues and extends Executive Order 2021-25.

- Promotion of vaccination as the leading public health prevention strategy to end the COVID-19 pandemic and the requirement, pursuant to [Executive Order 2021-22](#), that all school personnel be fully vaccinated or submit to at least weekly testing.
- Additional emphasis on the importance of offering in-person learning, regardless of whether all prevention strategies can be implemented in a school.
- Revised definition of close contacts to guide quarantine or exclusion procedure.
- Introduction of a Test to Stay alternative to quarantine or exclusion.
- Alignment with [Executive Order 2021-18](#) on required universal indoor masking in pre-K-12 schools for all teachers, staff, students, and visitors, regardless of vaccination status.

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Vaccination

1. What is the importance of vaccinations in supporting fully in-person instruction?

Achieving high levels of COVID-19 vaccination among eligible students, as well as teachers, staff, and household members, is critical to help schools safely resume full operations.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A [growing body of evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. (See [Question 8](#) below about ways schools can determine students’ vaccination status.)

[People 12 years and older are now eligible for COVID-19 vaccination](#). Schools can [promote vaccinations](#) among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

The Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) have provided the following resources to support schools in providing and promoting vaccination:

- [Hosting a Vaccination Event](#): Contact information and instructions for hosting a vaccination event at one or more schools.
- [Parent Letter](#): Letter to send to parents and families on either IDPH and ISBE letterhead or district letterhead to communicate about options for eligible children to receive the COVID-19 vaccine if your district does not host a vaccination event.
 - [Arabic](#)
 - [Chinese Simplified](#)
 - [Chinese Traditional](#)
 - [Polish](#)
 - [Tagalog](#)
 - [Urdu](#)
 - [Spanish](#)
- [Strategies to Build Vaccine Confidence](#)

- [How to Talk About the COVID-19 Vaccine](#)
- [COVID-19 Vaccination for Young People FAQs](#)
- Vaccination Options for Children and Families
 - [English](#)
 - [Spanish](#)
- [ICAAP Vaccination Letter](#)

2. Is there a state mandate that school personnel receive the COVID-19 vaccine?

[Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#) require all school personnel to be fully vaccinated against COVID-19 or submit to at least weekly testing.

3. By when must school personnel obtain the COVID-19 vaccine or submit to at least weekly testing? (Updated 10/18/2021)

Per [Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#), school personnel must be vaccinated against COVID-19 in accordance with the following timeline:

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

Beginning September 19, 2021, school personnel who are not fully vaccinated must be tested for COVID-19 with either a PCR or antigen test that either has emergency use authorization by the FDA or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services (CMS) until they are fully vaccinated. Testing must occur at least weekly for unvaccinated school personnel.

If a school is experiencing an outbreak of COVID-19 and school personnel who are not fully vaccinated may be part of the outbreak as determined by public health authorities, such school personnel must be tested two times per week for the duration of that outbreak. **Individuals who tested positive for COVID-19 within the prior 90 days and are currently asymptomatic may be exempted from testing during outbreaks, unless otherwise required by local public health officials. Individuals who are fully vaccinated and a close contact of a COVID-19 case should be tested 5 to 7 days after exposure.**

4. To whom does the COVID-19 vaccination or testing requirement apply?

The requirement applies to all public and nonpublic pre-K-12 school personnel.

“School” means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through 12th grade, including any state-operated residential

schools such as the Philip Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. The term "school" does not include the Illinois Department of Juvenile Justice.

“School personnel” means any person who (1) is employed by, volunteers for (including but not limited to coaches, before and after school program volunteers, chaperones, etc.), or is contracted to provide services for a school or school district serving students in pre-kindergarten through 12th grade, or who is employed by an entity that is contracted to provide services to a school, school district, or students of a school, and (2) is in close contact (fewer than 6 feet) with students of the school or other school personnel for more than 15 minutes at least once a week on a regular basis as determined by the school. The term “school personnel” does not include any person who is present at the school for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).

5. Is there a state mandate that students obtain the COVID-19 vaccine? (Updated 10/18/2021)

There is no state mandate for pre-K-12 students to obtain the COVID-19 vaccine. However, the CDC and IDPH strongly encourage all individuals eligible for the COVID-19 vaccine to be vaccinated. Vaccination benefits not only the individual, but also schools and communities by reducing transmission. For example, fully vaccinated persons do not need to maintain physical distance and are not required to quarantine or be excluded if exposed to a case as long as they remain asymptomatic. Fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 should be tested 5 to 7 days after exposure and must continue to comply with universal indoor masking requirements.

6. Are schools required to collect vaccination status of school personnel?

Yes, [23 Ill. Admin. Code 6](#) requires all schools to 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 school premises.

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

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

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

7. How can a school determine if school personnel are vaccinated?

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

“Proof of Vaccination Against COVID-19” means: (1) a Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photograph of such card; (2) documentation of

vaccination from a health care provider or an electronic health record; or (3) state immunization records.

Adults can authorize release of such proof for themselves by completing a [request for immunization records](#) from the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). (Chicago residents can complete the request for immunization records using [this form](#).) Adults can also access their vaccination records through IDPH's immunization portal, [Vax Verify](#), which allows Illinois residents 18 years and older to check their COVID-19 vaccination record.

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

8. How can a school determine if a student is vaccinated?

Schools can choose how and whether they will identify students who have been vaccinated and should communicate their strategies and any changes in plans to school personnel, to families, and directly to eligible students. For instance, schools may request proof of vaccination from parents for their children to determine vaccination status. Adults can authorize release of such proof for their children by completing a [request for immunization records](#) (Chicago residents can complete the request for immunization records using [this form](#)) from the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).

Schools that plan to request voluntary submission of documentation of students' COVID-19 vaccination status should use the same standard protocols that are used to collect and to secure other immunization or health status information from students. The protocol to collect, to secure, to use, and to further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements.

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

9. Who is responsible for ensuring that school personnel not employed by the school or school district comply with the vaccination or testing requirements?

The school or school district is ultimately responsible for ensuring that all individuals who meet the definition of school personnel comply with the vaccination or testing requirements, regardless of employer. However, it is expected that any entity who employ school personnel will also ensure that such individuals meet the vaccination or testing requirements.

For school personnel who are not employed by the school or school district but are providing services through another entity (i.e., a contractor or service provider of the school), the school may determine that such school personnel are compliant with [Executive Order 2021-22](#) by requiring the entity to:

1. collect proof of vaccination against COVID-19 from the school personnel or proof of compliance with the testing requirements under Section 6.40; and
2. submit an attestation to the school that they have collected this proof for any school personnel they will provide to the school.

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

10. May school personnel refuse to be fully vaccinated for any reason? (Updated 10/15/2021)

School personnel may choose not to be vaccinated due to a religious objection, a medical contraindication to the COVID-19 vaccine, or for any other reason. However, both the CDC and IDPH strongly encourage all individuals eligible for the COVID-19 vaccine to be vaccinated and for all schools and school districts to encourage their employees to be vaccinated. Regardless of the reason for refusing vaccination, all school personnel who are not fully vaccinated must submit to at least weekly testing beginning September 19, 2021, and must continue to submit to at least weekly testing until they are fully vaccinated. **Asymptomatic school personnel who tested positive for COVID-19 within the prior 90 days may be exempted from weekly testing for that 90-day period from infection on the condition that they provide confirmation of prior infection.**

11. May schools institute requirements for vaccination or testing that exceed the requirements set forth in [Executive Order 2021-22](#) and ISBE's Emergency Rules?

