**Maroa-Forsyth School District #2**



**Health Guidelines & Requirements**

**Return to School Plan**

**2020-2021**

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**Student COVID-19 Self-Certification and Verification**

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to utilizing School District transportation or entering any School District building.

Daily symptom screening will be conducted by district staff on the bus and at the building for students in grades 3 – 12 only.

Parents of grades Pre-K, K, 1, and 2 will need to conduct this daily symptom screening at home prior to their student departing for school and reporting consistent with the parameters outlined below. The Student COVID-19 Self-Certification and Verification Form (Appendix C) must be signed and returned to the School District prior to the start of the 2020-2021 school year for Pre-K – 2 students.

Parents/Guardians will verify prior to utilizing District transportation and/or entering a District building, their student(s) will receive a daily symptom screening at home by an adult caregiver to determine if their student(s) are experiencing any of the following COVID-19 symptoms:

• Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;

• Fatigue;

• Muscle and body aches;

• Headache;

• Shortness of breath or difficulty breathing;

• Cough (that is not documented as asthma or allergies)

• Sore throat;

• Congestion or runny nose;

• New loss of taste or smell;

• Nausea and/or vomiting;

• Diarrhea;

• Abdominal pain; or

• Any other COVID-19 symptoms identified by the CDC or IDPH.

By sending students on District transportation and/or to school on any given day, Pre-K – 2 parents/guardians are certifying and verifying that their student(s) have received a daily symptom screening and are not experiencing any COVID-19 symptoms. If a student is experiencing any of the above symptoms at the time of the daily screening, the parent/guardian will notify the school in writing of their student’s absence by sending an email to the school nurse and indicating the above symptoms that their student is experiencing. In the event District staff contacts the parent/guardian to gather additional information related to the results of their student’s daily screening, the parent/guardian will provide the necessary information as requested.

**While the district has decided to do the symptom screening for grades 3 – 12, it is strongly encouraged that parents of ALL grade levels develop this routine at home and follow the directions in the above paragraph. We cannot have sick children school.**

* Grade School (Pre-K – 5): LaRae Robinson (larae.robinson@mfschools.net)

* Middle School & High School (6-12): Desiree Barrett (desiree.barrett@mfschools.net)

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##### Sick Day Guidelines

A student presenting with any one of the following symptoms requires the student to stay home and/or be sent home:

* Fever >100.4
* Fatigue
* Muscle or body aches
* Headache
* Shortness of breath
* Cough (that is not documented as asthma or allergies)
* Sore throat
* Congestion or runny nose
* New loss of sense of taste or smell
* Nausea
* Vomiting
* Diarrhea
* Abdominal pain
* Student is unable to participate in normal daily activities

**Who should consider getting tested for COVID-19?**

* Anyone with Positive Symptom Screen for common symptoms at the discretion of a healthcare provider.
* Anyone with known, prolonged (>15 minutes) close contact (within 6 feet) with positive COVID 19 case WITHOUT face covering should be tested.
* Further guidance from the Macon County Health Departments does not recommend for people to get tested if they are not symptomatic. There are a few reasons for that. 1) they could get a false negative and have a false sense of security that they aren’t infected and won’t infect others and 2) they could test and get a negative because they don’t have enough of the viral load in their system yet. The virus can incubate for 2-14 days, so someone could test 2 days after being in contact with a known case and get a negative result. Then 2 days later, they could test again and have a positive result. In this case, they could’ve been infectious the entire time. 3) If someone has been in known contact >15 mins within 6 feet with someone whom has now been diagnosed positive, they would be directed to quarantine due to being a close contact. Testing and getting a negative result does NOT release them from their quarantine. They still have to quarantine the 14 days from last date of exposure plus be symptom-free in order to end quarantine. In addition to that, even if someone meets that criteria (within 6 feet > 15 mins) WITH a mask on, they must still be considered a close contact. Wearing a mask does not 100% eliminate risk and does not mean they aren’t a close contact/directed to quarantine. It is only recommended that people get tested if they are symptomatic, based on IDPH guidance. Parents please know that this guidance may change throughout the school year, as it has changed several times throughout this response.

**When to Return to School**

* It is recommended that medically fragile and immunocompromised students consult their medical provider prior to attending school.
* **COVID-19 Test Results Pending:** A student that has been tested for COVID-19 should not return to school until notified of their results.
* **COVID-19 test positive:** A student who tests positive for COVID-19 will be required to isolate (which is different than quarantine for close contacts to a positive case) at home per the County Department of Public Health guidelines. A parent should notify the school nurse if their child tests positive, so that contact tracing can be initiated. A student must stay home at least 10 days from onset of symptoms and 24 hours with no fever (without taking fever reducing medications) and improvement of other symptoms-whichever is longer. A release letter may be required from the health department to return to school. The guidance for release from isolation and quarantine does change.
* **COVID-19 test negative:** A student that tests negative for COVID-19 may return to school once they have been fever free for 24 hours, without taking fever-reducing medication (ie Tylenol, Advil, etc) and/or have been 24 hours without vomiting/diarrhea. Please refer to [IDPH Communicable Diseases in School Guidelines](https://drive.google.com/file/d/0BwhavSgt6QBvSmYxVGhnTG9LWHBaUGxhTVlYNk84eEdNZWU0/view).
* **Not Tested for COVID-19:** If any one of the following symptoms are present: Fever (>100.4), fatigue, body aches, headache, shortness of breath, cough, sore throat, congestion or runny nose, new loss of sense of taste or smell, nausea, vomiting, diarrhea, and/or abdominal pain. The student should stay home at least 10 days from onset of symptoms and 24 hours with no fever (without fever-reducing medications) and improvement of other symptoms-whichever is longer. Testing for COVID-19 is recommended by IDPH with any one of these symptoms.
* **Close Contact of COVID-19+ Individual:** If a student is considered to be a close contact of an individual that has tested positive for COVID-19, then they will be required to quarantine at home and may not attend school at least 14 days from last contact with the individual or released by the Macon County Department of Public Health. A release letter may be requested for the student to return.
* **Other diagnosis (not COVID):** A student who is diagnosed with an alternate clinical diagnosis or laboratory confirmed condition (ie norovirus, strep throat) should follow provider directions/treatment and return to school per policies and [IDPH Communicable Diseases in School Guidelines](https://drive.google.com/file/d/0BwhavSgt6QBvSmYxVGhnTG9LWHBaUGxhTVlYNk84eEdNZWU0/view). A physician’s note will be required to return to school.
* **Check in Procedure upon return to school:** Students and staff returning from illness from COVID-19 should check in with the school nurse following isolation/quarantine. Teachers or office staff will notify the school nurse as soon as the student is present. Student’s temperature will be checked and symptoms evaluated to determine if criteria for discontinuation of isolation/quarantine have been met prior to returning to class.

