



Illinois Department of Public Health and
Illinois State Board of Education
Return to School Tabletop Exercise

July 24, 2020



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Education**

Return to School TTX Scenario

While a COVID-19 vaccine is still months away, Phase 4 in Illinois allows students to return to school in August 2020. Students return to your school on August 31 and your school is following the public health requirements and the recommendations outlined in the Illinois State Board of Education's: *Starting the 2020-21 School Year, June 23, 2020 Part 3 – Transition Joint Guidance* document.

On Thursday, September 10th, a student in the third grade complains to her teacher that she has a sore throat and asks to see the school nurse.

The third grade classroom has desks spaced 4 feet apart and several students are not wearing masks.

In addition to the classroom, the child's school day includes a 30-minute bus ride, recess at the south playground, music, PE in the gym and lunch in the cafeteria.



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Return to School TTX Scenario Cont'd

The family consists of the third grader, a first grader with special needs at the same school, a preschool aged child attending the District's pre-K program, the mother who is pregnant and teaches math at the high school and the father.

The family is tested and they receive the following results: the mother and third grader both test positive for COVID-19 and the father, first grader and preschooler test negative.

The family notifies the school of the positive results.

The school also finds out that the family attended a Labor Day celebration with other families that attend the school.

Staff and parents have contacted the school with varying opinions of how the positive case should be handled and what actions the school will take moving forward.



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Vignette #1

How to Handle a Potential or Identified Case

Judy Kauerauf, IDPH

- When a child with symptoms consistent with COVID-19, (e.g., cough, fever, shortness of breath, vomiting, diarrhea, headache) they should be brought to the school's separation room (capable of caring for multiple children and separate from where other care would be provided) and evaluated by the school nurse.
- Prompt evaluation and testing of the child/staff is imperative for mitigation and control efforts should the child/staff be infected with SARS-CoV-2. School-based evaluation and testing would improve turn-around-time for identification. Children may also be seen by their healthcare provider and return to school with a negative test or alternative diagnosis, although testing should strongly be recommended. Isolation of children with confirmed, probable or suspect COVID-like symptoms will be in accordance to CDC guidelines (10 days plus 24 hours fever-free and symptoms improving).
- When a positive case is identified, contact tracing will be performed by the local health department (LHD) in coordination with the school to identify all students/staff that had close (within 6 feet) contact for 15 minutes or more. If the case was symptomatic during this time, the time frame may be less. It is important that schools identify mechanisms to quickly identify all movement of the case for the 48 hours prior to symptom onset, and coordinate in advance with the LHD on how information can be shared.



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Vignette #1 Cont'd

How to Handle a Potential or Identified Case

Judy Kauerauf, IDPH

- Communication to parents should be prompt and informative, explaining steps the school and LHD are jointly taking, including identification and notification of close contacts who will be quarantined for 14 days from date of last exposure. At the start of school, parents/staff should be instructed to contact the school immediately when their child/staff tests positive, at which time the school should immediately contact their LHD.
- Areas used by the student/staff, e.g., classroom, restrooms, separation room in the School Nurse's office, should be closed off for as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. If possible, the school should wait up to 24 hours before beginning cleaning and disinfection.
- Siblings do not need to be excluded from until the case tests positive or is consider a probable case as long as they remain asymptomatic.
- An outbreak is defined as two or more cases that are epidemiologically linked by time (within 14 days) and space and control measures to contain further spread of the outbreak will be determine in coordination with the LHD.



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Vignette #2 – Personal Protective Equipment (PPE)

Dr. Vernon, IDPH

Face Coverings

- Must be worn by everyone in school buildings.
- Prevent the wearer from potentially exposing or infecting others.
- Must completely cover both the nose and mouth and fit snugly against the sides of the face with no gaps.
- May be temporarily removed when dining and when outdoors and social distancing is maintained.
- Cloth face coverings may be laundered, dried, and reused.
- Store in a clean sealable paper bag or breathable container.
- Must be changed immediately if soiled, wet, or torn.