Yes, a school may adopt vaccination or testing requirements that exceed the requirements in [Executive Order 2021-22](#). For example, a school may require that all school personnel, other than those with a religious objection or who have a medical contraindication to the COVID-19 vaccine, be fully vaccinated. Likewise, a school may require more frequent testing than is prescribed by [Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#).

Masking

12. Who must wear masks in schools?

Everyone. [Executive Order 2021-18](#) requires that all teachers, staff, students, and visitors to pre-K-12 schools wear a mask while indoors, regardless of vaccination status.

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

- Children under 2 years of age.
- A person who [cannot wear a mask or cannot safely wear a mask](#) because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Schools and

districts should discuss the possibility of a [reasonable accommodation](#) with workers who are unable to wear a mask, or who have difficulty wearing certain types of masks because of a disability.

- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

The [CDC Order](#) and [Executive Order 2021-18](#) require passengers and drivers to wear a mask on school buses.

Appropriate mask use (i.e., covering over face AND nose, correct fit across the face, and the correct material used for masking) is essential to prevent transmission. Please see the CDC [Guide to Masks](#).

13. Are masks required during extracurricular activities?

Yes, when indoors. All teachers, staff, students, and visitors, regardless of vaccination status, must wear a mask while indoors at school, including during sports and other extracurricular activities. All individuals, regardless of vaccination status, may remove masks during sports and other extracurricular activities conducted outdoors. [CDC](#) recommends that people 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, especially in communities with [substantial to high transmission](#) (see [Question 77](#) below for more information on levels of transmission). Those who are fully vaccinated may also wear masks outdoors when in crowded environments, should they wish to do so.

See the [IDPH sports guidelines](#) for more information.

14. What is the primary purpose of a mask?

Masks act as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called [source control](#). The primary purpose of a mask is to prevent the wearer from potentially exposing or infecting others. To be effective, masks must be worn properly and must completely cover both the nose and mouth.

According to the [CDC scientific brief on community use of cloth masks to control the spread of SARS-CoV-2](#), there are at least 10 studies confirming the benefit of masks, with each analysis demonstrating that “following directives from organizational and political leadership for universal masking, new infections fell significantly.” The research shared in the brief also supports that “mask wearing has no significant adverse health effects for wearers,” including no change in oxygen or carbon dioxide levels and minimal impacts on respiration.

15. How should cloth masks be cleaned and stored?

Personal cloth [masks](#) should be taken home, [laundered](#) daily, dried in a dryer, and reused. Do not launder N95 or surgical masks. Personal masks should be stored between uses in a clean sealable paper bag or breathable container.

16. When should a mask be changed?

Masks must be changed immediately if soiled, wet, or torn.

17. What are the recommendations as to when a mask may be removed for students and staff?

[Executive Order 2021-18](#) requires universal indoor masking for all teachers, students, staff, and visitors to pre-K-12 schools, regardless of vaccination status. However, masks may be temporarily removed at school in the following circumstances:

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

18. What PPE is required by school nurses who are assessing a student or staff member reporting COVID-19-like symptoms?

If the nurse is screening a sick individual, it will be safest for them to be wearing a fit-tested N95 respirator, eye protection with face shield or goggles, gown, and gloves. When performing clinical evaluation of a sick individual, school nurses will use enhanced droplet and contact transmission-based precautions. Staff performing this evaluation should use appropriate personal protective equipment (PPE) including:

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

Any staff member who may be involved in the assessment or clinical evaluation of a student or staff member with COVID-19-like symptoms should be trained on the type of PPE required and how to 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.⁴ OSHA requires that N95 respirators be fit tested prior to use. This is an important step to ensure a tight fit for the respirator to be effective in providing protection. If a fit-tested N95 respirator is not

⁴ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

available, the next safest levels of respiratory protection include, in the following order: a non-fit-tested N95 respirator, a KN95 respirator on the FDA-approved list,^{5 6 7} or a surgical mask.

19. If a nurse or staff member was wearing full PPE as recommended and was in the same room as a student or staff member later determined to be a probable or confirmed COVID-19 case, is that nurse or staff member required to be quarantined by the health department or excluded by the school?

If wearing the recommended PPE appropriately, the nurse evaluating the student or staff member who is later determined to be a probable or confirmed COVID-19 case would not be recommended for quarantine or exclusion as a close contact. The nurse should continue to follow all [recommended infection prevention and control practices](#), including wearing a mask for source control while at work, actively monitoring themselves for fever or COVID-19 symptoms prior to work and while working, and staying home if ill. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

20. What are the recommendations on using a face shield in lieu of a mask?

Because respiratory droplets may be expelled from the sides and bottom of face shields, they do not provide adequate 'source control' and should only be used as a substitute for face coverings in the following limited circumstances:

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

21. How should schools handle students who cannot tolerate a face covering or a face shield due to a medical contraindication?

Students who are unable to wear a face covering or face shield due to a medical contraindication may not be denied access to in-person education. Staff working with students who are unable to wear a face covering or shield due to a medical contraindication should wear approved and

⁵ <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendix>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html>

⁷ https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Facemask_Considerations_for_Healthcare_Professionals_in_Schools.pdf

appropriate PPE based on job specific duties and risks and maintain physical distancing as much as possible. Other students should also remain physically distant from students who are unable to wear a face covering or face shield due to a medical contraindication.

22. What are the recommendations on using a neck warmer in lieu of a cloth mask?

It is not known if athletic face coverings/neck warmers provide any benefit as source control to protect others from the spray of respiratory particles. [CDC guidance](#) allows neck warmers (e.g., gaiters) if they are at least two layers or fold into at least two layers.

23. What kind of PPE is required for staff who clean areas used by a suspected or known COVID-19 case?

If a janitor is cleaning an area used by a suspected or known COVID-19 case, it is safest for them to wear a fit-tested N95 respirator, eye protection with face shield or goggles, gown, and gloves.

24. Can clear masks be utilized?

While cloth masks are encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a cloth mask may not be feasible. In these instances, parents, guardians, caregivers, teachers, staff, and school administrators should consider [adaptations and alternatives](#) whenever possible. They may need to consult with health care providers for advice about wearing cloth masks and any available adaptations or alternatives.

People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear cloth masks if they rely on lipreading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, faculty and staff should consider using a **clear mask** that covers the nose and wraps securely around the face. If a clear mask is not available, consider whether faculty and staff can use written communication (including closed captioning) and decrease background noise to improve communication while wearing a cloth mask that blocks their lips.

In addition to those who interact with people who are deaf or hard of hearing, the following groups of teachers and staff may also consider using clear masks:

- Teachers of young students (e.g., teaching young students to read).
- Teachers of students who are English language learners.
- Teachers of students with disabilities.

Physical Distancing

25. What are the CDC's physical distancing recommendations for individuals in classrooms?

CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with universal indoor mask wearing, to reduce transmission risk. Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures (in addition to masking and other prevention strategies) but should not exclude students from in-person learning to keep a minimum distance requirement.

26. What additional prevention measures should schools adopt if maintaining physical distancing of at least 3 feet between students is not feasible in their facilities?

When it is not possible to maintain recommended physical distance of at least 3 feet between students, 6 feet between students and teachers/staff, and 6 feet between teachers/staff who are not fully vaccinated, such as when schools cannot fully re-open while maintaining these distances, the other layered prevention strategies play an even more critical role, such as universal indoor masking (required for everyone in pre-K-12 schools); screening testing; cohorting; improved ventilation; handwashing; covering coughs and sneezes; staying home when sick with symptoms of infectious illness, including COVID-19; and regular cleaning to help reduce transmission risk.

