



## Frequently Asked Questions (FAQs) for Schools

**Additional Guidance as of March 22, 2022**

**(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](#). [Executive Order 2021-22](#)<sup>1</sup> continues to require all school personnel be fully vaccinated against COVID-19 or submit to at least weekly testing. School districts and nonpublic schools are encouraged to follow this guidance to minimize disease transmission and protect in-person learning for children.

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<sup>1</sup> 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.

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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 Keeping classrooms open for in-person learning.

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.)

[Everyone 5 years of age or older is eligible for COVID-19 vaccination](#). Youth aged 12-17 years old and adults aged 18 years and older are also eligible for [booster doses](#), per the CDC’s recommendations. 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.

See a listing of vaccination resources and supports on [ISBE’s COVID-19 Website](#) under the dropdown entitled “Supporting COVID-19 Vaccination.”

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

[Executive Order 2021-22](#) requires 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 3/22/2022)

**Section 3 of Executive Order 2021-22 remains in effect. Executive Order 2021-22 requires** school personnel **to** 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 12<sup>th</sup> 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 12<sup>th</sup> 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?**

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.

#### **6. 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.

## **7. 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](#). Contact I-CARE program staff via email at [dph.icare@illinois.gov](mailto:dph.icare@illinois.gov) for more information.

## **8. Who is responsible for ensuring that school personnel not employed by the school or school district comply with the vaccination or testing requirements? (Updated 3/22/2022)**

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 [Section 3 of 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 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.

#### **9. May school personnel refuse to be fully vaccinated for any reason?**

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 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.

#### **10. May schools institute requirements for vaccination or testing that exceed the requirements set forth in [Executive Order 2021-22](#)? (Updated 3/22/2022)**

Yes, a school may adopt vaccination or testing requirements that exceed the requirements in [Section 3 of 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](#).

#### *Masking*

#### **11. Who should wear masks in schools? (Updated 3/22/2022)**

The [CDC recommends indoor masking](#) for all, except for those addressed below, including students, teachers, staff, and visitors, regardless of vaccination status, in communities where COVID-19 community levels are high. Community Levels can help schools and local health departments, as well as individuals, make decisions based on their local context and their unique needs. At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People

with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask according to CDC's [COVID-19 Community Level and COVID-19 Prevention](#) guidance.

Masks are not recommended for the following categories of people:

- 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.

Consistent with the CDC guidance, staff and students with early release from isolation or quarantine should continue to wear masks in public and schools and local health departments may require individuals to, stay home for 10 days with the option to return after 5 days with masking through day 10, if asymptomatic or afebrile with symptoms improving for those with COVID-19 as described in the [IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#).

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. [See CDC guidance](#).

## 12. What kind of mask should students and staff wear at school? (Updated 3/22/2022)

See the [CDC guide to masks](#) for more information on choosing an appropriate mask. CDC now also recommends that people can [choose respirators](#) such as N95s and KN95s, which, if worn properly, can provide a higher level of protection than cloth or procedure masks. IDPH also recommends the following for students, staff, and other individuals who choose to wear a mask in schools:

- Masking at work: Consider choosing from the [list of masks](#) reported to meet the new [CDC Workplace Performance standard](#). To date, CDC has identified only two brands that meet the new recommended standards.
- Masking at school and in the community: Consider choosing from the [list of masks](#) reported to meet the new [ASTM standard for barrier face coverings](#). When possible, choose a surgical mask over a cloth mask.<sup>2 3 4</sup> When choosing cloth masks, make sure the mask is washable, breathable, has at least two layers, and fits correctly.

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<sup>2</sup> Sharm, A., Omidvarborna, H., & Kumar, P. (2021). Efficacy of facemasks in mitigating respiratory exposure to submicron aerosols. *Journal of Hazardous Materials*, 422, 126783. <https://doi.org/10.1016/j.jhazmat.2021.126783>

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

<sup>4</sup> Lindsley, W. G., Blachere, F. M., Beezhold, D. H., Law, B. F., Derk, R. C., Hettick, J. M., Woodfork, K., Goldsmith, W. T., Harris, J. R., Duling, M. G., Boutin, B., Nurkieqicz, T., Boots, T., Coyle, J., & Noti, J. D. (2021). A comparison of performance metrics for cloth masks as source control devices for simulated cough and exhalation aerosols. *Aerosol Science and Technology*, 55(10), 1125-1142. <https://doi.org/10.1080/02786826.2021.1933377>

- Any mask should fit snugly over the nose and chin with no large gaps around the side of the face.<sup>5</sup> Ways to improve a mask's fit include using a nose clip or nose wire, tying a simple knot in the ear loops,<sup>6</sup> or using a brace over the mask to prevent leaks.<sup>7</sup> See other suggestions from the CDC on ways to improve how a mask protects you.
- When choosing a cloth mask, look for those made of tightly woven fabrics with two or more layers.<sup>8</sup> Scarves and other loosely woven fabrics offer less protection.
- One way to ensure a mask has enough layers is to wear two.<sup>9</sup> For example, wear a two-layer cotton mask over a surgical mask.

