TMCSEA

TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

SCHRAMM EDUCATIONAL CENTER

2021-2022
Return to School Plan

August 9, 2021

Revised Public Health Guidance for Schools

The State of Illinois has adopted the CDC's updated guidance regarding COVID-19 prevention in K-12 schools for all public and nonpublic schools in Illinois. The updated federal guidance is currently in effect.

Given new evidence on the COVID-19 Delta variant, the Centers for Disease Control and Prevention (CDC) has updated the guidance for fully vaccinated people. As announced on July 27, CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

The CDC's guidance is meant to help K-12 school administrators and local health officials select appropriate, layered prevention strategies in order to keep in-person learning environments safe for students and staff during times of fluctuating transmission. Major changes to guidance for the 2021-2022 school year include the following:

- Promotion of vaccination as the leading public health prevention strategy to end the COVID-19 pandemic.
- Alignment with CDC guidance to recommend universal indoor masking in K-12 schools for all teachers, staff, students, and visitors, regardless of vaccination status.
- Additional emphasis on the importance of offering in-person learning, regardless of whether all of the prevention strategies can be implemented in a school.
- Revised definition of close contacts to guide quarantine procedure.
- Introduction of a Test-to-Stay alternative to quarantine.
- Added recommendation for fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, regardless of whether they have symptoms.

Schools and communities should monitor community transmission of COVID-19, vaccination coverage, screening testing, and outbreaks to guide decisions about the level of layered prevention strategies being implemented.

The following guidance is based on updated CDC guidance for COVID-19 prevention in K-12 schools and the State of Illinois updated Executive Order. Executive Order 2021-18 requires that masks be worn indoors by all teachers, staff, students, and visitors to P-12 schools, regardless of vaccination status. The State of Illinois also requires all public and nonpublic schools to comply with contact tracing, in combination with isolation and quarantine, as directed by state and local public health departments.

In addition to requirements for consistent and correct universal indoor mask use and contact tracing, isolation, and quarantine, the following COVID-19 prevention strategies, as outlined in this guidance, remain critical to protect students, teachers, and staff who are not fully vaccinated, especially in areas of moderate to high community transmission levels, and to safely deliver in-person instruction. Schools must implement these other layered prevention strategies 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. It is important to note that these requirements may change pursuant to changing public health conditions and subsequent updated public health guidance.

1. Promote and/or provide COVID-19 immunization for all eligible staff and students.
2. Facilitate physical distancing. Schools should configure their spaces to provide space for physical distancing to the extent possible in their facilities.
3. Implement or provide provisions for SARS-CoV-2 testing for diagnostic testing for suspected cases, close contacts, and during outbreaks, as well as screening testing for unvaccinated staff and students according to the CDC's testing recommendations.
4. Improve ventilation to reduce the concentration of potentially virus-containing droplets in schools' indoor air environments.
5. Promote and adhere to hand hygiene and respiratory etiquette.
6. Encourage individuals who are sick to stay home and get tested for COVID-19.
7. Clean and disinfect surfaces in schools to maintain healthy environments.

Student Scheduling Considerations

State Superintendent of Education Dr. Carmen I. Ayala issued the following declaration mandating in-person learning with limited exceptions: *Beginning with the 2021-22 school year, all schools must resume fully in-person learning for all student attendance days, provided that, pursuant to 105 ILCS 5/10-30 and 105 ILCS 5/34-18.66, remote instruction be made available for students who have not received a COVID-19 vaccine or who are not eligible for a COVID-19 vaccine, only while they are under quarantine consistent with guidance or requirements from a local public health department or the Illinois Department of Public Health.*

Operations Strategies for Maintaining In-Person Learning

Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. Elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. Other schools (e.g., middle schools, K-8 schools) may also have students who are not yet eligible for COVID-19 vaccination. Some schools (e.g., high schools) may have a low percentage of students and staff fully vaccinated despite vaccine eligibility. These variations require K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not fully vaccinated.

Together with local public health officials, school administrators should consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19. Since schools typically serve their surrounding communities, decisions should be based on the school population, families and students served, as well as their communities. The primary factors to consider include:

- Level of community transmission of COVID-19.
- COVID-19 vaccination coverage in the community and among students, teachers, and staff.
- Use of a frequent SARS-CoV-2 screening testing program for students, teachers, and staff who are not fully vaccinated. Testing provides an important layer of prevention, particularly in areas with substantial to high community transmission levels.
- COVID-19 outbreaks or increasing trends in the school or surrounding community.
- Ages of children served by K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

Prevention Strategies

- Promoting vaccination
- Consistent and correct mask use
- Physical distancing
- Screening testing to promptly identify cases, clusters, and outbreaks
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing, in combination with isolation and quarantine
- Cleaning and disinfection

These COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. The need for layering specific prevention strategies will vary, and localities might implement fewer COVID-19 prevention strategies based on community transmission levels, vaccination coverage, and local policies and regulations. CDC continues to recommend masking and physical distancing. However, if considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time and students, teachers, and staff should be closely monitored (with adequate testing through the school or community) for any outbreaks or increases in COVID-19 cases.

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations. TMCSEA/Schramm Educational Center will provide any staff members with release time from work and any students with excused absences from school to receive their COVID-19 vaccination.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

Student Attendance

Schramm Educational Center students will receive special education services in-person daily from 8:30am-2:30pm. Daily attendance and engagement of students should be expected whether students are participating in classes in-person or remotely. Staff should make daily contact with all students and families, especially those who are not in attendance or not engaging in classes, whether in-person or remotely.

Remote instruction will be made available for students who have not received a COVID-19 vaccine or who are not eligible for a COVID-19 vaccine, only while they are under quarantine consistent with guidance or requirements from a local public health department or the Illinois Department of Public Health. Remote instruction will occur through a mutually agreed upon Individual Remote Learning Plan developed in consultation with parents/guardians and on-going documentation recorded in a Remote Service Log for each student.

Teachers, SLPs, OT/COTA, and/or PT/PTA will provide educational materials and on-line learning activities that students can access at home. Instructional activities will be based on student IEP goals/objectives, which reflect Illinois Learning Standards and incorporate life skills activities. This includes, but is not limited to, cooking, chores, cleaning, hygiene, and social conversations, etc. Games, toys, or household items to which the students and parents may have access to may be utilized. Teachers will develop and implement a Temporary Individualized Remote Learning Plan to assure accessibility of instruction to all students in collaboration with parent and related service providers for each student on their caseload. Attendance will be taken daily for students. Staff will contact remote learners by phone call or email daily. Teachers will send a schedule and activities for remote learners to complete daily, and documentation will be maintained in the Remote Service Log.

