



Updated November 10, 2021

All Sports Policy

Answers to the following frequently asked questions (FAQs) will help schools and other sports organizers understand and follow [sports guidelines](#) from the Illinois Department of Public Health (IDPH). Please see IDPH [Guidance for COVID-19 Prevention in K-12 Schools](#) and answers to [COVID-19 School Guidance FAQs](#) for more information on COVID-19 mitigation efforts for schools.

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COVID-19 Prevention Efforts

1. Who do these guidelines apply to?

IDPH sports guidelines apply to athletes aged 18 years or younger participating in youth recreational sports, including, but not limited to, school-based sports (high school and elementary school), travel clubs, private leagues and clubs, recreational leagues and centers, and park district sports programs. The guidelines also apply to coaches, trainers, officials, volunteers, and other adults involved in youth sports activities.

2. Should masks be worn for all sports played indoors?

Individuals aged 2 years and older who can medically tolerate a mask, regardless of vaccination status, must wear a mask for sports played indoors. This is in accordance with [Executive Order 2021-22](#) and aligns with [Executive Order 2021-18](#). However, participants may need to remove masks under certain circumstances, such as when eating or drinking or when wearing a mask poses an undue risk of injury during certain sports. The [American Academy of Pediatrics](#) (AAP) recommends participants not wear masks for competitive cheerleading (tumbling/stunting/flying) and gymnastics (while on the different apparatuses) because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidentally impair vision. AAP also recommends participants not wear masks during wrestling contact where masks could become a choking hazard, unless an adult coach or official is closely monitoring for safety purposes. Participants should also not wear masks during water sports because a wet mask may be more difficult to breathe through, according to the AAP. If other sport-specific scenarios arise in which a face mask may obstruct a participant's view or become a choking hazard, AAP also recommends sports organizers use their discretion to determine whether risk of mask use outweighs risk of spreading COVID-19. The safest option for engaging in sports-related activities indoors, especially when not wearing a mask, is for those individuals to be fully vaccinated against COVID-19. In instances when an individual is not yet eligible to be vaccinated or vaccination is medically contraindicated, the safest option for engaging in sports-related activities indoors, especially when not wearing a mask, is for the individual to receive a negative COVID-19 test result prior to competition, preferably within two days.

3. Does wearing a mask during indoor sports put children at higher risk for respiratory distress?

Sports that are higher intensity and require a higher level of breathing and exertion present a higher level of risk of getting and spreading COVID-19 compared to lower-intensity activities, especially when indoors. The higher level of risk means wearing a mask is especially important during these activities.¹ ² ³ There is evidence to suggest that non-medical-grade masks do not inhibit exercise performance⁴ and lead to minor physiological changes⁵ for healthy adults. Additional research finds that there is “no current evidence to support sex-based or aged-based differences in the physiological responses to exercise while wearing a face mask.”⁶ Researchers have found a likely issue for some people wearing a mask is the feeling or perception of shortness of breath or difficulty breathing.⁷ ⁸ This feeling may be exacerbated for some individuals wearing a mask during active exercise, especially in higher-intensity

¹ Watson et al., 2020: <https://doi.org/10.1101/2021.01.19.21250116>

² Lendacki et al., 2021: <http://dx.doi.org/10.15585/mmwr.mm7009e2>

³ Groves et al., 2020: <http://dx.doi.org/10.15585/mmwr.mm7009e1>

⁴ Shaw et al., 2020: <https://doi.org/10.3390/ijerph17218110>

⁵ Epstein et al., 2020: <https://doi.org/10.1111/sms.13832>

⁶ Hopkins et al., 2020: <https://doi.org/10.1513/AnnalsATS.202008-990CME>

⁷ Swiatek et al., 2021: <https://doi.org/10.1177/2045894020988437>

⁸ Samannan et al., 2021: <https://doi.org/10.1513/AnnalsATS.202007-812RL>



sports. Younger players and individuals with disabilities or underlying medical conditions may be particularly challenged. To prevent breathing difficulties, individuals may avoid wearing medical-grade respirators (e.g., N95, KN95, N99) during sports activities. See [CDC guidance](#) for how to select an appropriate mask. Individuals who suffer from lung diseases, cardiopulmonary diseases, or a history of respiratory distress should also be screened or evaluated before engaging in physical activities with any mask.