27. What are the CDC’s physical distancing recommendations for cafeterias and other areas where food is consumed?

Schools should maximize physical distance as much as possible when students are moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating, such as the gymnasium or outdoor seating, can help facilitate distancing. Note: students, teachers, and staff who are fully vaccinated do not need to distance while eating. Schools may wish to consider “staggering” schedules for arrivals/dismissals, hall passing periods, mealtimes, bathroom breaks, etc., to ensure the safety of unvaccinated students and staff. Additionally, risk of transmission may be decreased by improved ventilation strategies per [CDC guidance](#), such as open windows and fans (weather permitting). Staff and students should abstain from physical contact, including, but not limited to, handshakes, high fives, and hugs.

Testing

28. Is COVID-19 testing required for unvaccinated school personnel?

Yes. Beginning September 19, 2021, school personnel who are not fully vaccinated must be tested for COVID-19 at least weekly until they are fully vaccinated. If a school is experiencing an outbreak of COVID-19 and school personnel who are not fully vaccinated may be part of the outbreak, as determined by public health authorities, such school personnel must be tested two times per week for the duration of that outbreak.

29. What tests may be used for unvaccinated school personnel?

School personnel who are not fully vaccinated must be tested for COVID-19 with either a [Nucleic Acid Amplification Test](#) (NAAT), including PCR tests, or an antigen test that either has Emergency Use Authorization by the FDA or is operating per the Laboratory Developed Test requirements by the CMS. The Illinois Department of Public Health recommends PCR testing with less than 48-hour turnaround time. Please note that the state’s free school testing programs are currently being prioritized for testing students and should not be utilized for testing unvaccinated school personnel.

30. For how long will school personnel who are not fully vaccinated need to submit to testing?

All school personnel who are not fully vaccinated must submit to at least weekly testing beginning September 19, 2021 and must continue to submit to at least weekly testing until they are fully vaccinated.

31. If a school does not operate a testing program, are school personnel required to pay for testing?

A school may, but is not required to, reimburse school personnel for testing performed outside of school using state or local funds, subject to applicable local collective bargaining agreement provisions. Federal funds may be used to purchase appropriate tests and for test administration costs. However, a school may not use federal funds to reimburse school personnel for tests procured by them outside of the school setting. Generally speaking, testing is covered by health insurance, though school personnel should check with their insurance provider. For additional information, see the [IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#).

32. May **unvaccinated school personnel purchase and self-administer a test and provide test results to the school for required weekly screening for unvaccinated staff? (Updated 10/15/2021)**

Yes, though a school may determine its own requirements for test reporting. At-home tests or self-test kits for COVID-19 are available for purchase from retail pharmacies or other outlets. Some of these tests require supervision **or proctoring** through telehealth, who will then confirm the identity of the person taking the test (e.g., by showing photo ID), while others are fully self-administered. For schools and school districts, at-home or self-tests that are fully self-administered are permissible when the school or school district requires proof of the test result through a video or picture of the test result to be available upon request from the school personnel. If schools or school districts choose to allow their school personnel to use at-home tests that are self-administered to attest to their negative status, they should be aware of the limitations of these tests, such as inadvertent improper administration and difficulty in verifying the reported results against the individual's identity. **Over-the-counter tests are not recommended for students or staff excluded due to COVID-19-like symptoms (see [Question 45](#)) or for the seven-day reduced quarantine testing requirement (see [Question 58](#)).**

33. How can school personnel who are not fully vaccinated provide proof of a negative test?

As required by [Executive Order 2021-22](#), school personnel must be tested on site at their workplace or submit proof or confirmation of a negative test obtained elsewhere. Such proof should include a paper or electronic copy of the negative test result for review by the school. There should be sufficient personally identifiable information on the test result to ensure the specimen and result do in fact apply to individual required to test.

[CDC guidance for verifying a qualifying negative test result for air travelers](#) indicates that test results must be in the form of written documentation (paper or electronic copy) and must include the following:

1. Type of test (indicating it is a NAAT or antigen test).
2. Entity issuing the result (e.g., laboratory, health care entity, or telehealth service).
3. Specimen collection date. A negative test result must show the specimen was collected within the three3 days before the flight. A positive test result for documentation of recovery from COVID-19 must show the specimen was collected within the three3 months before the flight.

4. Information that identifies the person (full name plus at least one other identifier such as date of birth or passport number).
5. Test result.

34. What happens if school personnel undergoing at least weekly testing for COVID-19 receives a positive result?

School personnel who test positive for COVID-19 should immediately isolate at home. Schools must exclude school personnel who are a confirmed case or probable case for at least 10 days following date of positive test if asymptomatic or following onset of symptoms if symptomatic, or as otherwise directed by the local health department.

35. Must a school exclude unvaccinated school personnel who are testing in accordance with applicable testing requirements while they are awaiting test results?

No. Schools may permit school personnel awaiting weekly test results to be on school premises, so long as the school personnel is not considered a close contact to a confirmed or probable case and is not exhibiting symptoms of COVID-19.

36. How can testing be used to support in-person instruction?

Screening tests for COVID-19 can support in-person learning by identifying infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening tests are performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1 in the [CDC guidance](#): “Screening Testing Recommendations for K-12 Schools by Level of Community Transmission”).

IDPH recommends schools acquire parental consent for student testing at the beginning of the school year to accommodate outbreak testing, should the need arise. For schools partnering with SHIELD Illinois for weekly screening, outbreak testing is included in the testing program. For districts without weekly screening, outbreak only testing through SHIELD Illinois is available by completing this interest form: <https://bit.ly/3mMejKH>. However, prioritization of outbreak testing will be given to districts with weekly screening programs. Schools that fulfill the requirements to implement point of care testing as outlined in the [IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#) can also utilize BinaxNOW rapid antigen testing for their outbreak response. BinaxNOW tests can be requested by emailing dph.antigentesting@illinois.gov.

The state of Illinois has made COVID-19 testing available free of charge to all schools in Illinois through SHIELD Illinois. Those interested in establishing a K-12 testing program using the SHIELD Illinois saliva test should complete this interest form: <https://bit.ly/interestedSHIELD>. Note: SHIELD Illinois is also able to offer BinaxNOW rapid antigen testing along with its standard weekly saliva testing program. Those interested in implementing a pre-K-12 testing program using the BinaxNOW rapid antigen test should email dph.antigentesting@illinois.gov. (See the [IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#) for complete information on testing.)

Additionally, testing can be used to keep students in school when identified as classroom close contact through the Test to Stay protocol. This allows students to avoid quarantine or exclusion by testing on days one, three, five, and seven after exposure as long as they continue to test negative.

37. How can testing be used to support participation in extracurricular activities?

To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), CDC recommends schools implement screening testing for participants who are not fully vaccinated. According to the CDC, schools should routinely test student athletes, extracurricular participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. To protect in-person learning at school, CDC recommends that sports that involve sustained close contacts with others and extracurricular activities that involve singing, shouting, band, or exercise, especially when conducted indoors, should be virtual or canceled in areas of high community transmission, unless all participants are fully vaccinated and can maintain social distancing or masking during related activities. For more information on sports, see the IDPH [sports guidelines](#). For additional information on CDC K-12 screening testing recommendations, see table 1 of the new [CDC Guidance for COVID-19 Prevention in K-12 Schools](#).