### 13. 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.<sup>10</sup> 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 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,<sup>11 12 13</sup> or a surgical mask.

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

<sup>6</sup> Arumuru, V., Sankar Samantaray, S., & Pasa, J. (2021). Double masking protection vs. comfort – A quantitative assessment. *Physics of Fluids*, 33, 077120. <https://doi.org/10.1063/5.0058571>

<sup>7</sup> Runde, D. P., Harland, K. K., Van Heukelom, P., Faine, B., O'Shaughnessy, P., & Mohr, N. M. (2020). The "double eights mask brace" improves the fit and protection of a basic surgical mask amidst COVID-19 pandemic. *Journal of the American College of Emergency Physicians*, 2(1), e12335. <https://doi.org/10.1002/emp2.12335>

<sup>8</sup> Pan, J., Harb, C., Leng, W., & Marr, L. C. (2021). Inward and outward effectiveness of cloth masks, a surgical mask, and a face shield. *Aerosol Science and Technology*, 55(6), 718-733. <https://doi.org/10.1080/02786826.2021.1890687>

<sup>9</sup> Arumuru, Sankar Samantaray, & Pasa, 2021: <https://doi.org/10.1063/5.0058571>

<sup>10</sup> <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

<sup>11</sup> <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa>

<sup>12</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html>

<sup>13</sup> [https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020\\_NASN\\_Facemask\\_Considerations\\_for\\_Healthcare\\_Professionals\\_in\\_Schools.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Facemask_Considerations_for_Healthcare_Professionals_in_Schools.pdf)

**14. Must a school health office be considered a healthcare setting, requiring masking by both the nurse and any persons entering the health office? (Added 3/22/2022)**

Yes, the CDC’s new COVID-19 Community Level recommendations do not apply in healthcare settings. Individuals in a school health office must continue to follow CDC’s infection prevention and control recommendations for healthcare settings. Executive Order 2022-06 requires all individuals, regardless of vaccination status, to wear a face covering in healthcare settings. [Federal regulations](#) also require use of masks in healthcare settings defined as settings where “services that are provided to individuals by professional healthcare practitioners (e.g., doctors, nurses, emergency medical personnel, oral health professionals) for the purpose of promoting, maintaining, monitoring, or restoring health

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

If staff 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.

**16. When is it best to use clear masks? (Updated 3/22/2022)**

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 lip-reading 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.

*Testing*

**17. 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.

**18. 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. 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.

**19. 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.

**20. 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](#).

**21. May unvaccinated school personnel purchase and self-administer a test and provide test results to the school for required weekly screening for unvaccinated staff?**

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 who need to isolate or quarantine due to COVID-19-like symptoms (see [Question 36](#)).

**22. 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 three days before the flight. A positive test result for documentation of recovery from COVID-19 must show the specimen was collected within the three 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.

**23. 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 should refuse admission per 77 Ill. Admin Code 690.30(c) to school personnel who are a confirmed case or probable case for five days after the first day of symptoms or the date of the positive viral test for asymptomatic persons. Individuals could return to school after five days if asymptomatic or if symptoms are resolving but should wear a mask at all times around others for five more days.

**24. Should a school refuse admission to 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.

**25. When a student is tested outside of school, can the school be notified of a confirmed or probable case as quickly as possible? (Updated 3/22/2022)**

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. **Per 77 Ill. Admin. Code 690.200, schools “having knowledge of a known or suspect case or carrier of a reportable communicable disease or communicable disease death shall report the case, suspect case, carrier or death” to their local health jurisdiction.** 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 **may** 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.

**26. 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.

**27. When is a confirmatory PCR test required for possible cases in the school setting? (Updated 3/22/2022)**

As shown in the [CDC's testing algorithm](#) (see Figure 2) 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 COVID-19 Community Levels**. A confirmatory NAAT or **serial antigen testing** 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 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 **isolate or quarantine** 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 the 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 **recommended**. 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.)

A confirmatory PCR test is not recommended after a positive RT-PCR result **and subsequent PCR results that do not detect COVID-19 will not negate a confirmatory PCR in most situations**.