In instances when an individual cannot medically tolerate wearing a mask (see [Question 6](#) for more information) or when wearing a mask may not be feasible due to the risk of injury, schools and sports organizers should consider adaptations and alternatives to play. For example, sports organizers may choose a location with greater ventilation and air exchange (e.g., outdoors rather than indoors), adapt gameplay when possible so individuals can keep at least 6 feet of physical distance from others throughout play, or take frequent “mask breaks” during play.

4. Should masks be worn only during gameplay?

[Executive Order 2021-18](#) requires all individuals, regardless of vaccination status, to wear a mask while indoors at public and nonpublic schools serving students from prekindergarten through grade 12 (pre-K-12). [Executive Order 2021-22](#) further requires all individuals, regardless of vaccination status, to wear a mask while in public indoor settings. This includes during gameplay and during sports-related activities that do not occur during gameplay, such as on the sideline or bench, in the locker room, during team meetings, in the weight room, on the team bus or when carpooling, or during meals, especially when eating indoors. Individuals may remove masks when actively eating or drinking indoors but should do so while maintaining physical distancing to extent possible, at a recommended distance of 6 feet from others.

As recommended by the [Centers for Disease Control and Prevention](#) (CDC) and [AAP](#), individuals who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during outdoor activities that involve sustained close contact with other people who are not fully vaccinated, particularly in areas of [substantial to high transmission](#). This recommendation applies to all group training and competition and during sports-related contacts with other unvaccinated individuals that do not occur during gameplay, such as on the sideline or bench, in the locker room, during team meetings, in the weight room, on the team bus or when carpooling, or during meals, especially when eating indoors.

5. How should sports organizers address the risk of exertional heat-related illness related to wearing a mask while playing sports?

There is a risk of heat-related illness associated with physical exertion for youth athletes, especially in football and endurance running.^{9 10} This risk was present before the COVID-19 pandemic but may be exacerbated when wearing a cloth face mask while engaged in active exercise or competition, which can trap heat and further increase heat exposure, particularly in hot weather. Research identifies environmental heat and humidity as the primary risk factors for exertional heat-related illness, in addition to athlete conditioning, dehydration, and protective equipment or clothing,^{11 12 13 14} which would include cloth face masks to prevent COVID-19. Schools and other sports organizers should follow existing guidelines on managing exertional heat-related illness in youth athletes from organizations such as the [CDC](#), [AAP](#), and [National Athletic Trainers' Association](#), as well as the [Illinois High School Association](#) and [Illinois Elementary School Association](#). When following existing guidelines, sports organizers should consider the use of masks to prevent COVID-19 as essential protective equipment or clothing that can be managed similarly to other such equipment by taking frequent breaks, monitoring hydration, and using non-contact thermometry as needed.

6. How should sports organizers handle participants who cannot tolerate a face covering or a face shield due to a medical contraindication?

Youth 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. Adults involved in youth sports who are unable to wear a face covering or shield due to a medical contraindication should wear approved and appropriate personal protective equipment (PPE) based on specific duties and risks and maintain physical distancing to the extent possible. Youth participants who are unable to wear a face covering or face shield due to a medical contraindication should also use some other approved and appropriate face covering (e.g., gaiter, face shield, etc.), if possible, and remain physically distant from other participants to the extent possible, at a recommended distance of at least 6 feet from others. All individuals who cannot wear a mask during active exercise or competition should receive a negative COVID-19 test result prior to competition, preferably within two days. Individuals who cannot wear a mask or some other appropriate face covering while engaged in sports-related activities indoors and who are not tested for COVID-19 prior to play should refrain from competition and close contacts with others.

7. When should spectators wear masks?

As required by [Executive Order 2021-22](#), all spectators, regardless of vaccination status, must wear a mask in attendance at indoor youth sports. For outdoor youth sports events, spectators who are not fully vaccinated should wear a mask when unable to maintain recommended physical distance of at

⁹ Gamage, Fortington, & Finch, 2020: <https://doi.org/10.1016/j.isams.2020.02.008>

¹⁰ Yard et al., 2010: <https://doi.org/10.1016/j.isr.2010.09.001>

¹¹ Yeargin et al., 2021: <https://doi.org/10.1016/j.ishs.2019.03.002>

¹² Cheng, Spengler, & Brown, 2020: <https://doi.org/10.3390/ijerph17176156>

¹³ Kerr et al., 2020: <https://doi.org/10.1123/isr.2018-0364>

¹⁴ Merkel & Molony, Jr., 2012: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3325640/>



least 6 feet from non-household members or when the event is held in a community with [substantial to high transmission](#) (see [Question 8](#) below for more information). Spectators who are fully vaccinated may attend outdoor youth sports events without wearing a mask, though they may choose to do so in crowded settings or if they or someone in their household is immunocompromised.

