

Frequently Asked Questions (FAQ) for Schools

Additional Guidance as of September 9, 2020

(subject to change based on new information and updates to existing CDC guidance)

Management of Ill Students and Staff

1. What actions should be taken by students/staff sent home with COVID-like symptoms? (Updated 8/13/20)

- All students and staff sent home with COVID-like symptoms should be diagnostically tested. Student and staff should remain home from school until they receive the test results.
- Students and staff who are confirmed or probable cases of COVID-19 must complete 10 calendar days of isolation from the date of first symptom onset **and** be fever-free for 24 hours without use of fever-reducing medications **and** other symptoms have improved before returning to school.
- Students and staff returning to school after experiencing COVID-like symptoms but being diagnosed with a non-COVID illness must meet the criteria for returning to school for the illness with which they have been diagnosed. At a minimum, the individual must be fever-free for 24 hours without the use of fever-reducing medication **and** have had no diarrhea or vomiting in the previous 24 hours. Other diseases have specific criteria for when a student or staff member can [return to school](#)¹. Follow school health policies and communicable disease guidance for those illnesses. A health care provider's note documenting the alternative diagnosis or a negative COVID-19 test result should accompany a student or staff member returning to school with an alternative diagnosis after experiencing COVID-like symptoms. Schools and districts should assist families in locating free or reduced cost medical clinics for assistance where needed.
- Students and staff with COVID-like symptoms who do not get tested for COVID-19 and who do not provide a healthcare provider's note documenting an alternative diagnosis, must complete 10 calendar days of isolation from the date of first symptom onset **and** be fever-free for 24 hours without use of fever-reducing medications **and** other symptoms have improved before returning to school.
- Medical evaluation and COVID-19 diagnostic testing is strongly recommended for all persons with COVID-like symptoms.

2. If a student is sent home sick with suspected COVID-19 symptoms (e.g., cough, fever, diarrhea, shortness of breath, etc.), must all their siblings/household members be sent home as well and quarantined for 14 calendar days? (Updated 8/19/2020)

Yes, if one of the household members is being evaluated for COVID-19, the rest of the household must be quarantined until an alternative diagnosis is made or negative result received. If the sick student becomes a confirmed case (i.e., tests positive for COVID-19) or a probable case (i.e., has COVID-like symptoms and is epidemiologically linked to known case), the local health department (LHD) conducting contact tracing will place household contacts, including siblings, in quarantine for 14 calendar days. The health department also will provide guidance on how to safely quarantine and isolated within the household.

3. How many symptoms does a person need to have to be considered suspect COVID-19? (Updated 8/18/2020)

Students and staff exhibiting one or more COVID-like symptoms in children should be immediately isolated, and evaluated. Schools should evaluate each student/staff to determine if this symptom is new or if it is part of an existing condition for this student/staff.

4. Our current school policy recommends sending children home with a temperature of 100.0°F or greater. The ISBE and CDC guidance both say 100.4°F or greater. Which should we use?

For consistency with CDC and Illinois Joint Guidance for Schools, it is recommended that schools use $\geq 100.4^{\circ}\text{F}$ as the threshold for fever.

5. If the sick person has a known condition causing the symptoms, e.g., allergies, migraine, etc., can this be taken into consideration?

Every symptomatic person should be evaluated by their healthcare provider on a case-by-case basis and decisions to test for COVID-19 should be based on their personal health history. Diagnostic testing is strongly encouraged whenever an individual experiences COVID-like symptoms as it is possible to have COVID-19 and other health conditions at the same time. Early diagnosis can prevent further transmission. Individuals who have undergone testing should remain home away from others while waiting for COVID-19 test results.

6. If someone has previously tested COVID-19 positive, do they need to be sent home if ill or do they need to be quarantined if named as a close contact? (Updated 8/20/2020)

Individuals who tested COVID-19 positive within the past 3 months by PCR or Antigen test should not have a suspicion of COVID-19 reinfection, and therefore, do not need to be excluded, isolated or quarantined for a period of 3 months prior to onset date or specimen collection date if asymptomatic.

Contacts to Cases

7. What is contact tracing?

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.

8. Who is a close contact?

A close contact is anyone (with or without a face covering) who was within 6 feet of a confirmed case of COVID-19 (with or without a face covering), for at least 15 minutes throughout the course of a day. The period of close contact begins 2 calendar days before the onset of symptoms (for a symptomatic person) or 2 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. Close contacts to a confirmed case of COVID-19 are required to remain in quarantine at home for 14 calendar days starting from the last day of contact with the confirmed case.

9. Who will do contact tracing?

Contact tracing will be performed by the Local Health Department (LHD), sometimes in partnership with DPH or a community-based organization. However, schools can assist the LHD by identifying all close contacts with a confirmed case. Documentation of assigned seats and taking photos of assembled classes can be useful in helping schools determine who was within 6 feet of a given case.