**Employee COVID-19 Self-Certification and Verification**

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, the June 23, 2020 Transition Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every employee undergo a daily symptom screening prior to utilizing School District transportation (i.e., bus drivers, bus aides/monitors, etc.) or entering any School District building. Employees will conduct this daily symptom screening on each day prior to their arrival for work and report consistent with the parameters outlined below, until otherwise notified by the District in writing. This form must be completed and returned to the District Office as soon as possible but no later than August 21, 2020.

Certification and Verification of Daily Symptom Screening

Employees will conduct a daily symptom screening to determine if they have any of the following COVID-19 symptoms:

* Fever >100.4
* Fatigue
* Muscle or body aches
* Headache
* Shortness of breath
* Cough (that is not documented as asthma or allergies)
* Sore throat
* Congestion or runny nose
* New loss of sense of taste or smell
* Nausea
* Vomiting
* Diarrhea
* Abdominal pain
* Student is unable to participate in normal daily activities
* Any other COVID-19 symptoms identified by the Centers for Disease Control (CDC) or Illinois Department of Public Health (IDPH).

By reporting to work on any given day, employees are certifying and verifying that they are not experiencing any COVID-19 symptoms. If employees experience any of the above symptoms at any time during the work day, they will immediately notify their building principal, immediate supervisor or designee and isolate themselves away from other employees and students pending further direction from the District, and provide necessary information as requested.

If a daily symptom screening reveals that an employee is experiencing any COVID-19 symptoms, the employee will notify the District by contacting their building administrator and entering the absence in the employee absence system. In addition, the employee will notify the Payroll and Benefits Coordinator in writing of the absence and the symptoms the employee is experiencing by sending an email, and providing necessary information as requested.

**Certification and Verification of Other COVID-19 Related Exposures**

Employees will notify the District that they will be absent pending further direction from the District if: (1) employees receive a diagnosis of COVID-19; (2) employees are suspected of having COVID-19; (3) employees come in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) employees have traveled internationally. If District staff contacts employees to gather additional information related to the reason(s) for their absence, they will provide necessary information as requested.

By reporting to work on any given day, employees are certifying and verifying that they are not presently subject to an isolation or quarantine protocol related to COVID-19.

*For COVID-19, the CDC defines a “*[*close contact*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)*” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”*

**Visitor and Vendor Policy**

To the greatest extent possible, visitors will be restricted to authorized personnel only. All visitors must undergo a health screening prior to entering the building. Using the buzzer/intercom, a District employee will ask the visitor health screening questions over the intercom. All visitors and vendors entering the building must have their temperature taken and asked the following questions:

1. *“Are you taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce his/her fever?”*
2. *“Have you had close contact or cared for someone with COVID-19 within the past 14 days?”*
3. *“Have you returned from travel outside the United States or on a cruise ship or river boat within the past 14 days?”*
4. *“Have you been directed to self-quarantine by a healthcare provider?”*
5. *“Have you been directed to self-quarantine by the County or State Department of Public Health?”*
6. *“Do you have any of the following symptoms?”*
   1. Fever >100.4
   2. Fatigue
   3. Muscle or body aches
   4. Headache
   5. Shortness of breath
   6. Cough (that is not documented as asthma or allergies)
   7. Sore throat
   8. Congestion or runny nose
   9. New loss of sense of taste or smell
   10. Nausea
   11. Vomiting
   12. Diarrhea
   13. Abdominal pain

The District employee conducting the screening should ensure that they verbally provide any and all health requirements to the visitor before they enter, including but not limited to telling the visitor that they:

1. Must wash their hands and/or use appropriate alcohol based hand sanitizer upon entry;
2. Must wear a cloth face covering at all times within the facilities; and
3. Must observe social distancing by avoiding close contact with other individuals.

Faculty or staff will be asked to meet the visitor to conduct business as needed. Visitors will not have access to the building in general as to maintain social distancing and to limit exposure. This should be in addition to the normal sign in procedures. Parents who need access to their children are to call the building office upon their arrival and remain in their vehicle until their children are brought to them.

Maroa-Forsyth School District #2 will limit access to school facilities to all parents, families and visitors to the greatest extent possible. Parents and guardians who need to drop off items for their children must contact building offices prior to doing so.