Teachers, SLPs, OT/COTA, and/or PT/PTA will be available via email during regular work hours and keep a daily log of remote activities. Students/parents will have access to communicate with teachers via web-based or phone on a regular basis. Teachers will respond to parent emails/phone calls within 24-48 hours. Assistive technology will be provided to students as needed on an individual, case-by-case basis to access learning activities. Teachers will notify the Schramm Program Coordinator of any technology access issues noted by families. Teachers will notify the kitchen staff if families request any assistance with meals.

Additional Considerations

TMCSEA/Schramm Educational Center will provide accommodations, modifications, and assistance for students, teachers, and staff with disabilities and other health care needs when implementing COVID-19 safety protocols:

- Work with families to better understand the individual needs of students with disabilities.
- Remain accessible for students with disabilities:
    - Help provide access for direct service providers (DSP).
    - Ensure access to services for students with disabilities when developing cohorts.
- Adjust strategies as needed
    - Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities (for example, visual or hearing impairments) or for those with sensory or cognitive issues.
    - For people who are not fully vaccinated and only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate students and/or teachers and staff (e.g., while standing in line or during drop off and pick up).
    - Consider having teachers and staff who are not fully vaccinated wear a clear or cloth mask with a clear panel when interacting with young students, students learning to read, or when interacting with people who rely on reading lips.
    - Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all students adjust to transitions or changes in routines.

Please see Guidance for Direct Service Providers for resources for DSPs serving children with disabilities or other health care needs during COVID-19.

Health Equity

Schools play critical roles in promoting equity in learning and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19; these disparities have also emerged among children. For these reasons, health equity considerations related to the K-12 setting are a critical part of decision-making and have been considered in CDC's updated guidance for schools. School administrators and public health officials can ensure safe and supportive environments and reassure families, teachers, and staff by planning and using comprehensive prevention strategies for in-person learning and communicating those efforts. Schools can work with parents to understand their preferences and concerns for in-person learning.

School administrators can promote health equity by ensuring all students, teachers, and staff have resources to support physical and mental health. School administrators can offer modified job responsibilities for staff at higher risk for severe illness who have not been fully vaccinated while protecting individual privacy. Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving people with disabilities, while maintaining efforts to protect all children and staff from COVID-19.

School Events & Field Trips

Schools should limit nonessential visitors, volunteers and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

Decisions regarding whether to host large group events including Homecoming, school dances, and holiday programs will remain at the discretion of administration with consideration of school and community metrics and in consultation with local health department officials as necessary. All Community-Based Instruction (CBI), Community-Based Recreation (CBR) Trips, and student work experiences in community settings will be determined by the Schramm Program Coordinator/Director. School tours and visitors will be on a limited basis and require administrator approval.

Assessing Students' Skill Levels

Teachers and related service personnel should identify IEP goals/objectives that were not covered during remote learning. Data will be reviewed from remote learning days and collected upon student return to school based on current progress of lEP goals/objectives for appropriate continuation of educational

programming and services. Some regression during remote learning is expected, and collaboration between staff and parents will take place on an individual basis to address learning loss. IEP team meetings will be scheduled as needed, and student performance data and Progress Reports will be shared with parents.

Instructional Best Practices for Maintaining Social Distancing

Physical distancing provides protection, minimizes risk of exposure, and limits the number of close contacts. CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. No school should exclude students from in-person learning to keep a minimum distance requirement.

Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures, but should not exclude students from in-person learning to keep a minimum distance requirement. In general, CDC recommends people who are not fully vaccinated maintain physical distance of at least 6 feet from other people who are not in their household. However, several studies from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

Based on studies from the 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully reopen while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education COVID-19 Handbook, Volume 1.

Social Distancing in Schramm Educational Center Classrooms

Attention to our learners with special needs is especially important when considering social events that prepare and orient them to the routines, schedules, and patterns of their school environment that may not be possible as usual. Students may struggle with understanding and complying with social distancing and wearing face coverings. Teach, model, and reinforce healthy hygiene habits and social skills. Create a

classroom environment that promotes positive staff and student relationships that supports student social-emotional well-being and self-esteem.

Students should remain in small groups with the same students and remain at least 3 feet apart as much as possible. Having instruction and/or therapy outside may help with social distancing requirements. Arrange developmentally appropriate activities for smaller group activities. Staff should rearrange furniture & play spaces to meet social distancing requirements, when possible. Staff should implement strategies to model and reinforce social and physical distancing and movement. Suggestions include:

- Use carpet squares, mats, trays, or other visuals for spacing.
- Model social distancing when interacting with children, families, and staff.
- Create and develop a social narrative/video model around social distancing, as well as hand washing, proper etiquette for sneezes, coughs, etc.
- Give frequent verbal and/or visual reminders to children.
- Post visual supports within the school building to give constant reminders.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.

Special Education Considerations

Districts remain responsible for ensuring that special education students receive a free appropriate public education. They are required to address the individual needs of students eligible for special education services. Districts must adhere to timelines for annual IEP meetings and required evaluations. There continues to be limited flexibility from complying with federal and state laws. All Individuals with Disabilities Education Act and Section 504 timelines remain in effect. IEP teams should meet to determine whether any amendments to students' IEPs are necessary to address students' current levels of performance.

IEP teams must make individualized determinations regarding placement and where special education students receive services. Students must receive education in their least restrictive environment, according to federal and state laws.

Health & Safety Protocols - CDC Guidance

Schools are an important part of the infrastructure of communities. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes. They also employ people, and enable parents, guardians, and caregivers to work. Though COVID-19 outbreaks have occurred in school settings, multiple studies have shown that transmission rates within school settings, when multiple prevention strategies are in place, are typically lower than – or similar to – community transmission levels. CDC's science brief on Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs summarizes evidence on COVID-19 among children and adolescents and what is known about preventing transmission in schools and Early Care and Education programs.

Schools should work with local public health officials, consistent with applicable laws and regulations, including those related to privacy, to determine the prevention strategies needed in their area by monitoring levels of community transmission (i.e., low, moderate, substantial, or high) and local vaccine coverage, and use of screening testing to detect cases in K-12 schools.

CDC continues to recommend masking and physical distancing as key prevention strategies. However, if school administrators 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. Schools should communicate their strategies and any changes in plans to teachers, staff, and families, and directly to older students, using accessible materials and communication channels, in a language and at a literacy level that teachers, staff, students, and families understand.

Preparing for When a Student or Staff Member Becomes Sick

TMCSEA/Schramm Educational Center will be prepared and able to respond effectively when there is a case within the school community, whether it be a student or staff member participating in allowable activities. TMCSEA Director, Program Coordinator, and/or designee will communicate with families and staff that any individual who tests positive for COVID-19 or who shows any signs or symptoms of illness should stay home. Families and staff should also report possible cases to the school where the individual attends school or works to initiate contact tracing. Individuals who exhibit symptoms should be referred to a medical provider for evaluation, treatment, and information about when they can return to school, according to the IDPH Decision Tree for Symptomatic Individuals in Pre-K, K-12 Schools and Day Care Programs (Spanish translation).