8. How can sports organizers determine what level of transmission is occurring in their community or the community where they will be playing?

Sports organizers 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

Sports organizers can also contact their [local health department](#) for more information and guidance to assess local public health conditions.

9. What should sports organizers do if playing in communities with high transmission of COVID-19?

To protect in-person learning at school, CDC recommends the following in its [guidance to prevent COVID-19 in K-12 settings](#) (see “Screening Testing”): “High risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated.”

10. Can sports teams travel for competition?

Yes. Individuals may engage in sports-related activities for all sports without restrictions on travel. IDPH recommends that before traveling for sports activities, teams review the most recent data on [county-level transmission across Illinois](#) or [in other states](#). If playing outside of Illinois, teams should avoid travel to areas of higher risk as recommended in the [IDPH Travel Guidance](#).

11. Can sports teams conduct tournaments?

Yes. There is no limit on the number of teams in competition or attendance.



12. How does IDPH categorize sports as “high risk” or “low risk”?

[IDPH sports guidelines](#) no longer categorize sports as “higher risk,” “moderate risk,” or “lower risk” for the purposes of COVID-19 prevention strategies.

Vaccination

13. Are adults involved in youth sports required to be vaccinated against COVID-19?

Some adults involved in youth sports may be classified as “school personnel” pursuant to [Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#). According to these requirements, all school personnel must have, at a minimum, the first dose of a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine by September 19, 2021, and be fully vaccinated against COVID-19 within 30 days following administration of their first dose in a two-dose vaccination series (i.e., no later than October 19, 2021).

Any school personnel who have not established that they are fully vaccinated against COVID-19 must be tested for COVID-19 weekly, at minimum, beginning September 19, 2021.

14. Who is considered “school personnel” for the purposes of the vaccine requirement?

[Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#) define “school personnel” to mean “any person who (1) is employed by, volunteers for, 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 other persons in the School for more than 15 minutes at least once a week on a regular basis as determined by the School.” “School personnel” does not include any person who is present at a 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).

15. What does “fully vaccinated” mean?

[According to the CDC](#), an individual is fully vaccinated 14 days after receiving the second dose in a two-dose vaccine series. Currently, only the [Pfizer-BioNTech COVID-19 vaccine](#) is authorized for use in children as young as 12 years old.

16. I’ve heard that children don’t get sick from COVID-19. Why should they get vaccinated?

Preliminary evidence suggested that children may be less susceptible to COVID-19 than adults¹⁵ but more recent data is unclear¹⁶ or shows similar susceptibility, especially within households.¹⁷ In particular, there is some evidence that COVID-19 cases in children have increased following the emergence of new variants of the virus.^{18 19} When children do become sick with COVID-19, they are more likely to have asymptomatic or mild disease.^{20 21} Research also shows children, especially older adolescents, can transmit the virus at least as well as adults.^{22 23 24 25} As such, additional cases and exposures among children may increase the risk of infection and more serious COVID-19 disease in adults, especially household members.^{26 27 28 29 30} Moreover, exposure to other infected children may lead to the loss of in-person learning and sports activities due to quarantine or isolation.^{31 32} Vaccination reduces children's chances of contracting the virus and transmitting the virus to others,^{33 34 35} and allows for exception from some mitigation efforts that can disrupt their lives, including exclusion from school and isolation or quarantine.

17. Do fully vaccinated children need to wear masks during sports activities?

In some cases. Youth who are fully vaccinated must wear a mask while playing sports indoors, as required by [Executive Order 2021-22](#), including at school, as required by [Executive Order 2021-18](#). Youth who are fully vaccinated may resume sports-related activities without wearing masks for all sports played outdoors, except where required by laws, rules, or regulations, including local business and workplace guidance.