Schools must be aware of records and confidentiality laws pertaining to school student records, including exceptions for release of information in the event of an emergency and requirements to notify parents and create a record of emergency releases of information. (105 ILCS 10/6(a)(7); 23 Il. Admin. Code 375.60).

10. Is contact tracing only performed when a positive test is received?

Contact tracing is performed for a confirmed case (laboratory confirmed positive) or a probable case (person with clinically compatible COVID-like symptoms and epidemiologically linked (known exposure) to a confirmed case or testing positive by an antigen test).

11. If a confirmed or probable COVID-19 case is identified in a classroom, or on a school bus, who will be considered close contacts that need to be quarantined for 14 calendar days? Will this include the entire classroom or all the students on the bus?

Exposure in a classroom should be limited to everyone with whom the confirmed or probable COVID case had close contact, within 6 feet, for at least 15 minutes throughout the course of a day. Exposure on a bus must include everyone who sat within 6 feet of the confirmed or probable COVID case for 15 minutes or longer. A possible approach to identifying close contacts on a bus would be to include persons who sat 3 rows in front and 3 rows behind the confirmed or probable COVID case.

12. If the close contact and the COVID case were both wearing their cloth face coverings when the exposure occurred, is the close contact still required to be quarantined?

Yes. While there is strong evidence that face coverings significantly reduce the risk of infection, the likelihood for transmission cannot be ruled out.

13. Is a **healthcare provider's note required to return to school after a 'close contact' to a case completes 14 calendar days in quarantine? (Updated 9/9/20)**

Persons who remain asymptomatic throughout 14 calendar days of quarantine do not need a **healthcare provider's** note to return to school. During the quarantine period, a contact tracer will be closely monitoring the contact to confirm they remain asymptomatic.

14. What is the definition of an outbreak in schools?

Two confirmed cases of COVID-19 infections occurring within 14 calendar days of each other in individuals in the same classroom would meet the case definition for an outbreak. This is because the cases would be epidemiologically linked (known exposure to) with respect to place (same classroom)

and time (within 14 calendar days). This would prompt an investigation by the LHD that may result in recommendations for testing and quarantining all students/staff in the affected classroom.

15. If a student or staff member is identified as a close contact to a person with COVID-19 and is instructed to quarantine for 14 calendar days, do their household members and close contacts also have to quarantine? (Updated 9/9/20)

No, contacts of a person who is a close contact to a COVID-19 case do not need to self-quarantine unless they develop symptoms or if the person identified as the close contact develops COVID-19. They should, however, monitor themselves closely for symptoms of COVID-19 and if they become symptomatic, self-isolate and seek medical evaluation/testing.

Special Situations/Other Groups

16. Can the school nurse administer nebulizer treatments on campus?

Where possible, nebulizer treatments should be scheduled to be administered at home or the student may switch to metered dose inhalers with spacers for use at school. Nebulizer treatments, if required to be administered at school, should be done in a separate room with only the school nurse and student present. Nebulizer treatments should be administered to only one student at a time. If a window or fan is available, open the window and vent the fan to blow out of the window. The person administering the treatment should wear personal protective equipment (PPE) including a fit-tested N95/KN95 respirator, a face shield or goggles, gown, and gloves. Hand hygiene (washing) should be performed before donning (putting on) and after doffing (removing) PPE. Upon completing the nebulizer treatment, the student should perform hand hygiene. The room should be left vacant for a period of time (suggested minimum of 2 hours) then thoroughly cleaned and disinfected. Consult with individual student health care providers, if applicable, and Individualized Education Program (teams to determine the best modality to meet students' needs on an individualized basis. Appropriate consents must be obtained for communication with outside providers. Review IEPs, 504 Plans, asthma action plans, or Individualized Health Plans to determine if these plans will need to be amended or modified.

17. Playing of some music instruments and singing are recognized as ways COVID-19 can be spread more easily by respiratory droplets. How can we prevent transmission in band or music classes?

Whenever possible, hold music classes outside. When possible, music classes held indoors should occur in well-ventilated spaces and if possible, with windows open. Ensure students (and teachers) are physically distanced from each other by at least 6 feet and consider increasing the amount of social distancing more than 6 feet if space allows. Have students in one line or stagger spacing to ensure maximum distancing. Students should not face each other. Instruments where air is blown into or through should be turned so that expelled air does not go towards others. Consider using instrument covers to prevent spread.

18. Occasionally, students share music, equipment, and even instruments. How do we manage these situations?

Avoid sharing instruments. If instruments must be shared (e.g., drums), they should be cleaned and disinfected between students². Music reeds and mouthpieces should **not** be shared. Note that some

instrument surfaces may be damaged by cleaning and disinfecting products, so contact your instrument dealer for guidance on disinfection, and follow the manufacturer's instructions for cleaning. Discourage the sharing of music stands so that students do not inadvertently move closer to each other to see the music.