Contact tracing is used by health departments to prevent the spread of infectious diseases. In general, contact tracing involves identifying people who have a confirmed or probable case of COVID-19 (cases) and people who they came in contact with (close contacts) and working with them to interrupt disease spread. This includes asking people with COVID-19 to isolate and their contacts to quarantine at home voluntarily. Fully vaccinated persons who remain asymptomatic and those with documented COVID-19 infection within the past 90 days are excluded from quarantine. In Illinois, contact tracing in combination with isolation and quarantine is required per Part 690 Control of Communicable Disease Code, Subpart I. Further, the Communicable Disease Code also requires mandatory reporting of any suspect, confirmed or probable case of COVID-19 to the local health department immediately.

For teachers, staff and adults in the indoor K-12 classroom setting, CDC defines a close contact as an individual not fully vaccinated against COVID-19 who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. According to the new CDC close contact definition, classroom students who were within 3 to 6 feet of the infected student are not treated as close contacts as long as both students were engaged in consistent and correct use of a well-fitting masks and other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 setting. In other words, only classroom contacts within 3 feet require quarantine as long as both the case and the contact were consistently masked. If they were not consistently masked, then close contacts are classroom students who were within 6 feet of the infected student for a cumulative total of 15 minutes or more over a 24-hour period.

In exposures outside of the classroom, for staff and for students in the classroom where masks were not correctly and consistently worn by the infected person and/or the student, close contacts would be defined as individuals who are not fully vaccinated or who have not had lab-diagnosed COVID-19 within the last 90 days who were within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. In general, individuals who are solely exposed to a confirmed case while outdoors should not be considered close contacts.

The longer a person is exposed to an infected person, the higher the risk of exposure/transmission. The infectious period of close contact begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person). If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts, as determined by local health departments. Persons who have had lab-confirmed COVID-19 within the past 90 days or those fully vaccinated who remain asymptomatic, according to CDC guidelines, are not required to quarantine if identified as a close contact to a confirmed case. It is recommended that fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, regardless of whether they have symptoms.

Local health departments are the final authority on identifying close contacts. The local health department will make the final determination on who is to be quarantined and for how long in consultation with TMCSEA Administration. They also may determine that a close contact is not a candidate for modified quarantine due to a high-risk exposure (e.g., sustained close contact without masking). The following are options for quarantine that will be considered on an individual, case-by-case basis.

- **Option 1:** Quarantine at home for 14 calendar days. Date of last exposure is considered day 0.

- **Option 2:** Quarantine for 10 calendar days after the close contact's last exposure to the COVID-19 case. Date of last exposure is considered day 0.
    - The individual may end quarantine after day 10 if no symptoms of COVID-19 developed during daily monitoring.
    - SARS-CoV-2 PCR testing is recommended and may be required by the local health department.
    - The individual can maintain physical distancing and masking at all times when returning to school; for classrooms where masking is strictly adhered to, physical distance of 3 to 6 feet is acceptable for return.

- **Option 3:** Quarantine period is for seven calendar days after the last exposure if:
    - No symptoms developed during daily monitoring AND the individual has a negative SARS-CoV-2 diagnostic test (PCR) that was collected within 48 hours of exposure day 7 (starting on day 6 or after). The individual is responsible for obtaining a copy of the negative results for documentation purposes.
    - The individual can maintain physical distancing and masking at all times when returning to school; for classrooms where masking is strictly adhered to, physical distance of 3 to 6 feet is acceptable for return.

- **Option 4:** Test-to-Stay Strategy, as has been documented by CDC, if schools test close contacts, as defined above, 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 contacts are permitted to remain in the classroom as long as the results are negative. (See IDPH's Interim Guidance on Testing for COVID-19 in Community Settings and Schools for specific details on testing in schools.)
    - Only applicable when both the COVID-19-confimed staff/student and close contact were engaged in consistent and correct use of well-fitting masks and the school requires masking for all individuals (age 2 and older) who are not fully vaccinated, as recommended by the CDC.
    - Test-to-Stay may be used for any indoor exposure, with the exception of household exposures.
    - Students engaged in Test-to-Stay after an exposure may participate in extracurricular activities. Local health departments have the authority to order a classroom-only Test-to-Stay protocol after assessing the risk of an individual situation.
    - Because staff/students engaged in the Test-to-Stay protocol were exposed to a confirmed case of COVID-19, they must wear a mask while indoors at school.
    - However, if the close contact is identified five days or more from the date of exposure, adjust testing accordingly, ideally on days five and seven after the last exposure.
    - When testing in the outlined cadence is not possible due to weekends and holidays, staff/students should be tested at the earliest possible opportunity.
    - At the conclusion of the Test-to-Stay modified quarantine period, the school should notify the local health department that the staff/student has successfully completed testing and remained negative.
    - Local health departments have the authority to assess high-risk exposures and order a traditional quarantine without the option for Test-to-Stay.
    - If at any time the staff/student tests positive or becomes symptomatic, they should be immediately isolated and sent home, and the local health department notified.

Regardless of when an individual ends quarantine, daily symptom monitoring should continue through calendar day 14 after the exposure. Individuals should continue to adhere to recommended mitigation strategies, including proper and consistent mask use, physical distancing, hand hygiene, cough hygiene, environmental cleaning and disinfection, avoiding crowds and sick people, and ensuring adequate indoor ventilation. If any symptoms develop during or after quarantine, the individual should immediately self-isolate and contact their local health department or healthcare provider to report their symptoms. The health department can provide guidance on how to safely quarantine and isolate within the household.

Schools should institute a tracking process to maintain ongoing monitoring of individuals excluded from school because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19 and are in quarantine. Tracking ensures CDC and local health authority criteria for discontinuing home isolation or quarantine are met before a student or staff member returns to school. Tracking methods include checking in with the school health personnel prior to returning to school to verify resolution of symptoms and that any other criteria for discontinuation of quarantine have been met.

Monitoring of continual communicable disease diagnoses and monitoring of student and staff absenteeism should occur through collaboration of those taking absence reports and school nurses. Employees and families must be encouraged to report specific symptoms, COVID-19 diagnoses, and COVID-19 exposures when reporting absences. Districts and schools should maintain a current list of community testing sites to share with staff, families, and students, which may be found at https://www.tazewellhealth.org/382/COVID-19-TESTING-SITES. Districts and schools must be prepared to offer assistance to local health departments when contact tracing is needed after a confirmed case of COVID-19 is identified.

Currently, known symptoms of COVID-19 are fever, 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, vomiting, or diarrhea.