38. What is the average amount of time after receiving a COVID-19 test that results will be received?

Turnaround time (TAT) for laboratory test results depends on laboratory capacity. Typically, the TAT for test results from the state lab is 24-48 hours. The TAT can increase when the demand for testing is high. Private reference labs may be able to offer a shorter TAT and should be considered as an option for testing.

39. When a student is tested outside of school, can the school be notified of a confirmed or probable case as quickly as possible?

Schools should ask parents/guardians to notify the school as quickly as possible of any confirmed or probable COVID-19 cases. It is important that schools communicate this expectation to parents/guardians early and often. The local health department (LHD) will also receive a report of a confirmed or probable case from either a lab or provider. However, the report does not necessarily include school information (unless the school was the test submitter). This means that the LHD must obtain this information by interviewing the case/parent/legal guardian. The LHD will notify the school as soon as they have acquired the school information. Schools should identify a point of contact for LHDs, including someone who can be reached after hours.

40. If a student or staff member presents a note from a health provider or negative COVID-19 test result, for how many days is that test result valid?

A negative polymerase chain reaction (PCR) test is valid only for the day on which it was reported. It denotes that on the day that the sample was collected, the individual being tested did not have any detectable virus in their system. Because the incubation period (time from exposure to infection) for COVID-19 is 2-14 calendar days, a person with a negative test may still develop infection at some point during the incubation period.

41. When is a confirmatory PCR test required for possible cases in the school setting?

As shown in the [CDC's testing algorithm](#) (see Figure 1) and referenced in [IDPH's Rapid Point-of-Care Testing for COVID-19 in Community Settings and Schools](#), confirmatory testing for antigen and rapid NAATs is sometimes required when the results are different than what is expected (e.g., positive result in an asymptomatic person with no known exposure). In these circumstances, CDC recommends a lab-based (non-rapid) NAAT (such as a PCR) from a nasal specimen.

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

When considering if school personnel or students need to be excluded from in-person learning for a period of time due to COVID-19-like symptoms, if the school personnel/student is a close contact to a confirmed or probable case, the school is experiencing an outbreak, or local health department (LHD) is requiring validation due to community transmission levels, documentation of a negative NAAT (e.g., RT-PCR) COVID-19 test result is needed. The SHIELD Illinois saliva test is a RT-PCR and can be used in these situations. If the student/school personnel does not have a known close contact, the school is not in outbreak, or the LHD is not requiring confirmatory testing due to the level of community transmission, a negative RT-PCR, rapid molecular (rapid PCR) or negative antigen test is acceptable. (With low pre-test probability, NAAT testing [e.g., PCR] following a negative antigen test is not required.)

42. Do fully vaccinated persons need to be tested? (Updated 10/18/21)

It depends on the circumstances, per [CDC's guidance](#).

- If a fully vaccinated person develops symptoms of COVID-19, they should be tested, isolated, and excluded from school.
- If a fully vaccinated student or staff has close contact with a confirmed case of COVID-19, they should be tested **5 to 7** days after the exposure but are not required to be excluded as long as they remain asymptomatic.
- If a fully vaccinated staff or student attends a school or classroom that is currently experiencing an outbreak, that student or staff may have been exposed and should be tested as part of the school's outbreak testing response.
- If a school is conducting screening testing of asymptomatic persons, then a fully vaccinated person should not be tested as part of screening testing unless recommended to do so in certain situations of heightened transmission risk, such as with certain sports activities (see [Question 37](#) for more information on screening testing for sports).

43. If an unvaccinated staff person has recovered from COVID-19 in the past 90 days, do they need to participate in weekly testing?

For consistency with CDC and IDPH guidance, persons with documentation of COVID-19 infection in the past 90 days (positive diagnostic test based on specimen collection date) should be exempt from weekly testing. They are likely to shed non-replicable virus and a positive test would require isolation for 10 days after each positive test date. However, previous infection with COVID-19 is not a contraindication for receiving the vaccine. A person may be vaccinated after completing 10 days in isolation.

Management of Ill Students and Staff

44. Do schools need to conduct temperature checks and symptom screening and/or require parents to provide attestation of negative symptom screening on a daily basis?

No. Both the [CDC and IDPH](#) no longer recommend fever and symptom screening or attestation of symptom screening upon arrival at school. Instead, self-screening for [symptoms of COVID-19](#) and other [common respiratory viruses and ailments](#), prior to arriving on school grounds or boarding school transportation, continues to be recommended. Schools should continue to post signage and communicate with students and staff that they are discouraged from entering buildings or boarding school transportation if ill and should consult with the school's nurse and/or their own doctor about whether a COVID-19 test is recommended.

45. What actions should be taken by students/staff sent home with COVID-19-like symptoms?

- All students and staff (regardless of vaccination status) excluded with COVID-19-like symptoms should be diagnostically tested with a PCR or rapid antigen or molecular test with Emergency Use Authorization by the FDA. Over-the-counter tests are not recommended. Schools must exclude any student or staff that exhibit symptoms of COVID-19 (1) until they test negative for COVID-19 or for a minimum of 10 days, (2) until they are fever free for 24 hours and (3) until 48 hours after diarrhea and vomiting have ceased.
- Students and staff who are confirmed or probable cases of COVID-19 must be excluded from school for 10 calendar days from the date of positive test if asymptomatic or following onset of symptoms if symptomatic, or as otherwise directed by the local health authority. Individuals who meet the above criteria may return to school even if other household members are in isolation or quarantine in the home.
- Students and staff with COVID-19-like symptoms who do not get tested for COVID, must be excluded for 10 calendar days from the date of first symptom onset **and** be fever-free for 24 hours without use of fever-reducing medications **and** other symptoms have improved before returning to school.
- COVID-19 diagnostic testing is strongly recommended for all persons with COVID-19-like symptoms.

46. If a student is sent home sick with suspected COVID-19 symptoms (e.g., cough, fever, diarrhea, shortness of breath, etc.), must all their siblings/household members be sent home as well?

If the ill household member is tested within 24 hours of first notification of symptoms, household members do not need to be sent home unless there is a high suspicion the ill person has COVID-19

(e.g., they are a known close contact, they have lost sense of taste and smell). Pending test results, household members can remain in school with consistent use of well-fitting masks both indoors, as required, and outdoors. If the ill household member tests positive for COVID-19, then any unvaccinated household members should be removed from the school immediately. If testing does not occur within 24 hours, unvaccinated household members must be excluded per the [Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools – COVID-19 Exclusion Protocols](#) (“COVID-19 Exclusion Protocols”).

47. How many symptoms does a person need to have to be considered a suspect COVID-19 case?

Students and staff exhibiting one or more COVID-19-like symptoms are considered suspect cases and should be immediately isolated and evaluated. Schools should evaluate each symptomatic student/staff to determine if this symptom is new or if it is part of an existing condition.

The [COVID-19 Exclusion Protocols](#) and [CDC Screening in K-12](#) were recently updated to limit the symptoms for which students should be screened for suspect COVID-19 infection. Many symptoms of COVID-19 are also symptoms of common illnesses like seasonal allergies, colds, and chronic conditions like asthma. To prevent potentially excluding students repeatedly, the list of symptoms has been limited to those most likely to be part of an infectious syndrome. However, if a student/staff has a COVID-19 symptom not listed on the COVID-19 Exclusion Protocols, but the school health staff has an increased concern due to community spread or known close contact (as shown in Box A and Box B of the COVID-19 Exclusion Protocols), the school health staff should exclude the individual and require testing or an alternative diagnosis for return.