18. Are vaccinated children required to quarantine if exposed to COVID-19?

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- ¹⁵ Viner et al., 2020: <https://doi.org/10.1001/jamapediatrics.2020.4573>
- ¹⁶ Gaythorpe et al., 2021: <https://doi.org/10.1038/s41598-021-92500-9>
- ¹⁷ Laws et al., 2021: <https://doi.org/10.1542/peds.2020-027268>
- ¹⁸ Mensah et al., 2021: <https://doi.org/10.1016/j.jinf.2021.02.022>
- ¹⁹ *BMJ*, 2020: <https://doi.org/10.1136/bmj.m4944>
- ²⁰ Castagnoli et al., 2020: <https://doi.org/10.1001/jamapediatrics.2020.1467>
- ²¹ Ludvigsson, 2020: <https://doi.org/10.1111/apa.15270>
- ²² Heald-Sargent et al., 2020: <https://doi.org/10.1001/jamapediatrics.2020.3651>
- ²³ Madera et al., 2020: <https://doi.org/10.1038/s41598-021-81934-w>
- ²⁴ Park et al., 2020: <https://dx.doi.org/10.3201/eid2610.201315>
- ²⁵ Yonker et al., 2020: <https://doi.org/10.1016/j.jpeds.2020.08.037>
- ²⁶ Grijalva et al., 2020: <http://dx.doi.org/10.15585/mmwr.mm6944e1>
- ²⁷ Koh et al., 2020: <https://doi.org/10.1371/journal.pone.0240205>
- ²⁸ Laws et al., 2020: <https://doi.org/10.1542/peds.2020-027268>
- ²⁹ Laxminarayan et al., 2020: <https://doi.org/10.1126/science.abd7672>
- ³⁰ Madewell et al., 2020: <https://doi.org/10.1001/jamanetworkopen.2020.31756>
- ³¹ Artherstone et al., 2020: <http://dx.doi.org/10.15585/mmwr.mm7004e4>
- ³² Siegel et al., 2020: <http://dx.doi.org/10.15585/mmwr.mm7011a3>
- ³³ Levine-Tiefenbrun et al., 2021: <https://doi.org/10.1038/s41591-021-01316-7>
- ³⁴ Petter et al., 2021: <https://doi.org/10.1101/2021.02.08.21251329>
- ³⁵ Lipsitch & Kahn, 2020: <https://doi.org/10.1101/2021.02.25.21252415>



Children identified as close contacts who are fully vaccinated with no symptoms of COVID-19 do not need to quarantine or be restricted from athletics or other extracurricular activities, unless directed to do so by the local health department. Youth who are fully vaccinated who come into close contact with someone with suspected or confirmed COVID-19 should be tested 5 to 7 days after exposure, monitor for symptoms of COVID-19 for 14 days following exposure, and should wear a mask in public indoor settings for 14 days or until they receive a negative test result, [according to the CDC](#). A fully vaccinated person who develops symptoms of COVID-19 or tests positive for COVID-19 should immediately isolate themselves from others, follow up with their health care provider for evaluation, and be excluded from school and extracurricular events while they exhibit symptoms of COVID-19 until they test negative for COVID-19, until they are fever free for 24 hours, and until 48 hours after diarrhea and vomiting have ceased.

19. Will children have to show proof of vaccination like adults?

Some venues and organizations that serve children, including schools, sports leagues, and camps, may require proof of vaccination to participate. The vaccinated individual and/or a parent or guardian will generally be required to consent to disclosing vaccination status. Adults can authorize release of proof of vaccination for themselves or their children by completing a [request for immunization records \(for Chicago residents\)](#) from the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).

20. Are vaccinated children required to be tested for COVID-19 to attend school or participate in sports?

Children who are fully vaccinated with no symptoms of COVID-19 and no known exposure to someone with suspected or confirmed COVID-19 may refrain from being tested for COVID-19 in screening programs, [according to the CDC](#), including for screening testing as recommended in the [IDPH sports guidelines](#). However, IDPH recommends that all individuals involved with youth sports, regardless of vaccination status, participate in screening testing for sports.

Screening Testing for COVID-19

21. What is screening testing?

Screening tests are intended to identify infected people who are asymptomatic and do not have known, suspected, or reported exposure to the virus that causes COVID-19. PCR or rapid antigen point-of-care (POC) serial screening tests can identify unknown and asymptomatic cases and help interrupt transmission of COVID-19 by isolating cases earlier in the disease course. This is especially important for children and adolescents since cases of COVID-19 in their age group tend to be mild or asymptomatic, [according to the CDC](#). For more information, review [CDC guidance on COVID-19 testing for K-12 schools](#).



22. How can screening testing be used to support participation in sports activities?

To facilitate safer participation in sports, the CDC recommends sports organizers implement screening testing for participants. Screening testing can be critical to identifying asymptomatic cases needed to interrupt SARS-CoV-2 transmission. This is especially important when community risk or transmission levels are substantial or high. When used together with other prevention strategies, including wearing an appropriate mask and maintaining physical distancing to the extent possible, screening testing creates an additional level of reassurance that it is safer to allow in-person sports activities. For more information on screening testing, review IDPH [guidance](#) and [answers to FAQs](#) on COVID-19 testing in schools and [CDC guidance for COVID-19 prevention in K-12 schools](#) (see “Screening Testing”).

