



## Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools for Addressing COVID-19 Cases, Contacts and Outbreaks

CDC guidance sets forth the relevant time periods for when COVID-19 confirmed or probable cases and close contacts should isolate or quarantine. Upon identification of a case, contact, or a school outbreak, schools and local health departments should work with the impacted individuals to recommend isolation and quarantine consistent with the [CDC guidance](#). Otherwise, schools, in coordination with local health departments (LHDs) should refer to long-standing authority under the Communicable Disease Code, 77 Ill. Admin Code 690, for when students and school personnel should be refused admittance, if necessary.

### Definitions

- “School personnel” means any person who (1) is employed by, volunteers for, or is contracted to provide services for, any public and nonpublic school in Illinois serving pre-kindergarten through 12th grade students, or is employed by an entity contracted to provide services for any public and nonpublic school in Illinois serving pre-kindergarten through 12th grade students; and (2) is in close contact (fewer than 6 feet) with other persons on the campus or in a campus-affiliated building or location for more than 15 minutes at least once a week on a regular basis. The term “school personnel” does not include persons present on the campus or at an affiliated off-campus location 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 enter a site to pick up a shipment).
- “Student” means an adolescent or child enrolled in a school.
- “Confirmed case” means a person with a positive result on a COVID-19 molecular amplification diagnostic test (e.g., polymerase chain reaction [PCR] test), irrespective of clinical signs and symptoms.
- “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 and older who have are up to date with COVID-19 (A student aged 5-17 years who completed the [primary series of a COVID-19 vaccine](#)).
- An individual on school transportation within 3-6 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.
- 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.

Exposed persons meeting the above criteria are not considered close contacts and do not need to be excluded from school, however they should wear a well-fitted mask when around others for 10 days after exposure.

- “Probable case” means a person with a positive result on a COVID-19 antigen diagnostic test, irrespective of clinical signs and symptoms, or with COVID-19-like symptoms who was exposed to a confirmed or probable case.

**Situation #1 - Student or School Personnel Tests Positive (Confirmed Case):**

- If a COVID-19 test is performed at the school or the individual self-reports a positive test, the school should report the case to the LHD pursuant to 77 Ill. Admin. Code 690.200(a)(1)(J).
- School Next Steps
  - Student or school personnel who are confirmed cases should isolate at home for 5 days, consistent with the Situation #1 flowchart below.
  - Notify families, teachers, and support staff that a confirmed case was identified in the school while maintaining confidentiality as required by the Americans with Disabilities Act (ACA) and the Family Educational Rights and Privacy Act. The notification should be sent as soon as possible and include information on symptom monitoring, what to do if symptoms develop, COVID-19 prevention strategies, and information on what the school is doing in response to the positive case.
  - Investigate the case’s movement throughout the school from 48 hours prior to onset date (or specimen collection date if asymptomatic) and through the last day they were in attendance while infectious.
  - Identify close contacts to the case and handle contacts as recommended by the local health department per [CDC guidance](#) and advise close contacts to remain at home away from others consistent with the Situation #3 flowchart.

- Criteria for Returning to School
  - Consistent with the CDC's [Isolation for K-12 Schools guidance, and DPH and ISBE guidance](#), schools should permit students and school personnel who are confirmed or probable cases to return to in-person instruction if at least five days have passed since Day 0 (symptom onset date or date of specimen collection from the positive test if asymptomatic), they have been fever-free for 24 hours without fever-reducing medication, 24 hours from diarrhea or vomiting ceasing, and their other symptoms, such as sore throat or cough have improved, and they continue to wear a mask around others for five more days.
  - The LHD may supply alternative dates as to when a student or staff member can return to school up to a maximum of 10 days; otherwise, schools should permit return consistent with this guidance unless an isolation or quarantine order from the LHD is still in effect.

**Situation #2 - Students and School Personnel Exhibiting COVID-19-like Symptoms at School:**

- Students or school personnel who exhibit [COVID-19-like symptom\(s\)](#) should be immediately masked, if they are not already, and sent to a designated separation room that can be used for symptom evaluation, including testing if available, or while waiting until they can leave the school.
- [COVID-19-like symptoms](#) include the following: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause
- Students and school personnel exhibiting [COVID-19-like symptoms](#) should be:
  - safely transported home by parent or guardian as soon as possible, or
  - safely transported by parent or guardian to a health care facility for clinical evaluation and testing, if necessary.
- On-site screening (if school health personnel available)
  - Any school health personnel conducting a screening of a symptomatic student should be wearing fit tested N95 mask, eye protection with face shield or goggles, gown, and gloves. The user should be trained on the type of personal protective equipment (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](#). OSHA requires that N95 masks be fit tested prior to use. This is an important step to ensure a tight fit for the mask to be effective in providing protection. Schools should contact their LHD to determine where fit testing can be obtained in their area.
  - 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](#), or a surgical mask.
- Testing