48. What temperature is the fever threshold to be considered a symptom of COVID-19 and for the purposes of sending ill students and staff home?

CDC recommends that schools use 100.4°F or greater as the threshold for fever.

49. What are the recommendations for someone who has previously tested positive for COVID-19?

For those who have had prior diagnoses of COVID-19 confirmed by viral testing within three months, isolation, quarantine, and exclusion may not be needed. The table below describes various scenarios that may occur. Schools are encouraged to discuss these situations with their local health departments for clear guidance.

Recommended actions for previous COVID-19-Positive Individuals	Less than 90 days (3 months) from last Positive Test	Greater than 90 days (3 months) from last Positive Test
Refer for clinical evaluation if COVID-19-like symptoms are present?	YES	YES
Repeat COVID-19 test if COVID-like symptoms are present?	NOT recommended. Health care provider may decide to test based on clinical assessment.	YES
Exclude from school if COVID-19-like symptoms are present?	<i>Individuals who have tested positive in past 90 days should be assessed for other illnesses and excluded or refused admittance from school</i>	If COVID-19 test is positive : Exclude for 10 days. Refer to Situation #2 in COVID-19 Exclusion Protocols. If COVID-19 test is negative : Implement test-to-stay protocol or

	<i>consistent with the IDPH Communicable Disease in Schools guidance</i> Refer to Situation #2 in COVID-19 Exclusion Protocols.	exclude for 10 days for close contacts or outbreak. Send home and return to school after negative test, fever free for 24 hours, and no symptoms. Refer to Situation #2 in COVID-19 Exclusion Protocols.
Exclude from school if named as a close contact to a known case of COVID-19?	NO	YES

Contract Tracing, Exclusion and Quarantine

50. How are close contacts determined in school? (Updated 10/18/2021)

Contact tracing is used by local health departments (LHDs) and schools to prevent the spread of infectious diseases. In general, contact tracing involves identifying people who have a confirmed or probable case of COVID-19 (cases) and people who they came in contact with (close contacts) and working with them to interrupt disease spread. This includes asking people with COVID-19 to [isolate](#) and their contacts to [quarantine](#) at home voluntarily. Fully vaccinated persons who remain asymptomatic and those with documented COVID-19 infection within the past 90 days are excluded from quarantine or exclusion. However, the updated CDC guidance recommends that fully vaccinated persons test **5 to 7 days** after the known exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.

For all individuals where exposure occurred outside of the classroom setting and for teachers, staff, and adults in the indoor pre-K-12 classroom setting, CDC defines a [close contact](#) as an individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. For students in the classroom setting **either indoors or structured outdoor settings where mask use can be observed**, contacts within 3 to 6 feet of a confirmed or probable case do not require exclusion as long as both the case and the contact were consistently masked. If they were not consistently masked, then close contacts are classroom students who were within 6 feet of the infected student for a cumulative total of 15 minutes or more over a 24-hour period. For students on school transportation, contacts within 3 to 6 feet of an infected student do not require exclusion as long as both the case and the contact were consistently masked and windows were opened or [HEPA filters](#) were in use.

In general, individuals who are solely exposed to a confirmed case while outdoors should not be considered close contacts. **Schools may coordinate with their LHD to determine the necessity of exclusion for higher-risk outdoor exposures.**

The longer a person is exposed to an infected person, the higher the risk of exposure/transmission. The infectious period of close contact begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person). If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts, as determined by LHDs. Persons who have had lab-confirmed COVID-19 within the past 90 days or those fully vaccinated, according to CDC guidelines, are not **considered close contacts and do not need to be excluded from school unless they exhibit COVID-19-like symptoms.**

51. Who will do contact tracing?

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 pursuant to [Executive Order 2021-24](#) and [77 Ill. Admin. Code 690.361](#).

Contact tracing will also be performed by the local health department (LHD), sometimes in partnership with IDPH or a community-based organization. Schools can assist the LHD by identifying all close contacts to a confirmed case. Both schools and any other third parties are required, pursuant to the state's regulations, to cooperate in the LHD's disease investigation and contact tracing initiatives. Cooperation with contact tracing and disease investigation by parents/guardians and other individuals can help ensure infection control measures are being maximized. Documentation of assigned seats and taking photos of assembled classes can be useful in helping schools determine who was within 6 feet of a given case.

Schools must be aware of confidentiality laws pertaining to school student records, including exceptions for release of information in the event of an emergency and requirements to notify parents and to create a record of emergency releases of information. (105 ILCS 10/6(a)(7); 23 Ill. Admin. Code 375.60).

52. Is contact tracing only performed when a positive test is received?

Contact tracing is performed for a confirmed case (positive PCR test) or a probable case (positive antigen test OR person with clinically compatible COVID-19-like symptoms and epidemiologically linked² via known exposure to a confirmed case).

53. If a confirmed or probable COVID-19 case is identified in a classroom, or on a school bus, who will be considered close contacts that need to be excluded and quarantined? Will this include the entire classroom or all the students on the bus? (Updated 10/18/2021)

For purposes of determining a close contact, exposure in a classroom should be limited to everyone with whom the confirmed or probable COVID-19 case had close contact (less than 3 feet for masked students or within 6 feet for adult staff or unmasked students) for a cumulative total of at least 15 minutes throughout the course of a 24-hour period. For students on school transportation, contacts within 3 to 6 feet of an infected student do not require exclusion as long as both the case and the contact were consistently masked and windows were opened or HEPA filters were in use.⁸ Close contact does not include individuals who tested positive for COVID-19 within prior 90 days and are currently asymptomatic. Close contacts who are fully vaccinated should get tested 5-7 days after coming into close contact with someone with COVID-19 and wear a mask indoors in public for 14 days or until they test negative. If symptoms develop, they should isolate and get tested immediately.

⁸ Ramirez, D. W. E., Klinkhammer, M. D., & Rowland, L. C. (2021). COVID-19 transmission during transportation of 1st to 12th grade students: Experience of an independent school in Virginia. *Journal of School Health, 91*(9), 678-682. <https://doi.org/10.1111/josh.13058>

54. If the close contact and the COVID-19 case were both wearing masks when the exposure occurred, is the close contact still required to be excluded and quarantined?

Not in all cases. According to the CDC definition of [close contacts](#) in the K-12 indoor classroom setting, students who were 3 feet or more from an infected student are not treated as close contacts if both students were engaged in consistent and correct use of well-fitting masks.

If the exposure is between adults or an adult and student, wearing masks does not affect who is identified as a close contact required to be excluded and quarantined. While there is strong evidence that face coverings significantly reduce the risk of infection, the possibility of transmission cannot be ruled out.

55. If after completing 10 days in isolation a “probable” COVID-19 case (based on known exposure, symptoms, and positive serology) has a subsequent exposure to a confirmed case of COVID-19, does this person need to be quarantined or excluded from school?

CDC guidance now states that unvaccinated individuals with positive SARS-CoV-2 antibody testing within three months prior to, or immediately after, an exposure to someone with suspected or confirmed COVID-19 and who have remained asymptomatic since the current COVID-19 exposure do not need to be quarantined, provided there is limited or no contact with persons at high risk for severe COVID-19 illness, including [older adults and persons with certain medical conditions](#). So, if a probable case provides positive results from antibody testing in the timeframe described above, the local health department may consider releasing the staff/student from quarantine or isolation.

Serologic testing is not diagnostic and should not be used to diagnose acute SARS-CoV-2 infection or determine immunity from vaccination or to assess the need for vaccination in unvaccinated persons.

