



McHenry County

P-12 Interim School Guidance

8/23/2021, Interim Guidance
Subject to Change

The below guidance is subject to change based on updated guidance from CDC or IDPH and changes in county level transmission of COVID-19. With McHenry County experiencing high transmission of COVID-19, MCDH is updating the guidance below. Updates due to the increased transmission level of COVID-19 are written in red below.

Besides a child's home, no other setting has more impact on a child's health and wellbeing than their school. With in-person education required for the 2021-2022 school year, the expectation is that schools are safe for the students' and staff's return. The McHenry County Department of Health (MCDH) is committed to bringing children back to school safely.

As stated in [Executive Order Number 18 \(COVID-19 EXECUTIVE ORDER NO. 85\)](#) filed August 4, 2021, all public and nonpublic schools in Illinois serving pre-kindergarten through 12th grade (PK-12) students must follow the [joint guidance](#) issued by Illinois State Board of Education (ISBE) and Illinois Department of Public Health (IDPH) and take proactive measures to ensure the safety of students, staff, and visitors, including, but not limited to:

- a. Requiring the indoor use of face coverings by students, staff, and visitors who are over age two and able to medically tolerate a face covering, regardless of vaccination status, consistent with [Centers for Disease Control \(CDC\) guidance](#); and,
- b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with [CDC guidance](#).

When developing policies for the 2021-2022 school year, MCDH strongly recommends school officials frequently review the IDPH [COVID-19 School Guidance FAQ](#) for clarification of the required joint ISBE and IDPH guidance.

While public health officials provide guidance on evidence-based prevention strategies to reduce the risk of transmission, school officials hold the ultimate authority and discretion to develop policies to return to school safely. *According to the CDC and IDPH, the assumption is that every school will resume the 2021-2022 with all prevention strategies in place prior to the removal of any strategies.* It is the responsibility of schools to protect those that are not eligible to receive the vaccine. The prevention strategies outlined in the CDC's [Guidance for COVID Prevention in K-12 Schools](#) and the [ISBE and IDPH joint guidance](#) include:

- Promoting vaccination
 - Achieving high levels of COVID-19 vaccination among eligible students, as well as teachers, staff, and community (household) members, is critical to help schools safely resume full operations and keep more students in school.
 - Interested in hosting a vaccination clinic? Please request a clinic from MCDH by completing our electronic [Request A Clinic Form](#).

- Consistent and correct mask use
 - All persons on the grounds of all public and nonpublic schools that serve students in prekindergarten through grade 12 must wear a face mask at all times when in school or in transit to and from school via group conveyance (e.g., school buses), unless a specific exemption applies. This extends to all indoor extracurricular activities and athletics. It is recommended that districts and schools update policies to require wearing a face mask while on school grounds and handle violations in the same manner as other policy violations. Please see the [ISBE and IDPH joint guidance](#) and [Executive Order Number 18 \(COVID-19 EXECUTIV ORDER NO. 85\)](#) for further information.
 - Masking is safe and effective in reducing transmission, [Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC](#).
- Physical distancing
- Diagnostic and screening testing to promptly identify cases, clusters, and outbreaks
 - MCDH will not accept test results from self-tests that collect a nasal specimen, including laboratory-based tests where the specimen is collected via self-collection, unless performed at a site with CLIA certification. MCDH has the right to decline test results if it is determined the site does not have CLIA certification. MCDH will accept saliva tests, so long as they are performed in the school (such as testing through SHIELD Illinois).
 - MCDH will accept RT-PCR, rapid molecular (i.e. rapid PCR), and antigen test results. MCDH will not accept antibody test results.
 - For a symptomatic individual to be considered negative for COVID-19 (see [IDPH Decision Tree for Symptomatic Individuals in Pre-K, K-12 Schools and Day Care Programs](#) for the list of symptoms for which schools should be monitoring), MCDH requires a negative laboratory-based confirmatory SARS-CoV-2 NAAT (i.e. RT-PCR) test result **only if** the staff/student is a close contact to a confirmed case or the school is experiencing an outbreak (a rapid molecular or antigen test is still beneficial in these scenarios to more quickly determine if the symptomatic individual is positive for COVID-19). In other situations, a negative rapid molecular or antigen test is acceptable.
 - MCDH strongly recommends outbreak testing for schools in outbreak status (two or more cases linked epidemiologically that do not share the same household and are not listed as close contacts of each other outside the outbreak setting). It is recommended that schools acquire parental consent for student testing at the beginning of the school year to accommodate outbreak testing should the need arise. Please see the [ISBE and IDPH joint guidance](#) for further information.
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
 - MCDH recommends maintaining self-certification policies for teachers, staff, and students.
- Contact tracing, in combination with isolation and quarantine