Face Shields

- Do not provide adequate 'source control' and may not be used as substitutes for face coverings, with limited exceptions.
- May be used in lieu of face covering by students with a medical contraindication & teachers needing to show facial expressions.
- Need for heightened adherence to strict social distancing. Clear face coverings or video instruction are preferred alternative.



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Vignette #3 – Social Distancing

Judy Kauerauf, IDPH

Social distancing strategies: From the bus routes to the lunchroom, how can you ensure social distancing is implemented as much as possible?

- **Bus:** Children riding school buses should be screen for symptoms and fever, preferably by parents prior to boarding the bus, be wearing a face covering, and seated with members of his/her household. Students should fill up the bus starting in the back and exit the opposite way. Students should remain in their seats for the entire time. Windows should be opened if weather permits. After students have departed, buses should be cleaned and sanitized. No more than 50 students should be on the bus with social distancing to the greatest extent possible
- **Parent drop-off:** Should be organized in a manner that discourages parents from congregating and allows students to enter the building adhering to social distancing. Face coverings should be in place before the student/staff arrives on the school grounds.
- **Classrooms:** Spread desks out as much as possible or add additional learning centers. Desks should all face the same direction. Teacher's desk should also face the same way or use a barrier. Remove non-essential furniture.
- **Lunchrooms:** Eat outdoors when possible; in cohorts; utilize additional space when possible, increase number of times offered; consider using classrooms; be rigorous about hand hygiene.



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Vignette #3 – Social Distancing Cont'd

Judy Kauerauf, IDPH

Social distancing strategies: From the bus routes to the lunchroom, how can you ensure social distancing is implemented as much as possible?

- Cohorts: Minimize movement of children between classrooms, and if possible, move teachers and not students.
- Limiting classmate interactions: Stagger start and end times, alternate days of student attendance.
- Outdoor activities; have structured activities that ensure social distancing with areas clearly marked and small numbers of children at a time; limit use of playground equipment, ensure equipment is monitored to limit the number of children on a piece of equipment, and do not allow classrooms to intermingle. Clean equipment in between use and ensure hand hygiene before and after play.
- Band/Music Classes: Outdoors whenever possible; consider 10 feet of distance and instrument covers for wind instruments. Consider music appreciation options when unable to adhere to these measures. Face coverings are extremely important source control if unable to distance at 6 feet for music. Instrument covers should be utilized.
- Passing Periods: Consider suspending use of lockers. Make hallways one-way. Post reminders, floor markers, and arrows.



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Vignette #4 - Considerations for In-Person Instruction

Jeff Aranowski, Jaclyn Matthews, Amanda Elliott, ISBE

- Prioritize students with IEPs, ELs, and students under the age of 13.
- Maintain social distance as much as possible with strict wearing of face coverings; six feet reduces need to quarantine entire class if confirmed case or symptoms occur.
- Capacity limit of no more than 50 individuals in one space. Large spaces may be divided into multiple spaces using fire code approved floor to ceiling room dividers.
- Clean and disinfect in areas commonly touched by students when classroom changes are made.
- Eliminate use of high-touch surfaces, such as bathroom doorknobs, pencil sharpeners, etc.
- Encourage and require regular hand washing, especially before and after mealtimes.
- Temperature checks and symptom screenings: consider an online tool to allow parents to verify each day child is asymptomatic and fever free and has not been in close contact with confirmed case in last 14 days.



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Vignette #4 – Considerations for Remote Instruction

Jeff Aranowski, Jaclyn Matthews, Amanda Elliott, ISBE

- Family preference: districts must provide remote learning services to families/students who request them.
- Students who are at higher risk of severe illness or who live with someone who is at higher risk.
- Students who are in quarantine due to exposure who are not ill [individual(s), classroom(s) or building(s)]. (Students who are ill should have excused absence).
- Sufficient exposure and spread that would necessitate an entire building to close.
- To support social distancing.
- Educators who reside in a region that has moved to a different phase of the Restore Illinois Plan or has increased mitigation actions.
- Return to earlier phase of Restore Illinois or change in regional public health conditions and increase in mitigation actions.



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