Attendance personnel should request specific symptom reporting when absences are reported along with COVID-19 diagnoses and COVID-19 exposure. Information should be documented and shared with the health staff or other appropriate personnel and the local health department. In accordance with state and federal guidance, school community members who are sick should not return to school until they have met criteria to return.

Any individual within the school environment who shows symptoms will be immediately separated from the rest of the school population. Individuals who are sick will be sent home. If emergency services are necessary, call 911. When interacting with students or staff who may be sick, school nurses and personnel should follow CDC guidance on standard and transmission-based precautions.

Due to wide-ranging symptoms associated with COVID-19 infection, Rapid Point-Of-Care (POC) Tests may be useful diagnostic tools for testing individuals in the early stages of COVID-19 infection when viral load is generally highest. The test is performed by a school nurse and involves the insertion of a nasal swab less than one inch into the nostrils, and the results are delivered in just 15 minutes. The benefit of POC Tests in schools is that the results may be used to expedite isolation and quarantine requirements and to inform infection prevention and control measures, thus preventing transmission.

Screening tests for SARS-CoV-2 can support in-person learning by identifying infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening tests are performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1 in the CDC guidance: "Screening Testing Recommendations for K-12 Schools by Level of Community Transmission"). At any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated. Additionally, testing can be used to keep staff/students in school when identified as classroom close contacts through the Test-to-Stay protocol. This allows staff/students to avoid quarantine by testing on days one, three, five and seven after exposure as long as they continue to test negative; however, all criteria must be met identified in the Test-to-Stay Strategy for staff/students to be eligible for this option.

TMCSEA/Schramm Educational Center will perform COVID-19 Rapid POC Testing for staff and students who are experiencing symptoms while at school and/or for screening purposes. The intended use of Rapid POC Testing is for evaluating individuals with symptoms suggestive of COVID-19. The test should be performed as soon as possible and up to 7 days after symptom onset. A positive result is considered a "presumptive positive," and a person with a positive test is classified as a probable case. Therefore, positive test results should lead to immediate implementation of infection control measures, such as placing the individual in isolation and placing close contacts in quarantine. If a Rapid POC Test is negative, a confirmatory RT-PCR test may be needed within 48 hours if the individual is a close contact to a confirmed case or an outbreak is occurring. If indicated, the individual should be in isolation pending the result of the confirmatory RT-PCR test. Please see the attached *Fact Sheet for Patients* to help understand the potential risks and benefits of using this test for the diagnosis of COVID-19. Written parent/guardian consent is required in order for us to perform Rapid POC Testing for our students at school, and written consent is required for any staff member wishing to be tested at school. Consent for Rapid POC Testing is valid for the 2021-2022 school year and through the Extended School Year Program. Additionally, consent may be withdrawn at any time by contacting a Schramm Nurse, Program Coordinator, or Director.

TMCSEA/Schramm Educational Center has designated a safe area to perform Rapid POC Testing and/or quarantine any individuals who are experiencing COVID-19-like symptoms and may be awaiting pickup/evaluation. Students should never be left alone and must always be supervised while maintaining necessary precautions. This designated area is the Nurses' Office or Room 108.

The hierarchy of testing for COVID-19 in schools is first for persons with symptoms of COVID19, regardless of vaccination status, followed by close contacts to a confirmed case, and all staff and students with possible exposure in the context of an outbreak. Outbreak testing is strongly recommended 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). Implementation of outbreak testing should begin as soon as possible from the date the outbreak is declared and at least within three days. IDPH recommends schools acquire parental consent for student testing at the beginning of the school year to accommodate outbreak testing should the need arise. Schools should conduct twice weekly testing of unvaccinated staff and students 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 28 days, without identifying any new cases.

Individuals who did not have close contact with the person who is sick can return to work immediately after disinfection. Fully vaccinated individuals with an exposure to someone with suspected or confirmed COVID-19 may refrain from quarantine, providing the following criteria are met: 1) Are fully vaccinated (i.e., at least 2 weeks following receipt of the 2nd dose in a two-dose series, or at least 2 weeks following receipt of one dose of a single-dose vaccine); and 2) Have remained asymptomatic since the current COVID-19 exposure. Student COVID vaccination documentation will be maintained in the Nurses' Office. Schools are permitted to verify student vaccination status in a number of ways, including requesting proof of vaccination records, reviewing I-CARE records, and allowing individuals to attest to their vaccination status. If staff voluntarily turn in a copy of their COVID vaccination card, this health documentation will be kept in the employee health file in the Administrative Office.

Remote instruction will be provided to students who are self-quarantining, if they are well enough to engage in learning. Teachers and staff who are self-quarantining may request to work remotely if they are well enough to do so, which requires Program Coordinator/Director approval.

Recommendations for Travelers: For the most current travel recommendations, visit the CDC's Travel Page.

Hand Hygiene

TMCSEA/Schramm Educational Center encourages frequent and proper handwashing. Availability of supplies, such as soap and paper towels, hand sanitizer, etc., for classrooms, therapy rooms and in all common areas of the building will be provided. Cloth towels should not be used. Handwashing with soap and water is always the first recommended line of defense, but where this is not feasible or readily accessible, the use of hand sanitizer with at least 60% alcohol may be used. Any students or staff members with sensitivities or allergies to hand sanitizer or soap should notify their Program Coordinator to ensure easy access to alternative handwashing stations.

Hands should be washed often with soap and water for 20 seconds. It is recommended that hand hygiene is performed upon arrival to and departure from school; after blowing one's nose, coughing, or sneezing; following restroom use; before food preparation or before and after eating; before/after routine care for another person, such as a student; after contact with a person who is sick; upon return from the playground/physical education; and following glove removal.

Additionally, recommendations for safe hand sanitizer use will be adhered to, including:

- Alcohol-based hand sanitizers will be used under adult supervision with proper child safety precautions and stored out of reach of young children to reduce unintended, adverse consequences. It is necessary to ensure that students do not ingest hand sanitizer or use it to injure another person.
- Alcohol-based hand sanitizers must be properly stored – which includes away from high temperatures or flames – in accordance with National Fire Protection Agency recommendations.
- Hand sanitizers are not effective when hands are visibly dirty.
- Alcohol-based hand sanitizers do not remove allergenic proteins from the hands.
- Staff preparing food in the cafeteria/kitchen should ALWAYS wash their hands with soap and water. The IDPH Food Service Sanitation Code does not allow persons who work in school cafeteria programs to use hand sanitizers as a substitute for handwashing.

Staff and students will be educated on healthy hygiene and handwashing to prevent the spread of infection. Staff and students will be directed and encouraged to avoid touching the face (eye, nose, mouth) to decrease the transmission of COVID-19 or other infectious diseases.

