

## 2022–2023 School and Early Childhood Education Toolkit

### Table of Contents

Reporting Positive Cases .....	3
REDCap Reporting .....	3
REDCap Reporting Checklist.....	3
Day to Day Operational Guidance .....	4
Vaccinations .....	4
Staying Home When Sick .....	4
Hand Hygiene and Respiratory Etiquette .....	4
COVID-19 Community Levels and Associated Prevention Strategies .....	4
Considerations for Prioritizing Strategies .....	5
Masking.....	5
Testing.....	5
Available Testing Resources.....	5
Diagnostic Testing .....	6
Screening Testing.....	6
Ventilation.....	7
Cleaning and Disinfection .....	7
Travel Guidance .....	7
Management of Cases and Exposures .....	8
Responding to Outbreaks .....	8
Testing during Outbreaks.....	9
Considerations for K-12 Residential Dorms and Overnight Child Care.....	9
Resources .....	10
Appendix A. Sample Letters .....	10
Appendix B. Key Definitions.....	11

## 2022–2023 School and Early Childhood Education Toolkit

As the 2022–23 school year begins, the Lake County Health Department (LCHD) will continue to offer support and guidance during the COVID-19 pandemic. The LCHD Community Liaisons, Pat Brady and Leia Mueller for K-12 schools ([pbrady2@lakecountyiil.gov](mailto:pbrady2@lakecountyiil.gov), 224-688-7630, [lmueller@lakecountyiil.gov](mailto:lmueller@lakecountyiil.gov), 224-383-4271) and Sean Kennedy for daycares/Early Childhood Education ([skennedy@lakecountyiil.gov](mailto:skennedy@lakecountyiil.gov), 224-281-1220) are available to answer questions and provide you with resources and public health guidance. Please reach out with any questions.

The Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) will align with the [Centers for Disease Control and Prevention \(CDC\) Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) and related [CDC FAQ](#). This updated guidance supersedes all prior COVID-19 school and ECE guidance documents. This applies to all public and nonpublic schools and ECE. Schools, ECE and local health departments should exercise their longstanding authority, as described in the [Communicable Disease Code](#) and according to school and ECE infectious disease policies, to address all infectious disease cases among students and staff.

K-12 schools and ECE programs should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to the [COVID-19 Community Levels](#) and community or setting-specific context, such as availability of resources, health status of students, and age of population served. Learning about how COVID-19 spreads can help you make informed decisions based on your [exposure risk](#).

Vaccination remains the primary strategy to reduce transmission and prevent serious disease from COVID-19 infection. The vaccines currently authorized in the U.S. are effective at protecting people from severe illness, especially those who are up to date for vaccination. Vaccines, along, with other mitigation layers such as enhanced ventilation, masking, testing, cleaning, and disinfection can optimize the safety and well-being for staff and students. The latest guidance ties the COVID-19 prevention strategies to COVID-19 Community Levels, which allows for schools to adapt to changing local situations.

## 2022–2023 School and Early Childhood Education Toolkit

### Reporting Positive Cases

Under the [Communicable Disease Code](#), COVID-19 is a reportable disease (see [690.361](#)). A school/ECE is responsible for reporting positive cases to LCHD in a timely manner (see [690.200](#)). The REDCap reporting tool is a secure digital platform where school/ECE staff can report positive cases. Tests administered on site that are positive are also required to be reported to IDPH through [Simple Reports](#).

### REDCap Reporting

LCHD is streamlining the process by which Schools/ECEs report cases of COVID-19 for the 2022–2023 school year.

- School/ECE will report positive cases within their facility at least one time a week. If it is easier to report more than once, especially when higher case counts, a school/ECE may choose to do so.
- Cases identified during the prior 7-days should be reported by Tuesday of each week.
- The updated form provides two options for reporting
  - Single case (no close contacts need to be identified)
  - Multiple cases – A spreadsheet to report multiple cases (NOT close contacts) can be downloaded directly from the [REDCap Reporting Tool](#). This spreadsheet should be completed and uploaded to the REDCap platform when reporting multiple cases.

### REDCap Reporting Checklist

Please gather the following information prior to submitting the report.