**Inquiry Protocol**

Maroa-Forsyth School District #2 will utilize the following inquiry protocol after a report by a parent/guardian, employee or visitor of COVID-19 symptoms, a positive COVID-19 test, being suspected of having COVID-19, or close contact (defined below) with someone who tested positive for COVID-19 or is suspected of having COVID-19.

*For COVID-19, the Centers for Disease Control (CDC) define a “*[*close contact*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)*” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”*

COVID-19 symptoms may include: temperature of 100.4 (or higher) degrees Fahrenheit/38 degrees Celsius; cough, shortness of breath or difficulty breathing, chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea and/or vomiting, or diarrhea. *Continue to monitor CDC and IDPH to determine if other symptoms are identified.*

When possible, the questions should be asked by a Human Resources employee or nurse. Please keep in mind that depending on how sick an individual is, they may not be able to answer all of the questions. At a minimum Maroa-Forsyth School District #2, will attempt to confirm the date of the positive test, date of onset of symptoms, or date of last contact with someone who tested positive for COVID-19 or is suspected of having COVID-19.

A record shall be maintained of the individual’s responses to the questions. For an employee, the record shall be maintained in a medical file separate from the personnel file. For a student, this would constitute a student record. Information gathered may be shared with the Macon County Department of Public Health.

For students, institute remote learning protocols, as applicable, or document excused absences. For employees, evaluate whether telework is an option. If not, apply applicable leave for periods of isolation/quarantine and count as excused absence.

**A. For Positive COVID-19 Test**

1. On what date was the test conducted?
2. On what date did you (or your student) receive the positive test result?
3. Have you (or your student) experienced any symptoms of COVID-19? If so:
   1. When did you begin to experience symptoms?
   2. Which symptoms?
4. On what date were you (or your student) last in a district building or facility?
   1. What spaces were you (or your student) in?
   2. Were you (or your student) within 6 feet for at least 15 minutes of anyone while in a district building or facility? Identify names (if possible) or groups (i.e., classroom).

As applicable, ask the same questions in no. 4 above for the 2 days before onset of symptoms or date test was conducted, whichever is earliest.

*State that the individual may wish to consult their health care provider. Provide information about applicable isolation/quarantine period (refer to Appendix F: Return to School/Work Flow Chart). Inform individuals who to contact when the isolation/quarantine period has ended or if released to school/work by a healthcare provider, before returning to school/work. Initiate notice and quarantine protocols for close contacts, as applicable. Initiate space closure and disinfecting protocols, as applicable.*

**B. For Symptoms or Suspected of Having COVID-19**

1. On what date did you (or your student) begin to experience symptoms of COVID-19?
2. What symptoms are you (or your student) experiencing? Is symptom onset new or unusual (i.e., headache, etc.)?
3. Is there an alternative explanation for the symptoms (e.g., ear infection, strep throat, seasonal allergies, etc.)? If so, explain.
4. On what date were you (or your student) last in a district building or facility?
   1. What spaces were you (or your student) in?
   2. Were you (or your student) within 6 feet for at least 15 minutes of anyone while in a district building or facility? Identify names (If possible) or groups (i.e., classroom). Were you wearing an N95 mask?
5. As applicable, ask the same questions in no. 4 above for the 2 days before onset of symptoms.

*State that the individual may wish to consult a health care provider. Provide information about applicable isolation/quarantine period (refer to Appendix F: Return to School/Work Flow Chart). Inform individuals who to contact when the isolation/quarantine period has ended or if released to school/work by a healthcare provider, before returning to school/work. Initiate notice and quarantine protocols for close contacts, as applicable. Initiate space closure and disinfecting protocols, as applicable.*

**C. For Close Contact with Someone Who Tested Positive for COVID-19 or Is Suspected of Having COVID-19**

1. On what date did you (or your student) last have contact with the individual who tested positive or is suspected of having COVID-19?
2. Have you (or your student) tested positive for COVID-19?
   1. If yes, refer to Section A, above.
   2. If no, please notify the school district if this status changes (ask 3, 4 and 5 below).
3. Are you (or your student) experiencing symptoms of COVID-19?
   1. If yes, refer to Section B, above.
   2. If no, please monitor and notify the school district if this status changes (ask 4 and 5 below).
4. On what date were you (or your student) last in a district building or facility? What spaces were you (or your student) in?
5. As applicable, ask the same questions in no. 4 above for the 2 days before the date of last contact with the individual who tested positive or is suspected of having COVID-19. (Remember that if someone is masked and within 6 feet, they are STILL considered a close contact; the mask does not eliminate the fact that they were within the 6 feet for >15 mins).

*State that the individual may wish to consult a health care provider. Provide information about applicable isolation/quarantine period (refer to Appendix F: Return to School/Work Flow Chart). Inform individuals who to contact when the isolation/quarantine period has ended or if released to school/work by a healthcare provider, before returning to school/work. Follow regular cleaning/disinfecting protocols. Follow space closure or disinfecting protocols and notice to close contacts if Section A or Section B applies.*

**D. Return from International Travel**

1. On what dates did you (or your student) travel abroad?
   1. When did you (or your student) return to the United States?
   2. What country did you travel to?
2. On what date were you (or your student) last in a district building or facility?
3. Have you (or your student) tested positive for COVID-19?
   1. If yes, refer to Section A, above.
   2. If no, please notify the school district if this status changes (ask 4 below).
4. Are you (or your student) experiencing symptoms of COVID-19?
   1. If yes, refer to Section B, above.
   2. If no, please monitor and notify the school district if this status changes.