Face Coverings

This guidance is based on updated recommendations in CDC guidance for COVID-19 prevention in K-12 schools and an updated Executive Order for the State of Illinois. Executive Order 2021- 18 requires that all teachers, staff, students, and visitors to P-12 schools who are two years of age or older and medically able to tolerate a mask, regardless of vaccination status, to wear a mask while indoors. All persons, regardless of vaccination status, must wear a face mask at all times when in transit to and from school via group conveyance (e.g., school buses), unless a specific exemption applies. This is in accordance with the CDC Order, in effect as of February 1, 2021, which requires "the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent the spread of the virus that causes COVID-19."

Exceptions to universal consistent use of face masks include the following limited situations:

- When eating.
- If using a face shield when other methods of protection are not available or appropriate. (View guidance on appropriate use of face shields.)
- For children while they are napping with close monitoring to ensure no child leaves their designated napping area without putting their face mask back on.
- For staff when alone in classrooms or offices with the door closed.
- For individuals who are younger than 2 years of age.
- For individuals who have trouble breathing; or those who are unconscious, incapacitated, or otherwise unable to remove the face mask without assistance.
- For persons with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (ADA, 42 U.S.C. 12101 et seq.), including:
    - o A person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed. Examples might include a person with impaired motor skills, quadriplegia, or limb restrictions.
    - o A person with an intellectual, developmental, cognitive, or psychiatric disability that affects the person's ability to understand the need to remove a mask if breathing becomes obstructed.
- For individuals who have a condition or medical contraindication (e.g., difficulty breathing) that prevents them from wearing a face mask.
- For fully vaccinated staff when meeting with other fully vaccinated staff outside of settings where unvaccinated persons are present.
- For staff and students when they are outdoors. However, particularly in areas of substantial to high transmission, staff and students who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

Staff and students who remove their face mask in these limited situations should be monitored and should maintain physical distancing to the greatest extent possible given the space in their facilities, with at least 3 feet recommended, but not required, between students and at least 6 feet recommended, but not required, between adults or between students and adults.

Individuals who have a condition or medical contraindication (e.g., difficulty breathing) that prevents them from wearing a face mask are required to provide documentation from the individual's health care provider. These persons may wear a face shield in lieu of a face mask; however, social distancing must be strictly enforced. Measures to reduce risk of exposure for these persons should be implemented, where possible.

Most students, including those with disabilities, can tolerate and safely wear a face mask. Students with an Individualized Education Program or 504 Plan who are unable to wear a face mask or face shield due to a medical contraindication may not be denied access to an in-person education if the school is offering in-person education to other students. Staff working with students who are unable to wear a face mask or shield due to a medical contraindication should wear approved and appropriate PPE based on job-specific duties and risks and maintain social distancing as much as possible. Other students should also remain socially distant from students who are unable to wear a face mask or face shield due to a medical contraindication. Schools should consult with their local public health department regarding appropriate PPE for these situations.

Students with disabilities who are unable or refuse to wear a face covering should be provided with reasonable accommodations under the Americans with Disabilities Act (ADA). At TMCSEA/Schramm Educational Center, we recognize students with significant disabilities who do not have a medical reason may experience difficulty tolerating face coverings due to the extent of their sensory issues, intellectual and/or developmental disabilities. If there is no medical reason for the student to refrain from wearing a face mask, staff will attempt multiple times to acclimate the student to wearing it. This might occur over multiple days in an effort to gradually increase the student's tolerance to face coverings. If a student will not tolerate a face mask, staff will implement school-wide protocol to document their aversion to face coverings, and then proceed accordingly. Ultimately, if it is determined that requiring a face covering is not feasible for individual students, they will be educated without a mask with documentation approved by the Schramm Program Coordinator and kept on file in the school office. While the guidance is clear that masks are generally required, we will balance this requirement with the very real needs and unique circumstances of our special student populations.

The face mask should have two or more layers to stop the spread of COVID-19 and should be worn over the nose and mouth, be secured under the chin, and should fit snugly against the sides of the face without gaps. Reusable face masks should be machine washed or washed by hand and allowed to dry completely after each use. Additionally, pay special attention to putting on and removing face masks for purposes such as eating. After use, the front of the face mask is considered contaminated and should not be touched during removal or replacement. Hand hygiene should be performed immediately after removing and after replacing the face mask. See CDC guidance on how to wear and take off a mask for additional instruction. Districts and schools may wish to maintain a supply of disposable face masks in the event that a staff member, student, or visitor does not have one for use. School leaders, local leaders, and others respected in the community should set an example by correctly and consistently wearing masks. For additional information, see CDC guidance for wearing masks.

Symptom Screenings

Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care, regardless of vaccination status. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. During the COVID-19 pandemic, it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.

All staff and visitors should monitor symptoms prior to entering school buildings. TMCSEA/Schramm Educational Center Staff will complete a daily self-certification before reporting to work. Individuals who have a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or currently have known symptoms of COVID-19, such as fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, vomiting, or diarrhea, may not enter school buildings. Individuals who exhibit or self-report symptoms should be referred to a medical provider for evaluation, treatment, and information about when they can return to school.

Personal Protective Equipment

Appropriate personal protective equipment (PPE) will be available to and used by staff, as needed, based on exposure risk. Training to staff will be provided prior to the start of student attendance on the proper use of PPE, including putting on and removing PPE. In addition, training will also include directions on the proper disposal of PPE since inappropriate application or removal of PPE can increase the transmission. Employers are required to comply with Occupational Safety and Health Administration standards on bloodborne pathogens, including the proper disposal of PPE and regulated waste. Staff should request any specific PPE needs to their Program Coordinator through the established purchase requisition procedure.

School health personnel evaluating a student or staff member who is later determined to be a probable or confirmed COVID-19 case would **not** be recommended for quarantine as a close contact if appropriate PPE is worn. Staff should continue to follow all recommended infection prevention and control practices, including wearing face masks for source control while at work, actively monitoring themselves for fever or COVID-19 symptoms prior to work and while working, and staying home if ill. See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance risk-assesment-hcp.html.

Schoolwide Cleaning and Disinfection to Prevent the Spread of Infection

Sanitation procedures per recommendations of the CDC, IDPH, and local health departments have been established. More frequent cleaning and disinfection is necessary to reduce exposure. Visibly dirty areas will be scrubbed to remove visible dirt/soilage and then an approved disinfectant should be used to *kill* germs. Cloth toys or other cloth material items that cannot be disinfected should not be used. Soft surfaces will be cleaned with an approved soap/disinfectant for the surface area, laundered at high temperatures, if possible, and dried. If cleaning with soap and water is not feasible, a household

disinfectant that has been registered with the Environmental Protection Agency (EPA) will be used and contact times on the label will be followed. Vacuum as usual.

EPA-approved disinfectants for use against the coronavirus are available to staff responsible for cleaning.