- When possible, the sick individual should be tested on-site at the school for COVID-19 and other respiratory viruses, where indicated.
- Individuals who exhibit symptoms, but who have tested positive for COVID-19 in past 90 days do not need to be tested for COVID-19, should be assessed for other illnesses, and isolate at home consistent with the [IDPH Communicable Disease in Schools](#) guidance.
- Students and school personnel with COVID-19 symptoms should isolate as follows:
  - If student or school personnel is tested within 48 hours of onset and if the test is negative for SARS-CoV-2, the student or school personnel should remain out of school until they have been fever-free for 24 hours without fever-reducing medication, 24 hours after diarrhea/vomiting have ceased, and symptoms have improved. (If testing is not accessible or delayed, testing within 72 hours would be acceptable, but testing within 48 hours of onset should be promoted.)
  - If the student or school personnel test COVID-19-positive, refer to the section, **“Situation #1 - Procedures for Students and School Personnel who Test Positive.”**
  - If testing is not performed, the student or school personnel should remain out of school for a minimum of five calendar days after symptom onset **and** until they have been fever free for 24 hours without fever-reducing medication, 24 hours after diarrhea/vomiting have ceased, and symptoms have improved and they should wear a well-fitted mask at all times when around others in school through day 10. During times in the school day when students or school personnel may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), 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).
- Household members of the symptomatic student or school personnel who have not completed COVID-19 vaccine primary series for individuals aged 5-17, or who are not up to date with COVID-19 vaccination for aged 18 and older and additional primary shots for some immunocompromised people, who also attend or work at the school, should quarantine for 5 days unless the sick individual was tested within 24 hours of onset of symptoms. If the ill individual was tested within 24 hours of onset 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 (if test performed within first 24 hours), household members can remain in school with consistent use of well-fitting masks both indoors and outdoors. If the ill individual tests positive for COVID-19, then any household members not meeting the criteria for exemption from close contact definition in Situation #3 should -quarantine and treated as a close contact (refer to Situation #3). Boosted household members need not quarantine but should get tested five days after exposure. If exposure is ongoing (i.e., unable to isolate from their sick contact), they

should get tested again five days after last day of infectious period for their sick contact (i.e., 10 days from illness onset/test positive date).

- All areas used by the sick individual should be thoroughly [cleaned and disinfected according to CDC guidelines](#) and as described below.

### **Situation #3 - Students and School Personnel who are Close Contacts to a Confirmed COVID-19 Case**

- Identifying Close Contacts
  - Schools shall investigate confirmed and probable and cases of COVID-19 in schools to identify close contacts as recommended by the local health department.
  - Districts and schools, as well as students and families, must work with their LHD to facilitate contact tracing of infectious students and school personnel.
  - Upon notification or identification of a confirmed case in the school, schools should prepare and provide information and records to the LHD to aid in the identification of potential close contacts, exposure sites, and mitigation recommendations.
  - School personnel should inform the LHD immediately about possible exposures within the school, including in transportation settings, classrooms, common areas, and extracurricular activities. Schools should designate a person or persons for this role and have them available after hours.
  - LHDs should collaborate with pre-K-12 school administration to support contract tracing efforts, when applicable, such as information of unvaccinated individuals who were in rooms, classes, meals, and extracurricular activities with the confirmed case.
  - LHDs may investigate clusters and outbreaks in schools and make isolation and quarantine recommendations.
  - Factors that may be considered when identifying close contacts include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), if a mask was worn, and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk). Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important. Schools should work with the LHD for additional guidance in particular situations if needed.
- Schools should handle close contacts as provided in [77 Ill. Admin. Code 690.361, 690.30](#), and consistent with the Situation #3 flowchart below.
- Individuals who do not need to be handled as a close contact:
  - Students and school personnel who are currently asymptomatic, and have completed COVID-19 primary vaccine series for individuals age 5-17, and [recommended vaccine doses](#), including [boosters](#) for individuals age 18 and up, and [additional primary shots](#) for some immunocompromised people. However,

CDC recommends that all exposed individuals test five days after a close contact exposure to someone with suspected or confirmed COVID-19.

- Any asymptomatic staff or student with a confirmed COVID-19 viral test result within the last 90 days from exposure.
- Schools may permit close contacts who are asymptomatic to be on the school premises if the exposure occurred during the school day while the contact and case were fully masked and the contact tests negative using [Test to Stay protocols](#) following the exposure.
- Return to school criteria
  - If the close contact develops symptoms, COVID-19 diagnostic testing is recommended, regardless of vaccination status, and individuals should isolate for five days, plus five additional days of masking around others (Situation #2).
  - If the close contact is not tested, they are treated as a probable case (Situation #2).
  - If the close contact tests positive, they should be treated as a confirmed case (Situation #1).
  - If the close contact tests positive but remains asymptomatic, all close contacts are recommended to be tested on day five after exposure to a positive case.
  - The LHD may supply dates as to when a student or staff member identified as a close contact can return to school, otherwise schools should permit return consistent with this guidance (five days).