*Provide information about applicable isolation/quarantine period (refer to Appendix F: Return to School/Work Flow Chart). Inform individuals who to contact when the isolation/quarantine period has ended before returning to school/work. Follow space closure or disinfecting protocols and notice to close contacts if Section A or Section B, applies.*

**E. Member of Household (but not Employee or Student) Comes in Close Contact with**

**An Individual Who Has Tested Positive for COVID-19**

1. On what date did the member of your household last have close contact with the individual?
2. Is the member of your household presently experiencing any symptoms of or suspected of having COVID-19? If so, on what date did those symptoms begin?
3. Has the member of your household tested positive for COVID-19? If so, on what date did they test positive?
4. If yes to question 2 or 3, refer to Section C above.
5. If no to question 2 and 3, this is simply a monitoring situation and no isolation/quarantine protocol applies. Notify the district if the status of a household member changes, or if your (or your student’s) status changes.

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Return to School/Work Protocol. Refer to *Appendix F: Return to School/Work Flow Chart*.

* If an individual indicates that they have a release to return to school/work from a health care provider, request a copy for school district records.
* If an individual is returning under “Symptoms Based Strategy”, verify that: (1) at least 10 days have passed since symptom onset; (2) and at least 24 72-(this has now changed to 24, as you have above) hours since resolution of fever (w/out fever reducing medication) and improvement of respiratory symptoms. Document same for school district records.
* If an individual is returning under “Time Based Strategy”, verify that: at least 10 days have passed since the date of first positive COVID-19 test. Document same for school district records.
* If “close contact” case only or return from international travel only, verify that the isolation period has ended. Document same for school district records.
* If COVID-19 symptoms, but the individual is not suspected of having COVID-19, document evidence of alternative reasons for symptoms and/or release to return to school/work (request copy) for district record.

**Other Health Needs**

The school nurse will continue to support students with acute and chronic health conditions.

* **When to Visit the Health Office**
  + Student may independently ambulate to the health office for variety of individualized needs, so long as **none** of the following symptoms are present:
    - Confusion/ "doesn't seem to be them self/disorientation
    - Decreased level of consciousness
    - Shortness of Breath/Respiratory Distress
    - Dizziness/Lightheadedness
    - Spinal Cord Injury/Head Injury complaining of neck pain-DO NOT MOVE POSITION
    - Vision impairment
    - Diabetic "Lows"
    - Individualized triage judgement of faculty/staff or based off reported condition as directed by school nurse
  + Students need to stay in place for in-person evaluation if any of above-mentioned criteria are met, or per faculty/staff best judgement.
    - If it is an emergency, 911 should NEVER be delayed. Activate EMS and delegate as appropriate.
  + In order to prevent potential exposure to infectious diseases, promote isolation, and decrease office congestion please note that students do **NOT** need to present to the Health Office with the following common situations:
    - Paper cuts, small abrasions, picked scabs - have them wash hands and apply band aid if needed.
    - Minor headaches and/or fatigue - allow them to get snacks/drink water first.
    - Mild stomach ache and/or nausea - allow you to use the restroom, drink water, and have snacks first. Better after 20 minutes?
    - Localized bug bite - if no allergy history and not spread over large area of skin (not larger than a pencil eraser), apply cool paper towel to area to help prevent scratching
    - Anxiety/Stress/Psychosocial Issues - if not affecting breathing or medical health try snack, redirection, and refer to building counselor or other applicable services for collaboration.
* Encourage use of school nurse electronic passes or calling ahead to school nurses to visit the school health office.
* Daily Medication
* Parents are encouraged to talk with their child’s physician to discuss the possibility of extended release medication or alternate schedule, so that students do not have to take medications during their school day.
* For those students that need to take medication during the school day, every effort will be taken to keep sick children in an isolated area away from the well-child area.
* Nebulizer treatments are not recommended to be administered at school at this time. It is recommended that you talk with your physician about using a spacer with an inhaler.

**Nonpharmacological Intervention (NPI) Recommendations for Communicable Disease**

* **Individual**
  + Wear face mask/covering at all times, except eating and/or outside.
  + Avoid close contact with people who are sick.
  + Stay home when you are sick.
  + Cover your cough or sneeze into your elbow or a tissue, then throw the tissue in the trash. Follow with hand hygiene.
  + Avoid touching your eyes, nose, and mouth. If you do, wash your hands afterwards. Wash hands often with soap and water (20 seconds).
  + If soap is unavailable, use hand sanitizer (60-95% alcohol based).
  + Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe daily (ex: playground equipment, door handles, sink handles, drinking fountains, toys, desks).
  + Ensure all vaccines are up to date of self and household members.
  + Promote non-contact methods of greeting
  + Work with school counselors to promote ways to decrease fear, stigma, anxiety and address social emotional needs
* **Community**
  + Promote up-to-date vaccinations, including the flu vaccine, in accordance with Illinois state law.
  + Disseminate health information regarding COVID19, handwashing, PPE, social distancing, face coverings, etc from CDC, IDPH, and SCDPH
  + Plan interventions proactively for communicable disease outbreaks.
  + Social distancing measures required.
  + Masks
  + In a multidisciplinary approach, evaluate ways to decrease community congestion, i.e. classes outside when appropriate, evaluate campus events, evaluate the ability to stagger classes and individuals on campus, etc.
  + Evaluate the need for closures in conjunction with the Macon County Department of Public Health, IDPH, and IL state law and School Code
    - Responsibility for protection of public health: The department of health may take such measures as are deemed necessary and proper for the protection of the public health.
      * Case incidence in schools: Where any case of communicable disease occurs or is likely to occur in a public, private, or parochial school, child care facility, or in a healthcare facility, the department of health may require the school or facility to:
        + exclude infected persons and non-immune persons, whether students, patients, employees or other persons;
        + close and discontinue operations if there is likelihood of an epidemic.
* **Environmental**
  + High touch surface cleaning with disinfectant noted to kill COVID19. Surfaces should remain wet for 10 min or as specified by the cleaning agent.
  + Routine environmental cleaning; clean high traffic areas (bathrooms, cafeteria, gym, office) and health office daily.
  + Exposed areas should wait 24 hours prior to cleaning or if not possible, wait as long as possible per CDC.
  + Do not vacuum a room or space that has people in it. Wait until evening time when no one else is in the room. Use a vacuum with a hepa filter, if available.
  + Post signage throughout campus encouraging frequent handwashing.
  + Hand sanitizer dispensing units throughout each building.
  + Limit food-sharing activities.
  + Increase ventilation - keep windows open when possible, use fans to circulate air.