- Gloves and other appropriate Personal Protective Equipment must be used during cleaning and disinfection. Appropriate PPE will be made available to be used by staff, as appropriate.
- Keep all disinfectants out of the reach of children.
- Do not mix bleach or other cleaning products and disinfectants together.
- Always follow label directions.
- Allow the required wet contact time. All disinfectants used at TMCSEA/Schramm Educational Center are EPA approved; however, wet contact times may vary by brand. Staff should consult with maintenance/custodial staff regarding any questions related to proper use and/or wet contact time for various disinfectants. The following disinfectants are commonly used in various building locations:
    - Lysol Wipes = 2 minutes wet contact dwell time
    - E-23 = 1 minute wet contact dwell time
    - Monk Wipes = 4 minutes wet contact dwell time
    - Clorox Wipes = 30 seconds wet contact dwell time

Infection Control Procedures for Specific Areas

Cafeteria/Food Service

Mealtimes represent one of the highest-risk settings within the school. Masks are removed and the act of eating and talking, usually with increased projection, can increase transmission risk. Physical distancing of 3 feet is recommended for students while eating or drinking. Given the risk of transmission among unvaccinated persons while unmasked, a distance of at least 6 feet is recommended for all unvaccinated individuals while eating and drinking, but is not required. Physical distance should be maximized as much as possible when moving through the food service line and while eating. Eating lunch in classrooms, alternate scheduling and/or adding meal service times to adhere to social distancing will be considered and a lunch plan will be developed by the Schramm Program Coordinator with input from staff.

The release of classrooms to the cafeteria may be staggered to help ensure social distancing. Delivering meals to classrooms or having students eat outdoors while ensuring social distancing will be options as well. If students eat in the classroom, an allergy-free area will be provided if needed. The room should be disinfected after eating prior to resuming classroom activities.

Meals will be individually plated, and sharing of food and utensils is prohibited. Students will be served all meal items, rather than having students help themselves. Regular precautions will be taken regarding food allergies and dietary needs. Disposable food service items (e.g., utensils, dishes) may be used. If disposable items are not available, all non-disposable food service items will be handled with gloves and washed with dish soap and hot water or in a dishwasher.

Areas where students consume meals will be thoroughly cleaned and disinfected between groups and after meals. Food service personnel must use appropriate PPE, including gloves and face coverings, while preparing and distributing food. Frequent hand hygiene is required. Individuals will wash their hands after removing their gloves or after directly handling food service items that have been used. Hand hygiene must be performed prior to and after eating a meal or consuming any food items. Face coverings must be removed during eating, so it is important to ensure 3 to 6-foot distance between individuals as much as possible.

Administrative Offices and Staff Work Room/Lounges

Nonessential visitors, volunteers, and activities involving external groups or organizations, will be limited at the discretion of administration. Hand hygiene facilities or hand sanitizer will be readily available for visitors to use upon entry. Accurate records of visitors, including the individual's reason for visit, contact information, and all locations visited, in case contact tracing is needed, will be kept by the Administrative and/or Schramm Offices.

Readily accessible cleaning and disinfecting supplies, access to handwashing facilities or hand sanitizer, and gloves for employees will be provided. Custodial staff will maintain a regular cleaning and disinfection schedule of frequently touched items, and staff should clean their individual work stations at the end of the day. Additional building spaces may be utilized for unvaccinated staff to eat lunch in order to maintain social distancing.

Student Transportation

The CDC Order requires passengers and drivers to wear a mask on school buses. Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. No disciplinary action should be taken against a student who does not have a mask as described in the U.S. Department of Education COVID-19 Handbook, Volume 1. There is no recommended capacity limit for school transportation. Schools should facilitate physical distancing on school transportation vehicles to the extent possible given the space on such vehicles.

Physical Education, Gymnasiums, and Pools

Physical activity can support students' overall health and well-being and help reduce stress and anxiety. Face coverings must be worn. Capacity limits for in-person learning, including non-academic school hour activities, are now determined by the space's ability to accommodate social distancing, and not a set capacity limit number or percentage. Activities must allow for 3 to 6-foot distance between students as much as possible. Whenever feasible and weather permitting, physical education activities will take place outdoors to allow natural social distancing.

Equipment should be cleaned and sanitized before and after each class with focus on frequently touched surfaces. Students and staff should perform hand hygiene at the start and end of each class period or when hands are visibly dirty. Students should also perform hand hygiene after the use of equipment. The Schramm Educational Center Warm Water Therapy Pool will be open at the discretion of administration while maintaining increased health and safety guidelines related to COVID-19.

Illness and Diagnoses Monitoring

TMCSEA/Schramm Educational Center will institute a tracking process to maintain ongoing monitoring of individuals excluded from school because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19 and are in quarantine. Tracking ensures CDC and local health authority criteria for discontinuing home isolation or quarantine are met before a student or staff member returns to school. Tracking methods include checking in with the school nurse upon return to school to verify resolution of symptoms and that any other criteria for discontinuation of quarantine have been met.

Continual communicable disease diagnosis monitoring and the monitoring of student and staff absenteeism should occur through collaboration of those taking absence reports and school nurses. Employees and families must be encouraged to report specific symptoms, COVID-19 diagnoses, and COVID-19 exposures when reporting absences. TMCSEA/Schramm Educational Center will maintain a current list of community testing sites to share with staff, families, and students. TMCSEA/Schramm Educational Center will offer assistance to local health departments when contact tracing is needed after a confirmed case of COVID-19 is identified.

Confirmed cases of COVID-19 will be reported to the local health department by the school nurse or designee as required by the Illinois Infectious Disease Reporting requirements issued by IDPH. TMCSEA/Schramm Educational Center will inform the school community of outbreaks per local and state health department guidelines while maintaining student and staff confidentiality rights.

Mental Health

Considerations have been given to the impact that COVID-19 has had on the mental health of faculty, staff, students, and their families. Resources and/or professional development will be offered to support the mental and emotional well-being of students and staff members. The Federal Communications Commission (FCC) established “988” as the nationwide, three-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. An Employee Assistance Plan (EAP) is available at no cost to all full-time employees and their family members at http://rsli.acieap.com.

Instructional (Self-Contained) Classrooms Housing Students Who Are Medically Fragile or May Have Behavioral, Developmental, or Emotional Challenges

The risk of infectious disease exposure may be much higher for staff providing care for medically fragile students. Appropriate PPE for continuous wear and during procedures (e.g., gowns and face shields during aerosolizing procedures) will be provided. Maintaining strict social distancing will not likely be feasible due to the personal nature of common care and services, including feeding, toileting, suctioning, position changes, diaper changing, hand-over-hand assistance, physical therapy, occupational therapy. Appropriate PPE should be used in conjunction with appropriate hand hygiene and standard precautions. Plan for acute respiratory treatment care using up-to-date standards of care. Nebulizer treatments and suctioning are identified by the CDC as aerosol-generating procedures and require an N95 mask fitted to the health care worker. See CDC Guidance for Aerosol Generating Procedures.