- 1) First and Last Name
- 2) Date of birth
- 3) Age
- 4) Parent/guardian name
- 5) Parent/guardian phone number
- 6) Grade
- 7) Teacher's Name/Class
- 8) Last date at School/ECE
- 9) COVID-19 positive test date
- 10) Testing location, if available (school/home/other)
- 11) Symptom onset date, if symptomatic
- 12) Bus number (if applicable)
- 13) List Sports/Extra-curricular activities, if applicable
- 14) Additional Information

## 2022–2023 School and Early Childhood Education Toolkit

### Day to Day Operational Guidance

Also see for more details: [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning | CDC](#)

**The following strategies for everyday operations should be in place at all COVID-19 Community Levels, including low levels.**

- Stay up to date on vaccinations
- Stay home when sick
- Enhance and maintain ventilation improvements and protocols in school and buses
- Hand Hygiene and Respiratory Etiquette
- Cleaning and Disinfection

### Vaccinations

To promote vaccination in school communities, Section 3 of [Executive Order 2021-22](#) was reissued and remains in effect. School personnel must establish they are fully vaccinated against COVID-19 or submit to at least weekly testing for COVID-19.

- You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.
- Vaccine recommendations are different depending on your age, the vaccine you first received, and time since last dose, as shown at this site – [CDC Vaccine site](#).

### Staying Home When Sick

People who have symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting, or diarrhea, should stay home. Testing is recommended for people with [symptoms of COVID-19](#) as soon as possible after symptoms begin.

Schools should provide excused absences for students who are sick, avoid policies that incentivize coming to school while sick, and support children who are learning at home if they are sick. Schools and ECE programs should ensure that employees and families are aware of and understand policies and avoid language that penalizes or stigmatizes staying home when sick.

### Hand Hygiene and Respiratory Etiquette

Washing hands can prevent the spread of infectious diseases. Schools and ECE programs should teach and reinforce proper handwashing to lower the risk of spreading viruses, including the virus that causes COVID-19.

### COVID-19 Community Levels and Associated Prevention Strategies

CDC's COVID-19 Community Levels help communities and individuals make decisions on what COVID-19 prevention strategies to use based on whether their community is classified as low, medium, or high.

**Please check out what to do based on community levels: [COVID-19 Community Levels](#)**

## 2022–2023 School and Early Childhood Education Toolkit

### Considerations for Prioritizing Strategies

When making decisions that are best for their population and community, schools/ECE should include strategies customized for individuals at risk. Considerations include the age of population served, students with disabilities, immunocompromised individuals, equity, availability of resources, communities served.

Examples of strategies:

- School/ECE with students at risk for getting very sick with COVID-19 must make reasonable modifications to ensure that all students, including [those with disabilities](#), are able to access in-person learning.
- Masking in settings such as classrooms or during activities may be required to protect students with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19 in accordance with applicable federal, state, or local laws and policies (See [U.S. Department of Education’s Disability Rights](#) webpage).
- Students with immunocompromising conditions or other conditions or disabilities that increase their risk for getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.
- Because mask use is not recommended for children ages younger than 2 years and may be difficult for very young children or for some [children with disabilities who cannot safely wear a mask](#), schools/ECEs may need to consider other prevention strategies—such as improving ventilation and avoiding crowding—when the COVID-19 Community Level is medium or high or in response to an outbreak.
- School/ECEs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

### Masking

- Anyone who chooses to wear a mask or respirator should be supported in their decision to do so at any COVID-19 Community Level, including low.
- **Per the IDPH, masks continue to be federally required for healthcare personnel and those who visit healthcare settings including school nurse offices.**
- At a high COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as it is in the community at-large.
- People who have known or suspected exposure to COVID-19 should also wear a well-fitting mask around others for 10 days from their last exposure, regardless of vaccination status or history of prior infection.

### Testing

**The state of Illinois has made testing available at no cost to all schools during the 2022–2023 school year.** IDPH has partnered with SHIELD Illinois to offer free K–12 testing to public schools and the federal Midwest Coordination Center for private schools.

#### Available Testing Resources

1. SHIELD Illinois is an option for K–12 public schools (saliva test interest form, <https://bit.ly/interestedSHIELD>). SHIELD Illinois is also able to offer rapid antigen test results tracking in conjunction with its weekly saliva testing program. SHIELD may be able to offer unobserved collection

## 2022–2023 School and Early Childhood Education Toolkit

(by healthcare professional) which can be administered at home by an adult. SHIELD testing will be required to continue offering on-site testing to students unable to complete testing at home. Please note this opportunity through SHIELD is not available to daycares and Early Care and Education programs.