**28. Do fully vaccinated persons need to be tested? (Updated 3/22/2022)**

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

- If a person with up to date COVID-19 vaccination develops symptoms of COVID-19, they should be tested and isolate at home.
- If a student or staff with up to date COVID-19 vaccination has close contact with a confirmed case of COVID-19, they should be tested at least five days after the exposure but do not need to **stay home** as long as they remain asymptomatic, test negative if tested, and have received all [recommended COVID-19 vaccine doses](#), including [boosters](#) (if 18 or older) and [additional primary doses](#) for some immunocompromised people.
- 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 person with up to date COVID-19 vaccination should not be tested as part of screening testing unless recommended to do so in certain situations of heightened transmission risk, such as with some sports activities

#### *Management of Ill Students and Staff*

**29. If a student is sent home sick with suspected COVID-19 symptoms (e.g., cough, fever, diarrhea, shortness of breath, etc.), should all their siblings/household members be sent home as well? (Updated 3/22/2022)**

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 and outdoors. If the ill household member tests positive for COVID-19, then any household members who are **not up to date with COVID-19 vaccination** should be **sent home** from school immediately. If testing does not occur within 24 hours, unvaccinated household members should continue to isolate at home.

**30. How many symptoms does a person need to have to be considered a suspect COVID-19 case? (Updated 3/22/2022)**

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. Schools should consult with their local health departments for guidance on isolation and quarantine per the Communicable Disease Code ([Ill 77 690.30 \(c\)](#)).

The [COVID-19 Decision Tree](#) was 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 repeated isolation and quarantine, 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 Decision

Tree), the school health staff should **send home ill** individual and require testing or an alternative diagnosis for return.

**31. 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.

**32. What are the recommendations for someone who has previously tested positive for COVID-19? (Updated 3/22/2022)**

**Persons** who have had prior diagnoses of COVID-19 confirmed by viral testing within three months **do not need to stay home if exposed**. If they develop COVID-like illness **and it has been more than 90 days since the prior illness**, they should **stay home** and be tested. **For those developing COVID-like symptoms within 90 days, antigen testing is recommended to rule out COVID due to the residual risk with PCR testing, or referred to provider to rule out other etiologies. If the ill student/staff tests negative or another etiology is diagnosed, the case can return to school when symptoms are improving and fever free for 24 hours without use of fever reducing medications.**

*Contract Tracing and Handling Close Contacts*

**33. Who will do contact tracing?**

Schools should 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 handled as recommended by the local health department per [77 Ill. Admin. Code 690.361 and 690.30](#).

Contact tracing may 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).

**34. What is the definition of a close contact? (Updated 3/22/2022)**

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

- **A student who was within 3 to 6 feet in a classroom setting for least 15 minutes with a confirmed or probable student case if both case and contact were consistently masked for the entire exposure period.**

- Students and staff aged 18 years who are up to date with COVID-19 vaccination.
- A student aged 5-17 years who completed the primary series of a COVID-19 vaccine.
- An individual on school transportation within 3 to 6 feet if both the confirmed case and the exposed individual were consistently and correctly masked during the entire exposure period *and* windows were opened (front, middle, and back, or overhead) to allow for good ventilation or HEPA filters were in use during transit.<sup>14 15 16</sup>
- An individual who has tested positive for COVID-19 in the past 90 days from date of exposure.
- An individual who is solely exposed to a confirmed case while outdoors; however, schools may coordinate with their local health department to determine the necessity of exclusion for higher-risk outdoor exposures.

**35. Do vaccinated students and staff have to stay home after an exposure to a case? (Updated 3/22/2022)**

Individuals who are up to date with COVID-19 vaccination do not need to **stay home** after an exposure but should be tested on day 5 and should wear a well-fitting mask around others for **10 days after exposure**. The individual should **stay home and get tested** if symptoms develop.

**36. Can home testing be used to confirm infection allowing for exemption from quarantine for 90 days? (Added 3/22/2022)**

Yes, for symptomatic students and staff. Since home testing isn't documented in public health surveillance systems, schools should keep record of those with COVID-like illness and positive home tests. Persons with COVID-19 within 90 days are exempt from quarantine.

**37. Does an individual with positive SARS-CoV-2 antibody testing need to stay home if identified as a close contact? (Updated 3/22/2022)**

Yes. Antibody testing **should not be promoted as a way to be exempt from being identified as a close contact**. The robustness and durability of immunity following natural infection remain unknown.

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.

<sup>14</sup> Ramirez, D. W. E., Klinkhammer, M. D., & Rowland, L. C. (2021). COVID-19 transmission during transportation of 1<sup>st</sup> to 12<sup>th</sup> grade students: Experience of an independent school in Virginia. *Journal of School Health, 91*(9), 678-682. <https://doi.org/10.1111/josh.13058>

<sup>15</sup> Lindsley, W. G., Derk, R. C., Coyle, J. P., Martin, Jr., S. B., Mead, K. R., Blachere, F. M., Beezhold, D. H., Brooks, J. T., Boots, T., & Noti, J. D. (2021). Efficacy of portable air cleaners and masking for reducing indoor exposure to simulated exhaled SARS-CoV-2 aerosols – United States, 2021. *Morbidity and Mortality Weekly Report, 70*, 972-976. <http://dx.doi.org/10.15585/mmwr.mm7027e1>

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

**38. If a student or staff member is identified as a close contact to a person with COVID-19 and stays home, should their household members and close contacts also stay home? (Updated 3/22/2022)**

No. Contacts of a person who is a close contact to a COVID-19 case (i.e., contacts to contacts) do not need to stay home 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.