**Isolation and Personal Protective Equipment (PPE) Standards in the Health Office**

* Uniform and Standard PPE during Pandemic
  + In order to prevent cross-contamination between personal and professional environments, as well as to easily identify health office personnel, medical scrubs should be worn by Health Office staff. In addition to standard medical scrubs, closed-toe shoes should be worn on a daily basis.
  + Standard PPE should include a paper/plastic gown to protect scrubs from contamination in the office. May be used as "Standard Precaution" and should be changed if changing PPE for other purposes.
  + Should only be used in the triage and isolation room.
  + For on-site calls, triage symptoms on telephone and prepare necessary PPE for on-scene response.
  + Use of a standard face covering for *all* student and faculty/staff interactions required.
* Appropriate PPE must be utilized in conjunction with universal precautions and proper hand hygiene. Hand hygiene is required before and after each office encounter and after each intervention.
  + Soap and water scrubbing for 20 seconds is the preferred method. Hand sanitizer with at least 60% alcohol is also acceptable.
  + Soap and water handwashing must be used in the case of gross soiling.

**A. Non-Respiratory Condition**

* Gastrointestinal
  + Consider the use of gowns, mask/facial shield, and/or protective eye wear in the case of active or impending emesis.
  + Move students to separate isolation areas in the case of active emesis.
* Integumentary
  + Standard precautions, evaluate the need of escalation of PPE dependent on clinical picture. I.e. draining wounds, potential exposure to blood borne pathogens.
* Miscellaneous
  + Use clinical judgement to evaluate the risk of exposure and implement appropriate PPE.
  + Sore throat, muscle aches, etc. *ALWAYS* ask if they have been exposed to someone with positive or presumed positive COVID-19.

**B. Respiratory Condition and Afebrile**

* Upper Respiratory Complaint
  + Face covering and shield use recommended during assessment to prevent droplet transmission during close contact.
  + If lung sounds auscultated clear, secretions are clear or absent, and cough is intermittent or absent in nature teach students proper respiratory hygiene etiquette. Evaluate clinical picture if appropriate to remain in school.
  + If lungs sound auscultated other than clear and/or secretions are yellow or green, and cough is persistent - use a mask and refer the student out for further evaluation. Move the student to an isolation room. Evaluate if the individual has been exposed to someone with positive or presumed positive COVID-19. Per CDC, "Patients with even mild symptom that might be consistent with COVID-19 (e.g., cough, sore throat, shortness of breath, muscle aches) should be cared for by HCP wearing all recommended PPE for the patient encounter (gloves, a gown, respiratory protection that is at least as protective as a fit tested NIOSH-certified disposable N95 filtering facepiece respirator or facemask-if a respirator is not available-and eye protection".

**C. Respiratory Condition and Febrile**

* Maroa-Forsyth School District recognizes a fever as a temperature of 100.4 degrees Fahrenheit or higher per the recommendation of physicians at the Sangamon County Department of Public Health.
* Investigate if the individual has been exposed to a person with positive or presumed positive COVID-19.
  + Depending on the clinical picture, consider use of protective eyewear, facial shield, and gown if assessing within close proximity and risk of droplet transmission.
  + Due to widespread community transmission of COVID-19 in Illinois, **strongly** consider the use of gloves, a gown, respiratory protection that is at least as protective as a fit tested NIOSH-certified disposable N95 filtering facepiece respirator or face covering if a respirator is not available, and eye protection.
  + Per CDC, "If the patient is wearing a facemask or cloth face covering, no recommendation for PPE is made typically for HCP transporting patients with a respiratory infection from the patient's room to the destination." (i.e. to an isolation room at home with parents). However, if transport time is delayed and care rendered FULL PPE should be worn. “Use of a facemask is recommended by the transporter for anything more than brief encounters.”
    - Require a face covering on student
    - Isolate students in a separate area.
* Must be sent home and followed up with a medical provider. Recommend COVID testing. May need a physician's note prior to returning to school.
  + Screen siblings and household students for fever and symptoms. Educate on self-monitoring of symptoms. Send home if symptomatic or if a sibling is a confirmed positive to monitor for symptoms per health department recommendation.

**D. Febrile with/without Acute or Comorbid Condition**

* Send home until "Return to School" guidelines met.
* Educate parents on recognizing warning signs about when to consult a higher level of care.
* Maintain communication with family and monitor symptoms while the student is home for safe return to school.
* Request reentry date or medical clearance from student’s MD. (see sick day guidelines)

**E. Afebrile “Walking Well”**

* Clean area in health office for medication administration, injuries, tube feeding, insulin administration.
* This space must be separate from the isolation area.
* Aerosol generating procedures (i.e. suctioning, nebulizers) are not recommended in school at this time.