- Under the IL Administrative Code Control, Section 690.200, schools are required to report all confirmed and suspect COVID-19 cases in a timely manner utilizing the electronic link provided to school liaisons ([School Surveillance REDCap](#)).
- Case investigation and contact tracing will be performed by MCDH in partnership with the schools to promptly identify, isolate and quarantine cases and close contacts.
- Schools are expected to medically exclude students, staff, and teachers under the guidance provided from MCDH for isolation and quarantine.
- MCDH has authority to require isolation and quarantine under the IL Administrative Code, Section 690.1330.
- Vaccinated individuals exposed to someone with confirmed or suspected COVID-19 do not need to be quarantined, testing is recommended 3-5 day after exposure. An RT-PCR, rapid molecular (i.e. rapid PCR), antigen test, or school-based saliva test (such as testing through SHIELD Illinois) can be used.
 - If a fully vaccinated individual tests positive for COVID-19 via a rapid molecular or antigen test but tests negative for COVID-19 via a RT-PCR or saliva test provided through SHIELD Illinois, the individual can be considered to be negative for COVID-19. However, if a fully vaccinated individual tests positive for COVID-19 via a RT-PCR or saliva test provided through SHIELD Illinois, the individual should be considered positive for COVID-19 (even if they tested negative via another accepted test method).
- Four quarantine options are available to staff and students for school exposures. To participate in shortened quarantine options (options 2-4), the close contact must be signed up and participating in MCDH's contact tracing and symptom monitoring program. Schools are expected to inform MCDH which option they will be using for the identified close contact through the [School Surveillance REDCap](#) Line List (choose "Line List" under "Surveillance System Selection". Parents are expected to provide appropriate negative testing results to the school for the identified option to be permitted back in school. If a positive result is received the school is to exclude the individual under the MCDH guidance for isolation and notify MCDH through the [School Surveillance REDCap](#) COVID-19 Surveillance System (choose "COVID-19 Surveillance" under "Surveillance System Selection":
 - **Option 1:** Quarantine at home for 14 calendar days. Date of last exposure is considered day 0 (standard quarantine).
 - **Option 2:** Quarantine for 10 calendar days after the close contact's last exposure to the COVID-19 case, **providing the close contact tested negative for COVID-19 using a negative SARS-CoV-2 diagnostic test (PCR) that was collected within 48 hours of exposure day 10 (starting on day 9 or after)**. Date of last exposure is considered day 0. This can only be used for return to classroom, not extracurricular activities. Please see the [ISBE and IDPH joint guidance](#) for additional criteria that must be met for this option.
 - **Option 3:** Quarantine for 7 calendar days after the close contact's last exposure to the COVID-19 case, providing the close contact tested

negative for COVID-19 using a negative SARS-CoV-2 diagnostic test (PCR) that was collected within 48 hours of exposure day 7 (starting on day 6 or after). Date of last exposure is considered day 0. This can be only be used for return to classroom, not extracurricular activities. Please see the [ISBE and IDPH joint guidance](#) for additional criteria that must be met for this option.

- **Option 4:** Test to Stay Strategy; if close contact is tested on days one, three, five, and seven from date of exposure by a PCR or rapid antigen or molecular emergency use authorization (EUA)-approved test, close contact is permitted to remain in the classroom as long as the results are negative. Results must be obtained within 24 hours from specimen collection, otherwise Test to Stay cannot be used and close contact must be placed on quarantine using option 1, 2, or 3 above. Date of last exposure is considered day 0. In general, close contact can return to extracurricular activities if using this option. Please see the [ISBE and IDPH joint guidance](#) for additional information regarding this option, including criteria that must be met for this option. Schools must notify MCDH of all students and staff that have successfully completed testing and remained negative through the [School Surveillance REDCap Test to Stay Reporting Form](#) (choose “Test to Stay Reporting Form” under “Surveillance System Selection”).
 - While McHenry County is in high transmission of COVID-19, students cannot use this option to return to high-risk extracurricular activities. Students can use this option to return to the classroom and extracurricular activities that are not considered high risk. High-risk extracurricular activities are defined by [CDC](#) as those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.
 - While McHenry County is in high transmission, anyone using options 2-4 above cannot use the school bus for 14 calendar days after the close contact’s last exposure to the COVID-19 case.
- All external (i.e. outside of school) exposures will be investigated on a case-by-case basis. MCDH will determine whether modified quarantine options (options 2-4 above) can be used based on its investigation. If it is determined that the close contact meets criteria for modified quarantine, MCDH will notify the school liaison. Otherwise, all external exposures should quarantine at home for 14 calendar days (option 1 above).
- MCDH will make the final determination on who is to be quarantined and for how long. MCDH may determine that a close contact is not a candidate for modified quarantine (options 2-4 above) due to a high-risk exposure (e.g., sustained close contact without masking). MCDH may remove use of options from schools if it is determined that compliance for the option is not occurring or not possible for the school. MCDH may remove use of options from schools based on level of community transmission.
- Cleaning and disinfection

Guidelines for Determining Level of Community Transmission

CDC’s [Guidance for COVID Prevention in K-12 Schools](#) and the ISBE and IDPH [joint guidance](#) refer to “community transmission levels” throughout the guidance documents. The level of community transmission (i.e., low, moderate, substantial, or high) for McHenry County is based on incidence rate and test positivity as summarized in the table below. If the two indicators suggest different transmission levels, the higher level is selected:

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Incidence Rate	0-9.99	10-49.99	50-99.99	≥100
Test Positivity	0-4.9%	5-7.9%	8-9.9%	≥10.0%

Incidence Rate

To best capture the community spread of COVID-19, incidence rate will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by dividing the total number of new cases in the past 7 days by the total county population, then multiplying it by 100,000. This measure uses the 2015-2019 American Community Survey estimate of population (307,714). New cases are reported by lab report date. Incidence rate will be reported daily. This measure will be reported with a five-day lag.