2. The federal Midwest Coordination Center is an option for private schools (<https://testedandprotected.org/interest.html>).
3. At home test can be administered at home under the observation of an adult. The FDA has granted an Emergency Use Authorization (EUA) to several COVID-19 tests for “unobserved” collection. During outbreak situations, school/ECE may use unobserved testing (at-home testing) for screening of exposed personnel.
4. The federal government is now **providing free**, at-home COVID-19 tests for households to perform self-testing with at-home tests. At-home tests can be obtained for free using the following link: <https://www.covid.gov/tests>. Tests are available in limited quantities to each member of a household.
5. [Test availability](#) though private insurance and Medicaid/Medicare programs are available.
6. If the school is experiencing a shortage of test kits (at-home or BinaxNow), please contact the LCHD Community Liaisons for further assistance.

### Diagnostic Testing

Key times to get tested:

- If you have [symptoms of COVID-19](#), test immediately.
- If you were exposed to COVID-19 and do not have symptoms, wait at least 5 full days after your exposure before testing. If you test too early, you may be more likely to get an inaccurate result.
- For more information about testing go to [Test for Current Infection | CDC](#).
- Students and staff with symptoms of COVID-19 who cannot be tested should follow [isolation](#) guidance and isolate separately from people with laboratory confirmed COVID-19.

### Screening Testing

**Weekly screening of staff not fully vaccinated is required** under [Executive Order 2021-22, Section 3](#)

Screening testing is to test specific population(s) who are at risk for COVID-19 at specified time or frequency (e.g., once before an event or weekly). Maintaining screening testing infrastructure during a low COVID-19 Community Level or for high-risk groups, even at a reduced volume, will help by more easily allowing for testing to scale up when the COVID-19 Community Levels are medium or high.

**Consider screening testing in the following situations:**

- In response to an outbreak, test the exposed individuals
- Community levels are medium and high
- Students engaging in high-risk activities such as indoor sports and extracurricular activities (e.g., band, drama, etc.)
- Students and staff returning from breaks (for example, holidays, spring break, at the beginning of the school year)
- Screening of students who are at risk for developing severe illness due to infection

## 2022–2023 School and Early Childhood Education Toolkit

### Ventilation

Schools and ECEs should optimize indoor ventilation and enhance indoor air quality to prevent spread of the virus through the air. CDC’s [Interactive School Ventilation Tool](#) may assist in optimizing air circulation. Consider the following preventative actions:

- Use of Outdoors
  - If safe to do so, open windows and doors, even just cracking open a window. Do Not open if it poses a safety or health risk.
  - Use child-safe fans to blow air into open windows or doors.
  - Have activities outdoors when circumstances allow.
- HVAC System modifications:
  - Make sure your HVAC system is serviced and up to code on requirements ([ASHRAE Standard 62.1](#)).
  - Set HVAC system to bring in as much outdoor air as it will safely allow.
  - Increase the HVAC system’s total airflow supply to occupied spaces.
  - Disable demand-controlled ventilation controls.
  - Switch fan control switch to “On” from Auto for simple thermostat-controlled HVAC systems.
  - Consider running the HVAC system at maximum airflow for 2 hours before the building is occupied.
- Air Filtration
  - If possible, purchase of MERV-13 air filters and/or portable air cleaners with high efficiency particulate air (HEPA) filters.
  - Ensure filters are sized, installed, and replaced according to manufacturer’s instructions.
  - Use exhaust fans in kitchen and bathrooms.
  - Consider ultraviolet germicidal irradiation (UGVI) as a supplemental treatment. Consult a qualified professional to design and install.

### Cleaning and Disinfection

Schools and ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, the space should be cleaned and disinfected.

For more information:

[Cleaning and Disinfecting Your Facility](#)

[How to Protect Yourself & Others | CDC](#)

[Caring for Our Children](#)

[Environmental Protection Agency List of Disinfectants for COVID-19](#)

### Travel Guidance

Domestic and international travel guidance can be accessed at [CDC Travel](#).

## 2022–2023 School and Early Childhood Education Toolkit

### Management of Cases and Exposures

Strongly encourage parents and caregivers to monitor children at home for signs of infectious illness or COVID-19. Parents of students or staff that have tested positive should notify the school/ECE. As a best practice, individuals exposed to a case of COVID-19 should monitor symptoms and mask to the best of their ability for 10-days from the last date of exposure.