***Schools are not expected to screen students or staff to identify cases of COVID.***

* Ensure adequate education has been provided to recognize symptoms. Although symptoms are individualized and variable, sometimes even asymptomatic.
* If a school has direct cases of COVID-19, Maroa-Forsyth School District #2 will assist local health officials to identify those individuals and will collaborate to follow up on next steps and initiate contact tracing.
  + Exposure is defined as within 6 foot of an infected person for more than 15 minutes. Must go back 2 days, prior to symptom start or + test if asymptomatic, to identify students, staff, and visitors possibly exposed. Exposed person will be quarantined for 14 days to self-monitor for COVID symptoms.
  + Call healthcare providers for further guidance or Macon County Department of Public Health (217) 423-6988.

##### Personal Protective Equipment for other Individuals within the School

**Face Coverings and P.P.E.**

Face coverings are required and shall be worn at all times, even when social distancing is maintained by any individual present in any building, facility or transportation vehicle (i.e. bus) owned, operated or used by the District except for individuals younger than 2 years of age.

*When Face Coverings May Be Removed*

Face coverings may be removed when:

1. Individuals are eating and/or drinking in spaces and at times so designated by the District;
2. Teachers and students are engaged in band activities necessitating such removal;
3. Individuals are outside and social distance (at least six feet apart) is maintained; or
4. Individuals are having trouble breathing.

*Reasonable Accommodations*

Individuals who cannot tolerate a face covering due to a medical condition or disability related condition, or who present other bona fide reasons for not being able to wear a face covering, may be permitted to utilize alternative options such as a face shield or other reasonable accommodation. The Superintendent or designee shall have discretion to determine whether an employee, visitor, or third-party individual qualifies for a reasonable accommodation. For a student with a medical condition or disability, the student’s education team (i.e. IEP team, 504 team, health plan team) will determine whether the student qualifies for a reasonable accommodation and the accommodation to be provided. As a condition to granting a reasonable accommodation, the District may require an individual to provide a physician’s note and/or other relevant information, documents, or certifications with respect to the condition or circumstance. Requests for reasonable accommodations from the face covering requirement shall be assessed in accordance with applicable state and federal law.

*What Constitutes A Face Covering/Additional Resources*

For purposes of this section, “face covering” means a cloth face covering, N95 mask, surgical mask, or other material that fully covers the nose and mouth and is approved by the Centers for Disease Control and Prevention. For additional information and resources regarding face coverings, please see:

* Illinois Dept. of Public Health - <http://www.dph.illinois.gov/covid19/community-guidance/mask-use>
* CDC DIY Cloth Face Coverings (April 4) – <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
* CDC Recommendations for Cloth Face Covers – <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>
* U.S. Surgeon General How to Make Your Own Face Covering (YouTube) – <https://youtu.be/tPx1yqvJgf4>
* CDC Cloth Face Covers FAQ – <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html>

*Consequences for Violating Policy*

An individual’s refusal to wear a face covering in accordance with this policy shall constitute a violation of the District’s applicable rules of conduct, and may subject the individual to disciplinary action and/or prevent the individual from entering the District’s buildings, facilities or transportation vehicles until the individual complies with this policy. Face covering designs and images must comply with the District’s Student Appearance Policy and must not disrupt the educational process, interfere with the maintenance of a positive teaching/learning climate, or compromise reasonable standards of health, safety and decency. The Superintendent or designee shall apply and enforce this policy.

***For the safety of students and staff, any individuals who choose not to and/or refuse to wear a face covering will required to leave the school and enroll in Remote Learning when appropriate.***

##### Communicable Disease Monitoring

* **Internal**
  + Collaborate with school secretaries to record detailed symptoms when students are called in for sick days, including COVID- like symptoms, diagnosis, or exposure.
    - RN/LPN will monitor school absentee rates.
  + Document staff and visitor visits into each building.
  + Tracking processes to monitor individuals out sick from school will be maintained by the school nurse.
    - Tracking ensures discontinuation of home isolation or quarantine have been met.
    - See Check in Procedure.
    - Process will be communicated to families and staff.
  + If 10% of the student population, whether it is across a division or entire student population, calls out sick for similar symptoms it must be reported to the MCDPH.
    - * This also applies to faculty/staff illness absences.
      * If 10% out sick, it may be recommended partial closure to clean and disinfect the entire school for 2 days.
  + See above guidelines under "Respiratory Condition and Febrile" for COVID-19 monitoring. If a case is positive in our school, this is a reportable condition as required by the IDPH Infectious Disease Reporting requirements.
    - * Monitor for MIS-C (Multisystem Inflammatory Syndrome) symptoms in children. Suspected or known cases should be reported to SCDPH as required by CDC, IDPH.
      * Maintain a list of students who are religious and medical exempt from vaccinations. Notification and exclusion may be necessary if outbreak.
* **External**
  + Refer to above "Community NPI Recommendations”
  + Maintain ongoing monitoring of local, national, and global health trends.
    - Continue to follow up-to-date communications from the MCDPH, IDPH, CDC, WHO, Office of the Governor, and ISBE regarding community-specific communicable disease concerns, planning, and interventions.

**Considerations for Closure of School**

* Correspond with IDPH and CDC guidelines regarding interventions when considering school closure and guidance.
* MCDPH will be notified when there is a concern with a number of absences due to similar symptoms. Superintendent makes the final decision regarding school closure in consultation with the County Health Department.
* Ensure communication with parents of medications in school about retrieval, storage, or destruction options. Chart communications in electronic health record.