Evaluation

Incidence rate is considered to have met the criteria for the lower level of community transmission (high → substantial → moderate → low) when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the higher level of community transmission (low → moderate → substantial → high) when it has met the threshold for at least 7 of the last 10 days.

Test Positivity

To best capture the community spread of COVID-19, test positivity will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by dividing the total number of positive tests for the last 7 days by the total tests performed in the last 7 days, multiplied by 100 and rounded to the nearest decimal place. Tests are reported by lab report date. Test positivity will be reported daily. To remain consistent with IDPH, this measure will be reported with a three-day lag.

Evaluation

Test positivity is considered to have met the criteria for the lower level of community transmission (high → substantial → moderate → low) when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the higher level

of community transmission (low → moderate → substantial → high) when it has met the threshold for at least 7 of the last 10 days.

Additional Considerations and Expectations

In addition to the above metrics, schools are advised to monitor additional metrics such as the percent increase in the number of cases per week, the percent increase in the number of youth cases per week, county vaccination rate, school vaccination rate, school case rate. Schools should also consider other relevant epidemiological factors (e.g., rapid increase in cases, outbreaks, significant shifts in demographics of cases, etc.) and local factors (capacity/infrastructure of school district to implement prevention strategies) to inform decision-making.

- **Percent increase in the number of cases per week** is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported during the 7 days of the week (Sun – Sat). New cases are counted by lab report date. This metric is considered stable/decreasing when the percent increase is $\leq 10\%$ for two consecutive weeks (for each week). It is considered increasing when the percent increase is $> 10\%$ for two consecutive weeks (for each week). This metric is considered fluctuating when the percent increase for one week is $\leq 10\%$ and for the other week is $> 10\%$ over a consecutive two-week period.
- **Percent increase in the number of youth cases per week** is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported amount youths (ages 3-18) during the seven days of the week (Sun – Sat). New cases are counted by lab report date. This metric is considered stable/decreasing when the percent increase is $\leq 10\%$ for two consecutive weeks (for each week). It is considered increasing when the percent increase is $> 10\%$ for two consecutive weeks (for each week). This metric is considered fluctuating when the percent increase for one week is $\leq 10\%$ and for the other week is $> 10\%$ over a consecutive two-week period.
- **School vaccination rate** should include students, teachers and staff and should be calculated for each building separately. It is calculated as the total number of vaccinated students, teachers and staff divided by the total number of students, teachers, and staff in attendance at the building.
- **School case rate** should include students, teachers and staff and should be calculated for each building separately. It is calculated as the total number of cases among students, teachers and staff divided by the total number of students, teachers, and staff in attendance at the building.

If school officials decide to remove any of the prevention strategies for their school based on local conditions, they should remove them one at a time and monitor closely (with adequate testing through the school and/or community) for any increases in COVID-19 cases. School officials should consider the level of transmission in the community; vaccination coverage among teachers, staff, and students; as well as if the school currently has a screening testing program in place. Schools should make these decisions in consultation with MCDH.

Educational examples to assist schools in determining how to use prevention strategies to protect students, teachers and staff, as informed by local public health conditions, can be found in the [IDPH COVID-19 School Guidance FAQ](#), pg. 10. These examples are intended to serve as

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

Every school is expected to have an Emergency Operations Plan (EOP) to protect students, teachers, staff, and families from the spread of COVID-19 and other emergencies. What should be included in the EOP and tools and resources can be found in the CDC's [Guidance for COVID Prevention for K-12 Schools, Appendix 1: Planning and Preparing](#).

MCDH expects that each school identify a liaison and a back-up liaison to provide efficient communication between the schools and MCDH. Schools must complete the [School Liaison Survey](#) to notify MCDH of these individuals. An [EOP Submission Form](#) must be completed for each school regarding specific information from their EOP so that MCDH understands the prevention strategies each school is using. MCDH will not be approving or endorsing any EOP; this survey is strictly for information to provide efficient guidance as prevention strategies are expected to evolve. Each school is expected to keep their liaison and EOP changes updated throughout the school year using the above electronic forms.

MCDH asks that each school complete weekly school absenteeism surveillance through the [School Absenteeism Surveillance REDCap](#) (choose "School Absenteeism Surveillance" under "Surveillance System Selection"). School absenteeism surveillance involves the tracking of absences due to COVID-19-like illness (CLI), influenza-like illness (ILI), gastrointestinal illness, and total absences. Our Epidemiology Program and Communicable Disease staff monitor this information to determine the spread of COVID-19 and influenza in our county and identify acute gastro enteritis (AGE) outbreaks in schools. We ask that this form be submitted every Monday at 3 pm for the previous week's absenteeism data.