Related Services for Students (OT/PT, Speech, Social Work Services, etc.)

Itinerant teachers and visiting specialists must continue to provide services to students with disabilities as necessary to provide free appropriate public education (FAPE). In-person services should be coordinated to ensure adherence to social distancing and other health and safety guidelines. Services may be provided remotely as necessary, and telehealth visits may be considered, if feasible. Facility Dog Procedures have been updated to adhere to increased health and safety guidelines related to COVID-19.

In-person instruction at home is allowed for medically homebound students. Local public health officials may be consulted to ensure compliance with health and safety guidelines and procedures. TMCSEA Home Visit Procedures must be followed, which includes wearing masks, frequent hand washing, checking temperature before entering a student's home, and maintaining social distance while in the home. Find additional information on homebound instruction here.

Health Offices

The Nurses' Office and Room108 are designated as a supervised quarantine space for students who are experiencing COVID-19-like symptoms and may be awaiting evaluation and/or pickup. Students must never be left alone and must be supervised at all times while maintaining necessary precautions within the quarantine space. Judgment of nursing professionals or Program Coordinator/Director (in the absence of a nurse) must determine who is placed in the quarantine space and the level of supervision (e.g., supervised by nurse or unlicensed personnel) required for persons within the quarantine space. Nursing documentation would reflect student placement in the quarantine space.

The quarantine space must be disinfected after it is occupied by a student and disinfected/sanitized daily. Only essential staff and students assigned to the space may enter. Students exhibiting COVID-19-like symptoms must wear a face covering unless medically contraindicated. Per CDC Guidance, close off areas used by a sick person; do not use these areas until after cleaning and disinfecting.

School nurses and/or the administrator/designee working with individuals with illness symptoms will be provided with appropriate PPE. School nurses should use PPE, including gloves and face coverings, when interacting with students and staff. Appropriate PPE should be used in conjunction with appropriate hand hygiene and standard precautions. Personal care aides working with medically fragile students should wear PPE (e.g., face shields, face masks, and gloves).

Strategies will be implemented to limit visits from students, staff, and visitors; reduce health office congestion; decrease exposure to infection; and allow for separation. Staff should complete the Health Communication Forms or call the nurses' office for non-emergency health needs. This will ensure the capacity of the health office complies with social distancing measures. Staff and/or students with common health conditions or those who need basic first aid should not report to the health office but may be managed in the classroom/alternate setting. Staff will be provided with first aid supplies, such as bandages and gauze, in the classrooms. In certain situations, students may need to stay in place for an in-person evaluation by the school nurse.

Healthy students reporting to the health office for medical management, such as medications, tube feeding, assessment of injury, or first aid, must be treated in a separate clean designated area inside or outside the health office to prevent contact with potentially ill children. Nurses will designate a socially distanced area where specialized procedures, such as suctioning and tube feedings, will occur.

Up-to-date standards of care will be used for acute respiratory treatment. See CDC Guidance for Aerosol Generating Procedures. Nebulizer treatments should be administered at home. Consult with a student's health care provider for alternate asthma medication delivery systems. Any asthma action plans should be reviewed prior to student arrival at school. Staff should review the signs and symptoms of respiratory distress, as well as how to respond to respiratory distress.

The health office will be routinely cleaned. High-touch surfaces in the health office must be cleaned daily with a disinfectant noted to *kill* the coronavirus. Hand hygiene is required between each student encounter.

Parents, guardians, or other authorized individuals should pick up ill students within a reasonable amount of time; students should not be allowed to utilize the school bus for the return to home. TMCSEA/Schramm Educational Center maintains a nurse in our building, and a list of substitute nurses has been developed to provide nursing services in case of nurse absence, including prolonged absence due to COVID-19 diagnosis or exposure. In the absence of a nurse, the Program Coordinator or Director must determine who will meet the health-related needs of students and staff.

Playgrounds

Playground equipment that is used should be monitored, and the number of students using each piece of equipment should be limited. The Schramm Program Coordinator with input from staff will determine playground times to limit the number of classes in playground spaces at one time. Appropriate cleaning of playground equipment will be maintained by custodial staff at designated times. Any equipment/items that cannot be cleaned should not be utilized, and the sharing of toys is discouraged. High-touch surfaces made of plastic/metal, such as swings/slides, railings, and other play structures, will be cleaned routinely and disinfected. Staff and students should perform hand hygiene prior to touching playground equipment and upon return from the playground.

FACT SHEET FOR PATIENTS

Abbott Diagnostics Scarborough, Inc.
BinaxNOW™ COVID-19 Ag Card
August 26, 2020

Coronavirus Disease 2019 (COVID-19)

You are being given this Fact Sheet because your sample(s) was tested for the Coronavirus Disease 2019 (COVID-19) using the BinaxNOW COVID-19 Ag Card.

This Fact Sheet contains information to help you understand the risks and benefits of using this test for the diagnosis of COVID-19. After reading this Fact Sheet, if you have questions or would like to discuss the information provided, please talk to your healthcare provider.

For the most up to date information on COVID-19 please visit the CDC Coronavirus Disease 2019 (COVID-19) webpage:
https://www.cdc.gov/COVID19

What is COVID-19?

COVID-19 is caused by the SARS-CoV-2 virus which is a new virus in humans causing a contagious respiratory illness. COVID-19 can present with a mild to severe illness, although some people infected with COVID-19 may have no symptoms at all. Older adults and people of any age who have underlying medical conditions have a higher risk of severe illness from COVID-19. Serious outcomes of COVID-19 include hospitalization and death. The SARS-CoV-2 virus can be spread to others not just while one is sick, but even before a person shows signs or symptoms of being sick (e.g., fever, coughing, difficulty breathing, etc.). A full list of symptoms of COVID-19 can be found at the following link: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

What is the BinaxNOW COVID-19 Ag Card?

The BinaxNOW COVID-19 Ag Card is a type of test called an antigen test. Antigen tests are designed to detect proteins from the virus that causes COVID-19 in respiratory specimens, for example nasal swabs.

Why was my sample tested?

You were tested because your healthcare provider believes you may have been exposed to the virus that causes COVID-19 based on your signs and symptoms (e.g., fever, cough, difficulty breathing), and/or other risk factors and you are within the first seven days of the onset of symptoms.

What are the known and potential risks and benefits of the test?

Potential risks include:

- Possible discomfort or other complications that can happen during sample collection.
- Possible incorrect test result (see below for more information).

Potential benefits include:

- The results, along with other information, can help your healthcare provider make informed recommendations about your care.
- The results of this test may help limit the spread of COVID-19 to your family and others in your community.