**Campus-wide Considerations for School Administration**

* In the event of ongoing/prolonged community transmission of COVID19, evaluate community NPls.
* Maintain 6-foot social distancing/spacing of students in classrooms (separating desks, no shared desks, all face the same direction) and in common areas (staggering or limiting number of students in one area such as cafeteria, gym, or playground) to the greatest extent possible.
* Adhere to Phase 4 mass gathering guidelines of 50 individuals in one space.
* Limit mixing between groups as possible.
* Restrict nonessential visitors, volunteers, and activities.
* Consider staggering drop off times or locations and limit direct contact with parents as much as possible.
* Limit sharing of food, utensils, art supplies, and electronics. Keep a child's belongings separated from others. Use of prepackaged food and supplies recommended.
* Support faculty, staff, and students who require or choose to have prolonged periods of absenteeism due to community transmission of virus and/or immunocompromised systems.
  + Support other staffing departments in the new climate upon return to school, such as custodial services and new guidelines for cleaning and PPE procedures.
  + Evidence shows that districts composed of multiple attendance centers, like Maroa-Forsyth CUSD #2, should determine if a class or grade level closure is warranted or the suspension of commons areas rather than closing an entire school. Per research, this has a smaller mitigation effect, but does lead to reduction of a large-scale outbreak.
  + For additional guidance on school areas and concerns, please refer to ISBE & IDPH transition joint guidance document for specific recommendations

**Appendix A**

### Resources

* 1. Illinois Department of Public Health (2017, March 28) Communicable Disease Chart for Schools. Retrieved from: <https://dph.illinois.gov/sites/default/files/publications/commchartschool-032817.pdf>
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**Appendix B**

Maroa-Forsyth School Families,

We are excited to welcome your student back to school this fall.  The health and safety of our students, teachers and staff are very important to us.  Maroa-Forsyth Schools will be following guidelines put forth from County Departments of Public Health, Illinois Department of Public Health (IDPH), and Centers for Disease Control and Prevention (CDC).  We need your assistance to help prevent and control the spread of disease in our schools.

If your student is exhibiting any one of the following symptoms they should stay home:

* Fever >100.4
* Fatigue
* Muscle or body aches
* Headache
* Shortness of breath
* Cough (that is not documented as asthma or allergies)
* Sore throat
* Congestion or runny nose
* New loss of sense of taste or smell
* Nausea
* Vomiting
* Diarrhea
* Abdominal pain
* Student is unable to participate in normal daily activities
* Any other COVID-19 symptoms identified by the Centers for Disease Control (CDC) or Illinois Department of Public Health (IDPH).

Students with these symptoms should stay home at least 10 days from onset of the symptoms and be fever free for at least 24 hours (without taking fever-reducing medications) and have improvement of other symptoms-whichever is longest. Testing for COVID is recommended (see notes above about when testing in recommended versus when it is not).  If a student and/or family member tests positive for COVID, they may return to school when released by the County Department of Public Health. If your medical provider gives an alternate diagnosis, then a physician note is required stating when your student can return to school per school policies and [IDPH Communicable Diseases in Schools](https://dph.illinois.gov/sites/default/files/publications/commchartschool-032817.pdf) guidance.

Any student presenting to the health office with the above symptoms will be isolated in the health office and parents called to pick up the child. Please make sure your emergency contact information is correct in Skyward. Students returning to school after an illness may be checked in by the school nurse to verify resolution of symptoms and criteria for discontinuation of quarantine have been met.

Face coverings will be required for all students, staff and visitors inside the school building at all times. Face coverings are not required to be worn outside and these spaces will be utilized to allow for time outside when the weather permits. Individuals who are unable to wear face coverings for medical reasons must provide a note from a certified physician. For the safety of students and staff, any individuals who choose not to and/or refuse to wear a face covering will be required to leave the schools.

**Appendix C**

**Student COVID-19 Self-Certification and Verification Form**

**\*Must be Signed by Parent/Guardian prior to Student’s First Day of School Attendance**

**In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to utilizing School District transportation or entering any School District building. Parents/Guardians will be conducting this daily symptom screening prior to their student departing for school and reporting consistent with the parameters outlined below. This form must be signed and returned to the School District prior to the start of the 2020-2021 school year.**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Certification and Verification of Daily Symptom Screening

I verify that prior to utilizing District transportation and/or entering a District building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

• Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;

• Cough;

• Shortness of breath or difficulty breathing;

• Chills;

• Fatigue;

• Muscle and body aches;

• Headache;

• Sore throat;

• New loss of taste or smell;

• Congestion or runny nose;

• Nausea and/or vomiting;

• Diarrhea; or

• Any other COVID-19 symptoms identified by the CDC or IDPH.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student has received a daily symptom screening and is not experiencing any COVID-19 symptoms.

If my student is experiencing any of the above symptoms at the time of the daily screening, I will notify the school in writing of my student’s absence by sending an email to the school nurse and indicating the above symptoms that my student is experiencing. If District staff contacts me to gather additional information related to the results of my student’s daily screening, I will provide the necessary information as requested.