**39. What restrictions on activities do students and staff have after completing isolation or quarantine or Test to Stay, especially those returning after 5 days?**

Students returning from isolation or quarantine may resume all activities as long as they remain asymptomatic and should mask at all times when around others for 10 days from their last exposure. This includes dining periods, extracurricular activities and riding the bus. Students participating in Test to Stay should avoid competitions and performances until the end of the testing period.

Schools should ensure that there is a plan for students or staff returning after 5 days to stay masked at all times until day 10. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), schools should have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

*Outbreaks*

**40. What is the definition of an outbreak in pre-K-12 schools?**

CDC recommends that all states define school-associated outbreaks according to the standards established by the Council of State and Territorial Epidemiologists (CSTE):<sup>17</sup> (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 linked<sup>2</sup> in the school setting or a school-sanctioned activity.” As recommended by the CDC, IDPH is adopting 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

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<sup>17</sup> 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>

may result in recommendations for testing and quarantining of students/staff in the affected classroom(s).

**41. If there is an unsafe environment within a school, what are the recommendations for temporary school closure? (Updated 3/22/2022)**

Pursuant to the superintendent's declaration under Section 10-30 of the Illinois School Code, a school or school district may only enter into an adaptive pause and provide remote learning in consultation with the local health department (LHD) or the Illinois Department of Public Health (IDPH) and consistent with guidance or requirements from the LHD or IDPH. In general, an adaptive pause may not be necessary if the school follows all appropriate mitigation strategies. When the large number of new cases makes it difficult for schools and LHDs to conduct prompt investigations to identify and **handle** close contacts, or if there is an unsafe environment due to lack of masking and/or testing **during times of high COVID-19 community levels** adaptive pauses can be useful to ensure the safety of all individuals. Adaptive pauses using remote learning may not be employed due to staffing shortages in schools. Schools taking adaptive pause should pause from all activities, including extracurricular activities.

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

School closure should be the absolute last resort to managing an outbreak due to the critical role of in-person learning to students' overall wellbeing. In general, an adaptive pause should not be necessary if the school is following all appropriate mitigation strategies. If the school is following guidance regarding masking, testing, identifying COVID-19 cases and their close contacts, cleaning and optimizing ventilation then an adaptive pause should not be necessary to mitigate an outbreak, **and students are best served by continuing to provide in-person instruction**. 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*

**43. 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).

**44. 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).

**45. 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.<sup>18 19 20 21</sup>

**46. 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.

**47. Besides public health authorities, who should be notified of a case of COVID-19 at our school? Should 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.

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<sup>18</sup> <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>

<sup>19</sup> <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

<sup>20</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

<sup>21</sup> [https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission\\_k\\_12\\_schools.html](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html)

**48. 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.

**49. 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? (Updated 3/22/2022)**

It is safest for all persons playing instruments in orchestra, band, and general music settings, or singing, dancing, participating in color guard, or teaching to wear a mask while indoors during high [COVID-19 community levels](#). Individuals playing aerosol-producing wind instruments **should consider using** bell covers. For additional guidance on music classes, see [IDPH Interim COVID-19 Music Guidance](#).

*Determining Prevention Strategies*

**50. How should schools apply the CDC's recommended layered prevention strategies? (Updated 3/22/2022)**

[COVID-19 Community Levels](#) can help schools, in communication with their local health departments, and individuals make decisions based on their local context and their unique needs. Community vaccination coverage and other local information, like early alerts from surveillance, such as through wastewater or the number of emergency department visits for COVID-19, when available, can also inform decision making for health officials and individuals.

People who are [up to date on vaccines](#) have much lower risk of severe illness and death from COVID-19 compared with unvaccinated people. When making decisions about school layered mitigation strategies and individual preventive behaviors in addition to vaccination, schools and local health department personnel should consider the COVID-19 Community Level in the county. Layered prevention strategies — like staying up to date on vaccines, screening testing, ventilation and wearing masks — can help limit severe disease and reduce the potential for strain on the

healthcare system. CDC recommends using COVID-19 Community Levels to help determine which COVID-19 prevention measures to use for individuals and communities.

Schools should include additional layers of prevention (e.g., physical distancing, contact tracing) based on information and data.

- [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](#)

**51. How can schools determine COVID-19 community levels? (Updated 3/22/2022)**

Schools can review data from the [CDC](#) or [IDPH](#) to find recent information on COVID-19 community levels in the previous week. CDC defines community transmission as low, medium or high as follows:

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

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

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

**52. 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.

### **53. 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](#).

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.