56. Do vaccinated students and staff have to be excluded after an exposure to a case?

Vaccinated students and staff do not need to be excluded if they meet all the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a two-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine).
- Have remained **asymptomatic** since the current COVID-19 exposure.

Note that **fully vaccinated** is defined as ≥ 2 weeks following receipt of the second dose in a two-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine. If a student or staff member has received both doses, but the exposure to a COVID-19 case occurs before it has been a full two weeks after completing the vaccine series, the student or staff member should follow exclusion and quarantine recommendations for unvaccinated persons. The student or staff member should continue to monitor for symptoms for 14 days after the exposure, regardless of vaccination status, and, **if any symptoms develop, they should immediately self-isolate** and contact their local health department or health care provider to report their symptoms.

57. Does an individual with positive SARS-CoV-2 antibody testing need to be excluded if identified as a close contact?

Antibody testing **should not be promoted as a way to avoid exclusion.** The robustness and durability of immunity following natural infection remain unknown. Local health departments should make decisions on exclusion from school and isolation on a case-by-case basis using CDC/IDPH guidance and antibody testing should be used sparingly. For example, antibody testing may be used to exempt someone from exclusion when the individual is documented as a probable case (i.e., has COVID-19-like symptoms and is epidemiologically linked⁹ to a known case) and they never received a diagnostic test. Per [CDC guidance on serologic antibody testing](#), unvaccinated persons who have tested antibody positive (with an FDA-authorized test) within three months before or immediately following an exposure to someone with suspected or confirmed COVID-19 and who have remained asymptomatic since the current COVID-19 exposure do not need to be excluded, provided there is limited or no contact with persons at high risk for severe COVID-19 illness. This includes [older adults and persons with certain medical conditions](#).

Serologic testing does not replace virologic testing and should not be used to establish the presence or absence of acute SARS-CoV-2 infection, nor should it be used to determine immunity after vaccination or to determine if vaccination is needed in an unvaccinated person.

58. What tests are acceptable for returning to school (after Day 7)?

Antigen testing can be used to release unvaccinated adult staff and students from when one of the early release options is implemented. CDC guidance states that a negative result from a SARS-CoV-2 diagnostic test is acceptable for returning to school if the person has also remained asymptomatic. When readily available and turn-around time is good, the gold-standard nucleic amplification testing, including RT-PCR, is preferred. For students using the 10-day release, IDPH recommends a negative RT-PCR as well. At-home antigen tests are not recommended for meeting criteria to return to school at this time; only testing administered by either school health staff or by laboratory personnel is acceptable.

59. If a student or staff member is identified as a close contact to a person with COVID-19 and is excluded from school, are their household members and close contacts also required to be excluded?

No. Contacts of a person who is a close contact to a COVID-19 case (i.e., contacts to contacts) do not need to be excluded or self-quarantine unless they develop symptoms or if the person identified as the close contact develops COVID-19. They should, however, monitor themselves closely for symptoms of COVID-19 and if they become symptomatic, self-isolate and seek medical evaluation/testing.

Cleaning and Disinfection

60. What kind of cleaning and disinfection for schools is recommended?

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

⁹ A “case with an epidemiological link” is a case that has either been exposed to a confirmed case or has had the same exposure as a confirmed case.

Routine cleaning performed effectively with soap or detergent, at least once per day, can substantially reduce virus levels on surfaces. When focused on high-touch surfaces, cleaning with soap or detergent should be enough to further reduce the relatively low transmission risk from fomites in situations when there has not been a suspected or confirmed case of COVID-19 indoors. In situations when there has been a suspected or confirmed case of COVID-19 indoors within the last 24 hours, the presence of infectious virus on surfaces is more likely and therefore high-touch surfaces should be disinfected.¹⁰

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

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

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

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

Ensure that [U.S. Environmental Protection Agency \(EPA\)-approved disinfectants](#) for use against COVID-19 are available to staff responsible for cleaning.

Outbreak School Closure

61. What is the definition of an outbreak in pre-K-12 schools? (Updated 10/15/2021)

CDC recommends that all states define school-associated outbreaks according to the standards established by the Council of State and Territorial Epidemiologists (CSTE):¹¹ (A) “multiple cases comprising at least 10% of students, teachers, or staff within a specified core group” (e.g., extracurricular activity, cohort group, classroom, before/after school care, etc.) or (B) “at least three cases within a specified core group meeting criteria for a probable or confirmed school-associated COVID-19 case (laboratory-positive by PCR or antigen testing) with symptom onset or positive test within 14 calendar days of each other; who were not identified as close contacts of each other in another setting outside of the school setting (i.e., household); and that are epidemiologically linked² in the school setting or a school-sanctioned activity.” As recommended by the CDC, IDPH is adopting

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

¹¹ Council of State and Territorial Epidemiologists. (2021, August 6). Standardized COVID-19 K-12 school surveillance guidance for classification of clusters and outbreaks. Retrieved from <https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf>

the CSTE definition of school-associated outbreaks for K-12 settings and applying the standard to all school-based pre-K-12 settings. Schools should consult with their local health department (LHD) to determine if their circumstances and cases constitute a school-associated outbreak, using either of the definitions above as determined by the LHD. This would prompt an investigation by the LHD that may result in recommendations for testing and quarantining of students/staff in the affected classroom(s).

Outbreak testing is strongly recommended for schools in outbreak status. Implementation of outbreak testing should begin as soon as possible from the date the outbreak is declared and at least within three days. Schools should conduct twice weekly testing of all staff (regardless of vaccination status) and students in impacted classroom(s), grade(s), and extracurricular activities, or, depending on the circumstances, the entire student body, unless the LHD recommends otherwise. 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. Testing should continue until the school has gone two incubation periods, or 28 days, without identifying any new cases. If testing is not already in place for screening, schools should make plans to deploy outbreak testing when needed. A listing of free testing sites is available at <https://dph.illinois.gov/testing>. Additionally, SHIELD Illinois can be quickly deployed to a school setting by emailing Beth Heller, senior director of External Affairs for SHIELD, at bheller@uillinois.edu. Schools can also utilize BinaxNOW rapid antigen testing for outbreak response by emailing dph.antigentesting@illinois.gov.

62. If there is a large outbreak of COVID-19 within a school, what are the recommendations for temporary school closure? (Updated 10/15/2021)

Decisions for temporary closure of a school (“Adaptive Pause”) will be made by school leaders in consultation with the local health department. This initial short-term closure allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This also allows the local health officials to help the school determine appropriate next steps, including whether an extended closure is needed to stop or slow further spread of COVID-19. As stated above, these decisions 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 CDC guidance. Pursuant to the State Superintendent of Education’s declaration on September 7, 2021, schools must provide remote learning during an Adaptive Pause.

63. Are there alternative strategies to school closure during a large outbreak that may be considered or employed?

In consultation with the local health department, a school may implement alternative strategies less drastic than closure. Options might include:

- Transitioning the classroom or grade where the outbreak is occurring to remote learning, especially where physical distancing is challenging (e.g., early childhood), .
- Suspending affected classes or closing playgrounds.
- Canceling non-essential activities and meetings.
- Keeping students in constant class groups or classrooms and moving teachers routinely between classes.
- Increasing spacing between students in classes.
- Shortening the school week.

- Staggering school start and lunch/break times across year groups or classes.

Communication and Reporting

64. Are schools required to report information to the local health department including cases, type and onset of symptoms, number of exposed persons, etc.?