23. Who should be tested for COVID-19 before engaging in sports activities?

CDC and IDPH recommend routine COVID-19 screening testing for all individuals who come into contact with others during youth sports activities, including youth participants, coaches, trainers, officials, volunteers, and other adults involved in youth sports. Coaches, trainers, officials, and other adults involved in youth sports activities should test for COVID-19 at least once per week, regardless of community transmission. IDPH recommends that participants test for COVID-19 at least twice per week, regardless of sport played.

24. Are unvaccinated adults involved in youth sports who are also “school personnel” required to test for COVID-19 twice?

[Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#) require “school personnel” who are not fully vaccinated to test for COVID-19 weekly, at a minimum (see [Question 13](#) for more information). CDC and IDPH also recommend that coaches, trainers, officials, volunteers, and other adults involved in youth sports test for COVID-19 at least once per week, regardless of community transmission. Adults involved in youth sports activities who are not fully vaccinated and are also “school personnel” as defined in Executive Order 2021-22 and 23 Ill. Admin. Code 6 may “count” the required weekly testing to satisfy those requirements as the once weekly recommended screening test for sports.

25. Which sports require testing?

[IDPH sports guidelines](#) recommend regular COVID-19 testing for all individuals who come into contact with others during youth sports activities, regardless of the sport played.

In its [guidance for preventing COVID-19 in K-12 schools](#) (see “Screening Testing”), CDC makes different recommendations for screening testing for students involved in “low- and intermediate-risk



sports” and those involved in “high risk sports and extracurricular activities.” Schools can use the following information from the CDC if they choose to determine COVID-19 prevention strategies for youth athletes based on sport: “Examples of low risk sports are diving and golf; intermediate risk sport examples are baseball and cross country; high risk sport examples are football and wrestling. High risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.”

26. What kind of test should individuals involved in youth sports get?

Individuals testing for COVID-19 to comply with either the requirements in [Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#) or the recommendation for screening testing for sports should seek [viral testing](#), preferably a PCR test if available, which indicates whether an individual has a current infection. There are two types of viral tests: [nucleic acid amplification tests](#) (NAATs; e.g., SHIELD Illinois, Midwest Coordination Center) and [antigen tests](#) (e.g., BinaxNOW). Either type of viral test can be used for screening testing for sports. [Antibody tests](#) should not be used for screening testing for sports.

27. How often do individuals involved in youth sports need to be tested?

Adults involved in youth sports should test at least once per week, regardless of community transmission, according to the CDC. IDPH recommends that youth participants test for COVID-19 at least twice per week, regardless of sport played. For more information on screening testing, review IDPH [guidance](#) and [answers to FAQs](#) on COVID-19 testing in schools and [CDC guidance for COVID-19 prevention in K-12 schools](#) (see “Screening Testing”).

28. How can schools implement twice weekly screening testing of youth athletes?

In accordance with [CDC](#) and [IDPH](#) guidelines, schools should implement weekly screening of all unvaccinated students and staff. With federal funding, IDPH provides free weekly screening testing to all public and nonpublic schools through SHIELD Illinois or the Midwest Coordination Center. In order to implement a second weekly screening of athletes when twice weekly PCR screening is not available, schools should use rapid antigen testing (e.g., BinaxNOW) prior to athletic competition, preferably within two days.

29. What if youth participants can’t test at the recommended schedule?

Schools and other sports organizers should do their best to meet the recommended screening testing schedules as recommended by IDPH and CDC (see [Question 27](#) for more information). As a baseline to protect in-person learning, adults involved with youth sports should test for COVID-19 at least once per week and participants should test for COVID-19 at least twice per week, regardless of sport played.



30. Who can administer rapid antigen tests?

Schools should check with their ordering provider for information on who can administer their tests. For schools that have enrolled in BinaxNOW testing through SHIELD Illinois, SHIELD's ordering provider allows any school staff member that has taken the required training to administer BinaxNOW tests. IDPH recommends that schools develop self-collection capacity in order to complete athletic screening. Schools can supplement school nurse staff with athletic coaches and athletic support staff to administer rapid testing at least once per week, preferably within two days of competition. SHIELD Illinois' provider order allows for any trained adult to administer BinaxNOW. BinaxNOW training is available through IDPH.