If at school an individual is experiencing symptoms, they should notify the school nurse. If a student or staff member reports **ONE** or more COVID-19 symptoms listed in the [IDPH School Decision Tree](#) during the school day:

#### Isolate

- Work to identify an isolation room or area to separate individual(s) who exhibit COVID-like symptoms from others.
- Anyone who tests positive for COVID-19 should isolate away from others for at least 5 days and follow [isolation](#) guidance. After 5 days, they may resume activities provided they are fever-free without use of medications, symptoms have improved, and they wear a well-fitted mask on days 6 through 10.
- On day 6 from symptom onset, if there is no fever for 24 hours and other symptoms have improved, the case can provide two sequential negative tests 48 hours apart in order to test out of masking. Antigen tests are preferred.
  - If your antigen test results are positive, you may still be infectious. You should continue wearing a mask through day 10.
- For children under 2 years old and those who have difficulty consistently wearing a well-fitting mask, additional strategies can be implemented to reduce transmission (see [Considerations for Prioritizing Strategies](#)).
- School nurses should be provided appropriate personal protective equipment, including N95 respirators, to wear when caring for sick people. Please contact Liaison if you need additional PPE supplies, LCHD can support supply needs in certain situations.
- Please note, the LCHD may identify a special circumstance (e.g., outbreak) where testing may apply.

### Responding to Outbreaks

- Inform parents/guardians of exposed students and staff of the outbreak so that they are educated and know that they can reduce risk by masking and consenting to testing.
- Consider implementing prevention strategies regardless of the COVID-19 Community Level:
  - Wear well-fitting masks (if able and to the best of their ability)
  - Improve ventilation (i.e., move school activities outdoors, open windows and doors, use air filters)
  - Increase testing
- Consider suspending high risk activities.
- Consult Lake County Health Department to develop strategies that can help reduce transmission.

## 2022–2023 School and Early Childhood Education Toolkit

### Testing during Outbreaks

A testing cadence of twice weekly can be used to reduce transmission during outbreaks and at high community levels.

- Students and Staff test twice during the 7-days after an exposure to the case
- **Recommended test days are the Monday and Thursday after the exposure**
- Post exposure testing can be completed onsite by school staff or by parents with at-home tests
- Best practice is for exposed staff and students to mask to the best of their ability during the 10 days after exposure
- Example of how parent/guardian can submit at home test results:
  - Place your completed test on a piece of plain paper with the test result visible.
  - Write your name and date of birth on the paper.
  - Include the date and time the test was taken and the test result.
  - Take a picture of the results and send to your email.
  - Send the picture to school/ECE.

### Considerations for K-12 Residential Dorms and Overnight Child Care

Shared housing, such as K-12 residential dorms, camps, or overnight childcare, is considered a low-risk congregate setting due to the lower risk of severe health outcomes for children and young adults. CDC recommends shared housing facilities follow the general population guidance for [isolation](#), management of [exposures](#), and recommendations under [COVID-19 Community Levels](#).

In specific circumstances where the student population may be at risk for getting very sick with COVID-19, schools may opt to follow guidance for high-risk congregate settings, which includes recommendations of a 10-day period for isolation. Schools and ECE programs should balance the potential benefits of following that guidance with the impact these actions would have on student well-being, such as the ability to participate in in-person instruction, food service access, and social interactions. Screening testing at all COVID-19 Community Levels can also be appropriate in these settings to reduce transmission and improve health outcomes for people who are at risk of getting very sick with COVID-19.

## 2022–2023 School and Early Childhood Education Toolkit

### Resources

1. [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning | CDC](#)
2. [MMWR Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022](#)
3. [Interactive School Ventilation Tool.](#)
4. [Overview of Testing for SARS-CoV-2 \(COVID-19\) - CDC](#)
5. [Frequently Asked Questions for K-12 and Early Care and Education \(ECE\) Settings: Information for School and ECE Administrators, Teachers, Staff, and Parents | CDC](#)
6. [At Home COVID-19 Antigen Test - FDA](#)
7. [School-Guidance Decision Tree 8.22.2022](#)
8. [CDC Cleaning and Disinfecting Guidance](#)
9. [CDC Building and Facility Disinfecting](#)
10. [Environmental Protection Agency List of Disinfectants for COVID-19](#)
11. [Day Care Guidance.pdf \(illinois.gov\)](#)
12. [Standard and Transmission-Based Protocols for Caring for the sick -- CDC](#)
13. [Guidance for Travelers - CDC](#)
14. [Redcap Reporting Tool](#)
15. [COVID-19 Community Levels | CDC](#)
16. [Illinois High School Association](#)
17. [School-Guidance 8.19.2022.pdf \(illinois.gov\)](#)