#### **Situation #4 - Outbreak Response and Consideration for Closure**

- Identifying an outbreak
  - CDC and IDPH recommend using the following definitions of a school-associated outbreak: (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 with symptom onset or positive test result within 14 days of each other who were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting, *and* that are epidemiologically linked in the school setting or a school-sanctioned extracurricular activity. In other words, the cases have shared close contacts and location at school or a school-sanctioned activity and have onsets within 14 calendar days of each other. Conversely, cases that occurred in different timeframes (at least calendar 15 days apart), separate locations or locations outside of school, and having no common source of exposure would not constitute an outbreak.
- Outbreak strategies. Once an outbreak is identified, the LHD will further investigate to determine the extent of exposures at the school and what control measures are needed to mitigate the outbreak. Such strategies might include:

- Recommendations for quarantine for students and school personnel from the affected classroom.
- Canceling non-essential activities and meetings.
- Keeping students in stable class groups or classrooms and moving teachers between classes.
- Increasing spacing between students in classes.
- Recommend or require universal indoor masking for the duration of the outbreak.
- Shortening the in-person school week.
- Staggering school start and lunch/break times across year groups or classes.
- Testing
  - When a school is in outbreak status (as defined and established by public health authorities), outbreak testing is strongly recommended for students and required for unvaccinated school personnel who are included in the outbreak.
  - Outbreak testing should begin as soon as possible from the date the outbreak is declared by the LHD and at least within three days.
  - IDPH recommends schools acquire parental consent for student in advance to quickly accommodate outbreak testing should the need arise. Testing for close contacts should occur as previously recommended. In addition, schools should conduct twice weekly testing during an outbreak targeted to the impacted classroom(s), grade(s), extracurricular participants, or entire student body, depending on the circumstances, unless the local health department recommends otherwise.
  - Testing should continue until the school has gone two incubation periods, or 20 days, without identifying any new cases.
  - Schools should make plans to deploy outbreak testing when needed. A listing of free testing sites is available at <https://dph.illinois.gov/covid19/testing.html>.
  - Testing of students and staff who have completed their primary series and/or booster doses should be discussed with your local health department to determine if indicated.
- 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 and excluding 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. 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 to deny admittance for close contacts, or if there is an unsafe environment due to lack of masking and/or testing, adaptive pauses can be useful to ensure the safety of all individuals. Schools taking adaptive pause should pause from all activities, including extracurricular activities. Adaptive pauses using remote learning may not be employed due to staffing shortages in schools.



**Situation #1 - Students, Faculty, or Support Staff Tests Positive**  
**School Response**

Student/school staff member tests positive for SARS-CoV-2 (COVID-19)

School should send home student/staff or have transported by parent/guardian (as applicable) for further medical evaluation by a health care provider.

School should implement cleaning and disinfection of areas where case may have been present per [CDC guidance](#).

School should notify families, teachers, and staff that a confirmed case was identified in the school/day care, as soon as possible, while maintaining confidentiality.

Include information on symptom monitoring, what to do if symptoms develop, COVID-19 prevention strategies, and information on what the school/day care is doing in response to the positive case.

School should identify and handle as recommended by the local health department individuals identified as close contacts by school or LHD (see Situation #3).

Per CDC Guidance, stay home for **five days**.  
*(May return on calendar **day six** after symptom onset, or positive test collection date if asymptomatic, and if fever free for 24 hours and symptoms improved. Continue to wear a mask around others for five more days.)*

**Situation #2 - Students, Teachers, and Support Staff with Suspect COVID-19 (Exhibiting COVID-19-like Symptoms at School) Response**

Student/staff member presents with COVID-19-like symptoms.

Mask individual immediately and place in designated area away from others for evaluation.

Is SARS-CoV-2 testing available on site?

NO

YES

Individuals who have tested positive in past 90 days should be assessed for other illnesses and stay home consistent with the [IDPH Communicable Disease in Schools](#) guidance for other illnesses.  
Test at school not required; refer to a health care provider.

Conduct testing of symptomatic staff/student immediately.

Individual tests positive for COVID-19?

NO

YES

Stay home for **five days**. Handle school close contacts as recommended by the LHD.

Tested within 48 hours of symptom onset. Individual should remain out of school for **five calendar days**.

Is either of the following true:  
the individual is a current close contact to someone with COVID-19? OR  
Is the person part of an outbreak cohort?

NO

YES

Implement Test to Stay protocol or stay home for **five days**.

Household members **who do not meet criteria for exemption from quarantine** should stay home:

- suspected case is not tested within 24 hours or
- there is high suspicion the case has COVID-19 (e.g., known contact to a case, loss of taste or smell).

Sick students and staff should be:

- safely transported home by parent or guardian (as applicable) as soon as possible, or
- safely transported by parent or guardian (as applicable) to a health care facility for clinical evaluation and testing, if necessary.

Return to School  
After negative test, 24 hours fever free (without fever-reducing meds), symptoms improved.

### Situation 3: Students or School Personnel who are Close Contacts to a Confirmed COVID-19 Case

Students and school personnel should stay home after close contact with a confirmed case consistent with the guidelines below, unless otherwise directed by their local health department. **An isolation or quarantine order is not required for schools to refuse to admit students or staff.**