Certification and Verification of Other COVID-19 Related Exposures

I will notify the school that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19; (2) my student is suspected of having COVID-19; (3) my student comes in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my student traveled internationally. If District staff contacts me to gather additional information related to the reason(s) for my student’s absence, I will provide the necessary information as requested.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

*For COVID-19, the CDC defines a “*[*close contact*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)*” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”*

**Parent/Guardian Signature Date**

**Appendix D**

**Employee COVID-19 Self-Certification and Verification Form**

**In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, the June 23, 2020 Transition Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every employee undergo a daily symptom screening prior to utilizing School District transportation (i.e., bus drivers, bus aides/monitors, etc.) or entering any School District building. Employees will conduct this daily symptom screening on each day prior to their arrival for work and report consistent with the parameters outlined below, until otherwise notified by the District in writing. This form must be completed and returned to [Insert Where to Submit] by [Date], 2020.**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification and Verification of Daily Symptom Screening**

I will conduct a daily symptom screening of myself to determine if I have any of the following COVID-19 symptoms:

• Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;

• Cough;

• Shortness of breath or difficulty breathing;

• Chills;

• Fatigue;

• Muscle and body aches;

• Headache;

• Sore throat;

• New loss of taste or smell;

• Congestion or runny nose;

• Nausea and/or vomiting;

• Diarrhea; or

• Any other COVID-19 symptoms identified by the Centers for Disease Control (CDC) or Illinois

Department of Public Health (IDPH).

By reporting to work on any given day, I am certifying and verifying that I am not experiencing any COVID-19 symptoms. If I experience any of the above symptoms at any time during my work day, I will immediately notify the school nurse, isolate myself away from other employees and students pending further direction from the District, and provide necessary information as requested.

If my daily symptom screening reveals that I am experiencing any COVID-19 symptoms, I will notify the District by contacting my building administrator and entering the absence in the employee absence system. In addition, I will notify the Payroll and Benefits Coordinator in writing of the absence and the symptoms the I am experiencing by sending an email, and providing necessary information as requested

**Certification and Verification of Other COVID-19 Related Exposures**

I will notify the District that I will be absent pending further direction from the District if: (1) I receive a diagnosis of COVID-19; (2) I am suspected of having COVID-19; (3) I come in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) I have traveled internationally. If District staff contacts me to gather additional information related to the reason(s) for my absence, I will provide necessary information as requested.

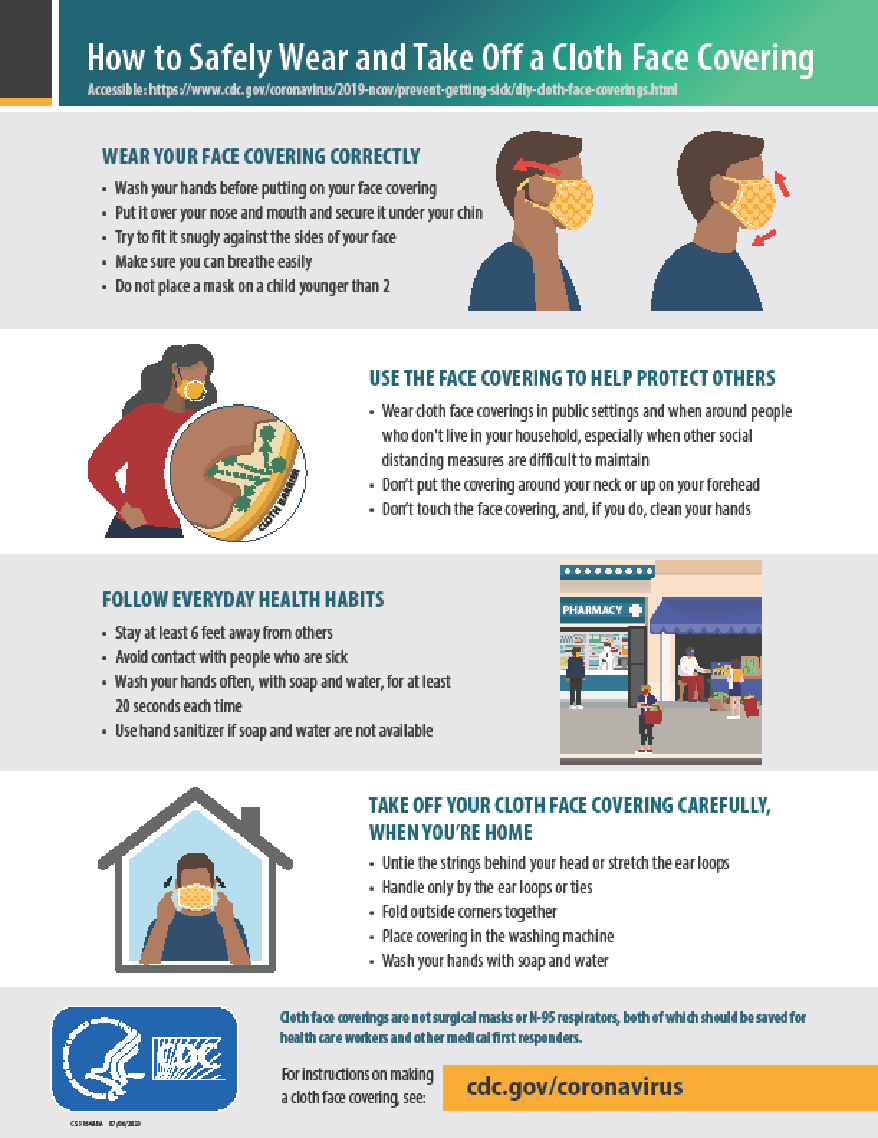
By reporting to work on any given day, I am certifying and verifying that I am not presently subject to an isolation or quarantine protocol related to COVID-19.

*For COVID-19, the CDC defines a “*[*close contact*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)*” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**Appendix E**



August 12, 2020