### Appendix A. Sample Letters

To notify parents of cases and/or close contacts please see MS Word document included separately. School administrators can customize the letters as needed to include information specific to your school. Consult with your legal counsel and state, tribal, local, or territorial health department to ensure that these letters comply with state and local laws, regulations, and policies.

- Outbreak Exposure Sample Letter - LCHD ([English](#)) ([Spanish](#))
- Case Notification Sample Letter - LCHD ([English](#)) ([Spanish](#))
- Isolation Guide Sample Letter - LCHD ([English](#)) ([Spanish](#))

## 2022–2023 School and Early Childhood Education Toolkit

### Appendix B. Key Definitions

1. **Asymptomatic Case:** A person who tests positive for COVID-19 and does not have symptoms (this person is still contagious).
2. **Case:** A confirmed case is a person who has tested positive for COVID-19 by rapid antigen or PCR test or has been diagnosed as a probable case based on symptoms and linkage to a confirmed case of COVID-19.
3. **Community Level:** A measure of the impact of COVID-19 illness on the health of people and healthcare systems in a specific community. Three factors determine the [COVID-19 Community Level](#)—new COVID-19 hospital admissions per 100,000 population in the past 7 days, the percent of staffed inpatient hospital beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past 7 days. Schools are encouraged to monitor the community levels on the COVID-19 data tracker and determine their response.
4. **Diagnostic Testing:** Identifies individuals with current infection and should be performed on anyone that has signs or symptoms consistent with COVID-19 and/or after recent exposure to the virus causing COVID-19.
5. **Incubation Period:** The period between exposure to a virus and the appearance of the first symptom. This period can range from 2–14 days for COVID-19.
6. **Infectious Period:** The infectious period for COVID-19 starts two days before and ends after day 10 from the onset of symptoms or positive test date (if asymptomatic).
7. **Isolation:** [Isolation](#) is required for someone who has tested positive for COVID-19. This person should separate themselves from others completely for a minimum of 5 days and mask days 6 through 10 upon return. Isolation may end after 5 full days if the person is fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
8. **Outbreak:** Multiple cases comprising at least 10% of students, teachers, or staff within a core group OR at least three cases within a specified core group. A core group are individuals who were together during an exposure period. For example, this could be limited to a classroom, a sports team, before/after school care, performing arts, or other groups and likely does not apply to the entire school population.
9. **Screening Testing:** Periodic testing in specific populations to identify people with COVID-19 who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission.

## 2022–2023 School and Early Childhood Education Toolkit

10. **Point of Contact (POC):** A designated employee responsible for contacting the Lake County Health Department (LCHD) through the online reporting form ([REDCap Reporting Tool](#)), or by calling the hotline (847-377-8130, selecting option 5) when a confirmed positive case of COVID-19 is identified. The Point of Contact is the liaison between the school and LCHD.
11. **REDCap:** A secure digital reporting platform used by LCHD for Lake County schools to report positive COVID-19 cases ([REDCap Reporting Tool](#)).
12. **Symptomatic individual:** Exhibiting symptoms of an illness. Symptoms for COVID-19 may appear 2–14 days after exposure to the COVID-19 virus.
13. **Vaccination Status:** As definitions are updated, they can be found at [CDC: COVID-19 Vaccine](#)

**Up to Date on Vaccination:** An individual receives all doses in the primary series and all boosters recommended when eligible. This status is conferred two weeks after their second dose of the COVID-19 vaccine in the 2-dose primary series (or 1 dose in a 1-dose primary series) for 6 months–17 years of age. For individuals 18 years old and older, immediate completion of a primary series and after receiving booster shot(s), as appropriate for their age.

**Fully Vaccinated:** An individual who is two weeks post the second dose of the COVID-19 vaccine in the 2-dose primary series (or 1 dose in a 1-dose primary series) for 6 months–17 years of age.

**Partially/Unvaccinated:** An individual who has not received vaccine or have started the primary series but are not >14 days from the last dose.