What does it mean if I have a positive test result?

If you have a positive test result, it is very likely that you have COVID-19. Therefore, it is also likely that you may be placed in isolation to avoid spreading the virus to others. There is a very small chance that this test can give a positive result that is wrong (a false positive result). Your healthcare provider will work with you to determine how best to care for you based on your test result(s) along with your medical history, and your symptoms.

What does it mean if I have a negative test result?

A negative test result means that proteins from the virus that causes COVID-19 were not found in your sample.

It is possible for this test to give a negative result that is incorrect (false negative) in some people with COVID-19. This means

Where can I go for updates and more information? The most up-to-date information on COVID-19 is available at the CDC General webpage: https://www.cdc.gov/COVID19. In addition, please also contact your healthcare provider with any questions/concerns.

that you could possibly still have COVID-19 even though the test is negative. If your test result is negative, your healthcare provider will consider the test result together with all other aspects of your medical history (such as symptoms, possible exposures, and geographical location of places you have recently traveled) in deciding how to care for you. The amount of antigen in a sample may decrease the longer you have symptoms of infection. Specimens collected after you have had symptoms for more than seven days may be more likely to be negative compared to a molecular assay.

It is important that you work with your healthcare provider to help you understand the next steps you should take.

What are the differences between antigen tests and other COVID-19 tests?

There are different kinds of tests for COVID-19. Molecular tests (also known as PCR tests) detect genetic material from the virus. Antigen tests detect proteins from the virus. Antigen tests are very specific for the virus, but are not as sensitive as molecular tests. This means that a positive result is highly accurate, but a negative result does not rule out infection.

If your test result is negative, you should discuss with your healthcare provider whether an additional molecular test would help with your care, and when you should discontinue home isolation. If you will not have an additional test to determine if you are contagious, the CDC currently recommends that you should stay home until three things have happened:

- You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)

AND

- Other symptoms have improved (for example, when your cough or shortness of breath has improved)

AND

- At least 10 days have passed since your symptoms first appeared.

For more information, the CDC has provided guidelines on how to prevent the spread of COVID-19 if you are sick: https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf

Is this test FDA-approved or cleared?

No. This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of *in vitro* diagnostics for the detection and/or diagnosis of the virus that causes COVID-19. This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

What are the approved alternatives?

There are no approved available alternative tests. FDA has issued EUAs for other tests that can be found at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov.

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Where can I go for updates and more information? The most up-to-date information on COVID-19 is available at the CDC General webpage: https://www.cdc.gov/COVID19. In addition, please also contact your healthcare provider with any questions/concerns.

TMCSEA

TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION
ADMINISTRATIVE OFFICE, SCHRAMM EDUCATIONAL CENTER
300 CEDAR STREET, PEKIN, IL 61554-2576
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DHS/DRS TRANSITION SERVICES: 309/347-3532
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Website: www.tmcsea.org

"Equal Educational Opportunities for All"

KRISTINA D. NEVILLE, SUPERINTENDENT/DIRECTOR
Terrie Schappaugh, Administrative Assistant

Parent Consent for Point of Care (POC) COVID-19 Testing

As the parent/legal guardian of _____, I give consent for him/her to receive rapid Point of Care COVID-19 testing performed by a TMCSEA/Schramm Educational Center school nurse. I have received a copy of the "Fact Sheet for Patients" regarding the COVID-19 testing. This fact sheet has been provided by Abbott Diagnostics and lists the potential risks and benefits of this test.

I understand that a positive result will be considered a presumptive positive, the Tazewell County Health Department (TCHD) will be notified of the results, and my child will need to isolate according to TCHD exclusion guidance.

I also understand that if the result is negative, and my child is symptomatic of COVID-19, he/she will still need to be picked up from school as soon as possible, with recommendation for further testing, and required to follow the COVID-19 School Exclusion Guidance provided by the Illinois Department of Public Health.

I understand that the test will not be performed should my child not be cooperative with the testing process. I further understand that TMCSEA/Schramm Educational Center is required to provide all test results to TCHD, and nurses may share test results with the TMCSEA Director and Program Coordinator(s) as appropriate.

I waive any claims I might have against TMCSEA, its Board of Directors and Executive Committee, its member school districts, its employees and agents arising out of this testing including but not limited to possible exclusion from school. In addition, I agree to hold harmless and indemnify all of these parties from and against any and all claims, damages, cause of action or injuries incurred or resulting from the administration or attempted administration of the Point of Care COVID-19 test or otherwise connected to this testing.

This consent is valid through the end of the 2021-2022 school year, as well as for the summer 2022 Extended School Year Program should my child attend. I further understand that I may withdraw this consent at any time.

_____ Yes, I agree to allow POC Antigen COVID-19 testing to be performed on my child.

_____ No, I do NOT want POC Antigen COVID-19 testing performed on my child.

Parent/Legal Guardian: _____ Date: _____

TMCSEA

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"Equal Educational Opportunities for All"

KRISTINA D. NEVILLE, SUPERINTENDENT/DIRECTOR
Terrie Schappaugh, Administrative Assistant

Staff Consent for Point of Care (POC) COVID-19 Testing

I, _____, give consent to receive rapid Point of Care COVID-19 testing performed by a TMCSEA/Schramm Educational Center school nurse. I have received a copy of the "Fact Sheet for Patients" regarding the COVID-19 testing. This fact sheet has been provided by Abbott Diagnostics and lists the potential risks and benefits of this test.

I understand that a positive result will be considered a presumptive positive, the Tazewell County Health Department (TCHD) will be notified of the results, and I will need to isolate according to TCHD exclusion guidance.

I also understand that if the result is negative, and I am symptomatic of COVID-19, I will still need to leave the school as soon as possible, with recommendation for further testing, and required to follow the COVID-19 School Exclusion Guidance provided by the Illinois Department of Public Health. I further understand that TMCSEA/Schramm Educational Center is required to provide all test results to TCHD, and nurses may share test results with the TMCSEA Director and Program Coordinator(s) as appropriate.

I waive any claims I might have against TMCSEA, its Board of Directors and Executive Committee, its member school districts, its employees and agents arising out of this testing including but not limited to possible exclusion from school. In addition, I agree to hold harmless and indemnify all of these parties from and against any and all claims, damages, cause of action or injuries incurred or resulting from the administration or attempted administration of the Point of Care COVID-19 test or otherwise connected to this testing.

This consent is valid through the end of the 2021-2022 school year, as well as for the summer 2022 Extended School Year Program. I further understand that I may withdraw this consent at any time.

_____ Yes, I agree to allow POC Antigen COVID-19 testing to be performed.

_____ No, I do NOT want POC Antigen COVID-19 testing performed.

Staff Signature: _____ Date: _____