Yes. Schools must report information needed for mitigating the spread of COVID-19 infection to the local health department for use in surveillance, contact tracing, and other public health activities. Schools must be aware of records and confidentiality laws pertaining to school student records, including exceptions to release of information in the event of an emergency, and requirements to notify parents and to create a record of emergency releases of information. (105 ILCS 10/6(a)(7); 23 Il. Admin. Code 375.60).

65. Is there a template letter for schools to use when notifying parents/guardians, students, and staff of a case of COVID-19?

Yes, a template letter can be found here:

<https://www.isbe.net/layouts/Download.aspx?SourceUrl=/Documents/Case-School-sample-letter.docx>.

66. Is it a Family Educational Rights and Privacy Act (FERPA) violation to notify the LHD/IDPH or staff and parents of a confirmed or probable case(s) in our school?

No. A laboratory confirmed case of COVID-19 is reportable within three hours to the local health department per the **Communicable Disease Code**. Identifiable information on a student or staff member, including name and contact information, is reportable to IDPH or to the local public health authority for any notifiable disease or condition.

Schools must be aware of records and confidentiality laws pertaining to school student records, including exceptions to release of information in the event of an emergency, and requirements to notify parents and create a record of emergency releases of information. (105 ILCS 10/6(a)(7); 23 Il. Admin. Code 375.60).

67. Does contact tracing violate the Health Insurance Portability and Accountability Act (HIPAA)?

No. The HIPAA Privacy Rule allows for reporting by covered entities to public health agencies for the purpose of preventing the spread of infectious diseases. HIPAA recognizes the legitimate need for public health authorities, and others responsible for ensuring public health and safety, to have access to protected health information to carry out their public health mission.^{12 13 14 15}

¹² <https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html#:~:text=Background%20The%20HIPAA%20Privacy%20Rule%20recognizes%20the%20legitimate,information%20to%20carry%20out%20their%20public%20health%20mission>

¹³ <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission-k-12-schools.html>

68. If we have a case of COVID-19 in a student at our school, what is our responsibility for notifying schools attended by siblings of the case?

There is no need to notify a school attended by siblings of a sick individual. If the sick individual tests positive for COVID-19 or becomes a probable case, the local health department conducting contact tracing will place siblings in quarantine and facilitate parental notification to the school(s) attended by siblings of the case.

69. Besides public health authorities, who should be notified of a case of COVID-19 at our school? Must we notify the entire district, or only the classroom or the building?

Communication of a confirmed or probable case of COVID-19 to the district and to the school community should align with the school's policy for notification of cases of communicable diseases. The communication message should counter potential [stigma](#) and discrimination. It is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and the Illinois School Student Records Act

Special Situations/Other Groups

70. Can the school nurse administer nebulizer treatments on campus?

Where possible, nebulizer treatments should be scheduled to be administered at home or the student may switch to metered dose inhalers with spacers for use at school. Nebulizer treatments, if required to be administered at school, should be done in a separate room with only the school nurse and student present. Nebulizer treatments should be administered to only one student at a time. If a window or fan is available, open the window and vent the fan to blow out of the window. The person administering the treatment should wear personal protective equipment (PPE), including a fit-tested N95/KN95 respirator, a face shield or goggles, gown, and gloves. Hand hygiene (washing) should be performed before donning (putting on) and after doffing (removing) PPE. Upon completing the nebulizer treatment, the student should perform hand hygiene. The room should be left vacant for a period of time (suggested minimum of two hours) then thoroughly cleaned and disinfected. Consult with individual student health care providers, if applicable, and Individualized Education Program (IEP) (teams to determine the best modality to meet students' needs on an individualized basis). Appropriate consents must be obtained for communication with outside providers. Review IEPs, 504 Plans, asthma action plans, or Individualized Health Plans to determine if these plans will need to be amended or modified.

71. Playing of some music instruments and singing are recognized as ways COVID-19 can be spread more easily by respiratory droplets. How can we prevent transmission in band or music classes?

All persons playing instruments in orchestra, band, and general music settings, or singing, dancing, participating in color guard, or teaching must wear a washable or disposable, multi-layered face covering or mask while indoors. Individuals playing aerosol-producing wind instruments should pull down their mask, play the instrument (with a bell cover as necessary), then replace their mask over their nose and mouth. Face coverings should only be completely removed while outdoors when physical distance is maintained.

When indoors, reduce the number of singers and performers in ensembles and encourage physical distance between different ensembles. A minimum 3-foot radius should be maintained between singers and/or instrumentalists, regardless of vaccination status. Duration should also be considered. A recent study found that limiting rehearsal times to 50 minutes or less significantly reduced the quantity and spread of aerosols among the individuals involved.¹⁶ When possible, music classes held indoors should occur in well-ventilated spaces and, if possible, with windows open. Additional guidance and technical resources for ventilation for acceptable indoor air quality is available from the [American Society of Heating, Refrigerating, and Air-conditioning Engineers](#).

Whenever possible, hold music classes outside. Outdoor rehearsal is the safest option. When outdoors, masks and bell covers for instruments are not required. However, depending on local transmission rates, mitigation efforts, including masking, may be implemented.

For additional guidance on music classes, see [IDPH Interim COVID-19 Music Guidance](#).

To facilitate safe participation in extracurricular activities with elevated risk for COVID-19 transmission, such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation, especially when conducted indoors, CDC recommends that schools implement screening testing for participants who are not fully vaccinated. According to the CDC, participants should test for COVID-19 at least weekly in areas with low or moderate transmission and at least twice per week in areas with substantial transmission. To protect in-person learning, CDC recommends that higher-risk extracurricular activities be virtual or canceled in areas of high community transmission, unless all participants are fully vaccinated. For additional information on CDC K-12 Screening Testing recommendations, see table 1 of the new [CDC Guidance for COVID-19 Prevention in K-12 Schools](#).

72. Occasionally, students share music, equipment, and even instruments. How do we manage these situations?

Avoid sharing instruments. If instruments must be shared (e.g., drums), they should be cleaned and disinfected between students.^{17 18} Music reeds and mouthpieces should **not** be shared. Note that some instrument surfaces may be damaged by cleaning and disinfecting products. Contact your instrument dealer for guidance on disinfection and follow the manufacturer’s instructions for cleaning. Discourage the sharing of music stands so that students do not inadvertently move closer to each other to see the music.

73. If an athlete is diagnosed with COVID-19, is it up to the school to notify all other teams that the athlete has been in contact with?

¹⁶ Weaver, J., Spede, M., Miller, S., & Srebric, J. (2021, July 9). International Coalition Performing Arts aerosol study: Updated guidelines. Retrieved from <https://nafme.org/international-coalition-performing-arts-aerosol-study-updates-guidelines-for-music-education-classrooms/>

¹⁷ <https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/>

¹⁸ <https://issma.net/covidresources.php> (Indiana guidance may vary from Illinois)

Yes. The school should make generic notifications to other schools and teams with which the confirmed or probable COVID-19 athlete may have had contact without identifying the person's name. Provide minimal information to protect confidentiality, but enough for the school to respond as needed. The local health department can assist in making this notification.

74. What is the role of the local health department in a situation involving an athlete diagnosed with COVID-19?

The local health department (LHD) will conduct [contact tracing](#) to identify close contacts (including household, physical, and sport-related) to the case and place them in quarantine for the recommended period of time.

Pursuant to [77 Ill. Admin. Code 690.361](#), schools must also conduct their own contact tracing in the school to determine if students or school personnel must be excluded from school, extracurricular events, or any other event organized by the school, regardless of whether an isolation or quarantine order has been issued by the LHD, as required by [Executive Order 2021-24](#).