31. Where can individuals involved in youth sports get tested for free?

Individuals can get tested at state-supported community-based testing sites, which are free and open to all regardless of symptoms. There are also community-based clinics that offer COVID-19 testing with no charge to patients. Visit the IDPH website to review the list of [COVID-19 testing sites](#). Some local health departments also perform COVID-19 testing at no charge to patients. Contact your [local health department](#) for more information. Student athletes may also have access to free testing through their school or other community-based sites.

32. Can individuals involved in youth sports test for COVID-19 at home?

At-home tests for COVID-19 are available for purchase from retail pharmacies. Some of these tests require supervision from a health care provider 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. At-home tests should be a last resort option to fulfill the requirements of [Executive Order 2021-22](#) and [23 Ill. Admin. Code 6](#) or recommended screening testing for sports. School and other sports organizers may accept the results of at-home tests to allow play in sports. If schools and other sports organizers choose to allow individuals to use at-home tests 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.

33. What happens if a child tests positive for COVID-19?

Individuals who are not fully vaccinated and without symptoms who test positive should be immediately excluded from play, including practice, training, and competition. Individuals who tested positive using molecular (e.g., SHIELD Illinois) or antigen (e.g., BinaxNOW) testing should immediately isolate. Based on current levels of spread through Illinois and higher pretest probability among students who participate in extracurricular activities, an antigen positive



through sports screening should be considered a positive. Students and families can seek confirmatory PCR testing if desired but it is not required by IDPH.

Individuals who are not fully vaccinated and have symptoms of COVID-19 who test positive should be considered infectious, immediately excluded from play, and placed into isolation as directed by the local health department. Anyone who has been in close contact with that individual during the 48 hours before their onset of symptoms will be identified and quarantined, except for those who are fully vaccinated or have documented evidence of a laboratory-confirmed COVID-19 infection in the previous 90 days.

34. What happens if a child tests negative for COVID-19?

Individuals who are not fully vaccinated and who test negative as part of the screening testing may play. A negative test result for individuals without symptoms and no known exposure suggests no infection at the time the sample was collected. Individuals who test negative may be infected in the future and should therefore continue risk reduction behaviors that help prevent the transmission of COVID-19, including wearing a mask, maintaining physical distance to the extent possible (recommended distance of at least 6 feet), washing hands, and avoiding crowds and poorly ventilated spaces. Individuals with symptoms of COVID-19 who test negative using rapid molecular or antigen testing should receive confirmatory testing.

35. How should sports organizers address athletes, parents, and other individuals who do not want to test for fear of being identified as positive and requiring quarantine, leading to missed school, sports, and other activities?

Allowing persons who are infected or exposed to continue to attend school and participate in extracurricular activities will fuel transmission of the virus and possible variants, potentially leading to longer-term restrictions, such as school closures and pauses in sports seasons. Everyone needs to do their part in order for us to return to normal and put the pandemic behind us. Early identification of positive cases through robust testing programs, isolation, and quarantine are vital steps to containing the spread of COVID-19 and preventing the need to move back to a more stringent phase of mitigations community-wide.

36. When is a CLIA waiver needed for testing?

Schools and other community-based testing sites do not need a Clinical Laboratory Improvement Amendments (CLIA) waiver when collaborating with a testing provider for screening, such as SHIELD Illinois. The testing provider will be responsible for obtaining a CLIA waiver.

37. How can sports organizers offer on-site testing at schools?



The state of Illinois has made testing available free of charge to all schools in Illinois through three programs: SHIELD Illinois, the Midwest Coordination Center, and BinaxNOW. Those interested in establishing a school testing program using the SHIELD Illinois saliva test should complete this interest form: <https://bit.ly/interestedSHIELD>. SHIELD Illinois is also able to offer BinaxNOW rapid antigen testing along with its weekly saliva testing program. The Midwest Coordination Center offers free screening testing to schools with IDPH providing a self-collection subsidy to the school. Please fill out the form here for more information: <https://testedandprotected.org/interest.html>. Those interested in implementing a school 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.

38. How can non-school sports organizers offer on-site testing?

Non-school community-based sites may perform point-of-care testing for youth athletes using a rapid antigen test (e.g., BinaxNOW). Most local health departments receive and distribute BinaxNOW rapid antigen tests directly to partners and organizations. Sports organizers should contact their [local health department](#) for more information on receiving a distribution of rapid antigen tests. See the [IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#) for complete information on testing.