Determining Prevention Strategies

75. How should schools apply the CDC's recommended layered prevention strategies?

In alignment with CDC guidance, the state of Illinois has issued an updated [Executive Order 2021-18](#) that requires that masks be worn indoors by all teachers, staff, students, and visitors to pre-K-12 schools, regardless of vaccination status. The state also requires all public and nonpublic schools to comply with contact tracing, in combination with isolation and quarantine, as directed by state and local public health departments.

Following the FDA's full [approval](#) to the Pfizer-BioNTech COVID-19 vaccine, this guidance has been updated in alignment with [Executive Order 2021-22](#), implemented by [23 Ill. Admin Code 6](#), which requires that all school personnel receive the COVID-19 vaccine or submit to at least weekly testing.

Further, effective September 17, 2021 with the issuance of [Executive Order 2021-24](#), schools and school districts must exclude students and school personnel from school who are confirmed or probable cases of COVID-19, who are close contacts to a case, or who exhibit COVID-19 like symptoms.

Additionally, the following COVID-19 prevention strategies remain critical to protect students and community members who are not fully vaccinated, especially in areas of moderate to high community transmission levels.

- [Promoting vaccination among eligible students](#)
- [Physical distancing](#)
- [Screening testing to promptly identify cases, clusters, and outbreaks](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)
- [Cleaning and disinfection](#)

According to the [CDC](#), children should return to full-time in-person learning with proper prevention strategies in place. Understanding that schools and communities can be differently situated, the updated K-12 guidance from the CDC stresses the importance of offering in-person learning, regardless of whether all of the prevention strategies can be implemented at a particular school. Schools should work with [local public health officials](#) to determine which prevention strategies are needed in addition to the required strategies by evaluating local [levels of community transmission](#) (i.e., low, moderate, substantial, or high; see [Question 77](#) below) and local [vaccine coverage](#) (see [Question 78](#) below). [School metrics](#), including county-level case rates and community vaccination rates, can be found on IDPH's website.

The [CDC K-12 schools guidance](#) references an array of prevention strategies in the context of keeping students and staff safe: "Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. Elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. Other schools (e.g., middle schools, K-8 schools) may also have students who are not yet eligible for COVID-19 vaccination. These variations require K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not fully vaccinated."

If school administrators, in consultation with local public health officials, decide to remove any of the recommended rather than required 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. Required prevention strategies may not be removed at any time. (Review IDPH answers to [FAQs on COVID-19 testing in schools](#) for more information.) Schools should communicate their strategies and any changes in plans to teachers, staff, families, and directly to older students, using accessible materials and communication channels, in a language and at a literacy level that teachers, staff, students, and families understand.

Here are educational examples to assist schools in determining how to use prevention strategies to protect students and staff, as informed by local public health conditions:

- A school in a community with substantial (50-99 new cases per 100,000 population in the last seven days) or high transmission (≥ 100 new cases per 100,000 population in the last seven days), with low teacher, staff, or student vaccination coverage (e.g., $<30\%$ of eligible population is fully vaccinated), and **with** a screening testing program in place may need to lessen physical distancing to ensure all students can access in-person learning.
- A school in a community with substantial or high transmission, with a low teacher, staff, or student vaccination rate, and **without** a student screening testing program should continue to maximize physical distancing and, in communities with high transmission, discontinue sports that involve sustained close contacts with others, unless all participants are fully vaccinated, as recommended by CDC.
- A school in a community with moderate transmission (10-49 new cases per 100,000 population in the last seven days), with moderate vaccination coverage (e.g., 40-60% of eligible population is fully vaccinated), and **with** a screening testing program in place could decide to suspend screening testing for the general student body but will continue screening for unvaccinated staff and students involved in higher-risk extracurricular activities until vaccine coverage increases or transmission decreases or both.
- A school in a community with low transmission (<10 new cases per 100,000 population in the last seven days) and a high vaccination rate (e.g., $\geq 70\%$ of eligible population is fully

vaccinated) could consider no longer requiring physical distancing or suspending screening testing for students.

The considerations listed above are intended to serve as examples of how school administrators may use information about local public health conditions to inform decision-making. They are not intended to serve as a definitive state-recommended framework to determine how to adjust mitigation strategies.

76. How can schools determine what level of transmission is occurring in their community?

Schools can review data from the [CDC](#) or [IDPH](#) to find recent information on the number of new COVID-19 cases per 100,000 population in the previous week. CDC defines community transmission as low, moderate, substantial, or high as follows:

	Low Transmission (blue)	Moderate Transmission (yellow)	Substantial Transmission (orange)	High Transmission (red)
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥ 100

Schools should contact their [local health department](#) for more information and guidance to assess local public health conditions.

77. How can schools determine vaccine coverage in their community?

Schools can review data from the [CDC](#) or [IDPH](#) to find recent information on the number and proportion of residents in their community who are fully vaccinated against COVID-19. CDC data reporting shows county-level vaccine coverage data according to the following tiers: 0-29.9%, 30-39.9%, 40-49.9%, 50-69.9%, and 70%+.

Schools should contact their [local health department](#) for more information and guidance to assess local public health conditions.

78. What are the CDC’s requirements for school buses and other school-related transportation?

School bus drivers and monitors are school personnel and are therefore subject to the vaccination or testing requirements of [Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#).

Further, the CDC issued an [Order](#), effective as of February 2, 2021, that requires all individuals to wear a mask on public transportation to prevent the spread of the virus that causes COVID-19. The [CDC’s order](#) applies to all public transportation conveyances, including school buses. In addition to consistent and correct universal indoor mask use in all pre-K-12 schools, as required by [Executive Order 2021-18](#), passengers and drivers **must** wear a mask on school buses, including on buses operated by public and nonpublic school systems, subject to the exclusions and exemptions in CDC’s order.

There is no COVID-19-related capacity limit for passengers on school buses. During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

Travel Restrictions

79. Do my school-aged children have to quarantine after returning from domestic travel? (Updated 10/18/21)

In general, Illinois continues to recommend that people follow the CDC's recommendations for [domestic](#) and [international](#) travel, including that people should delay domestic travel, and not travel internationally, until they are fully vaccinated. Additionally, the CDC's guidance for schools is that in-person learning is a priority. Thus, school-aged children who are not fully vaccinated and must travel do not need stay home and self-quarantine after travel; they should continue to attend school in-person. School-aged children who are not fully vaccinated and must travel should get tested **5-7** days after travel, monitor for symptoms, and follow the IDPH guidance for if they test positive or if symptoms of COVID-19 develop. Schools should follow local guidance for travel restriction that may be more stringent.

80. Are there any current domestic or international travel restrictions for which we should be monitoring and excluding students and staff?

There is widespread, ongoing transmission of novel coronavirus worldwide. CDC recommends delaying travel until the traveler is fully vaccinated because travel increases the chance of getting and spreading COVID-19. To learn more about COVID-19 travel recommendations for a specific destination for those fully vaccinated and not vaccinated, visit COVID-19 Travel Recommendations by Destination.

Domestic travel guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/infographic/infographic-quick-reference.html>.

International travel guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/infographic/infographic-international-quick-reference.html>.

Resources

81. School Toolkits and Checklists

K-12 Schools COVID-19 Mitigation Toolkit

- https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/FINAL-0321420_B_K-12_Mitigation_Toolkit508.pdf

K-12 School Walkthrough Guide

- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/321420-Walkthrough.pdf>