19. If an athlete is diagnosed with COVID-19, is it up to the school to notify all other teams that the athlete has been in contact with?

Yes – the school should make generic notifications to other schools and teams with which the confirmed or probable COVID athlete may have had contact without identifying the person's name. Provide minimal information to protect confidentiality, but enough for the school to respond as needed. The LHD can assist in making this notification.

20. What is the role of the Local Health Department in a situation involving an athlete diagnosed with COVID-19?

The LHD will conduct contact tracing to identify close contacts (including household, social, and sport-related) to the case and place them in quarantine for 14 calendar days.

Testing

21. What is the average amount of time after receiving a COVID test that results will be received?

Turnaround time (TAT) for laboratory test results is dependent on laboratory capacity. Typically, the TAT for test results from the state lab is 2-3 calendar days. The TAT can increase when the demand for testing is high. Private reference labs may be able to offer a shorter TAT and should be considered as an option for testing.

22. Can the school be notified of a confirmed or probable case as quickly as possible?

Schools should ask parents/guardians to notify the school as quickly as possible with any confirmed or probable COVID-19 cases. It is important that schools communicate this expectation to parents/guardians early and often. The local health department (LHD) will also receive a report of a confirmed or probable case from either a lab or provider. However, the report does not necessarily include school information (unless the school was the test submitter). This means that the LHD must obtain this information by interviewing the case/parent/legal guardian. The LHD will notify the school as soon as they have acquired the school information. Schools should identify a point of contact for LHDs, including someone who can be reached after hours.

23. If a student or staff member presents a note or negative COVID-19 test result, for how many days is that test result valid?

A negative polymerase chain reaction (PCR) test is valid only for the day on which it was reported. It denotes that on the day that the sample was collected, the individual being tested did not have any detectable virus in their system. Because the incubation period (time from exposure to infection) for COVID-19 is 2-14 calendar days, a person with a negative test may still develop infection at some point during the incubation period.

Personal Protective Equipment (PPE)

24. What PPE is required to work in or attend school?

All persons on school grounds including students, teachers, school nurses, administrative and secretarial staff, food service personnel, custodial staff, public safety personnel, etc., must wear a face covering at all times when in school or in transit to and from school via group conveyance (i.e., school buses), unless a specific exemption applies.

25. What is the primary purpose of a face covering?

The primary purpose of a face covering is to prevent the wearer from potentially exposing or infecting others. To be effective, face coverings must be worn properly and must completely cover both the nose and mouth.

26. How should cloth face coverings be cleaned and stored?

Personal [cloth face coverings](#) should be taken home, [laundered](#) daily, dried in a dryer, and reused. Personal cloth face coverings should be stored between uses in a clean sealable paper bag or breathable container.

27. When should a face covering be changed?

Face coverings must be changed immediately if soiled, wet, or torn.

28. Can face coverings be removed at certain times? (Updated 9/9/2020)

Yes – face coverings may be temporarily removed at school:

- When eating
- When outdoors and physical distancing of at least 6 feet can be maintained
- When playing a musical instrument outdoors with at least 6 feet social distancing
- If using a face shield when other methods of protection are not available or appropriate (<https://www.isbe.net/Documents/IDPH-Update-Appropriate-Use-Face-Shields.pdf>)
- While children are napping with close monitoring to ensure no child leaves their designated napping area without putting their face covering back on
- For staff, when alone in classrooms or offices with the door closed

Strict adherence to social distancing should be maintained when face coverings are removed in limited situations.

29. What if a student or staff member is unable to tolerate wearing a face covering? (Updated 9/9/20)

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

30. What practices should be followed for children during naptime? (Updated 9/9/20)

Ensure that children's naptime mats and cots are spaced at least 6 feet apart as much as possible. Consider placing children head to toe to further reduce the potential for viral spread. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed weekly. Keep each child's bedding separate and stored in individually labeled bins, cubbies, or bags. Label cots and mats individually for each child. Face coverings can be removed while children are napping with close monitoring to ensure that no child leaves their designated napping area without putting on their masks. Children should be instructed to not talk or sing during nap time. Where possible, provide good ventilation where the children are napping, opening windows when feasible and incorporating fresh air into the ventilation system.

31. What PPE is required by school nurses who are assessing a student or staff member reporting COVID-like symptoms? (Updated 8/18/2020)

If the nurse is screening a sick individual, it will be safest for them to be wearing a fit-tested N95 mask, eye protection with face shield or goggles, gown, and gloves. When performing clinical evaluation of a sick individual, school nurses will use enhanced droplet and contact transmission-based precautions. Staff performing this evaluation should use appropriate personal protective equipment (PPE) including:

- Fit-tested N95 respirator
- Eye protection with face shield or goggles
- Gown
- Gloves

Any staff member who may be involved in the assessment or clinical evaluation of a student or staff member with COVID-like symptoms should be trained on the type of PPE required and how to don (put on) and doff (remove) it correctly and safely.

Respirators such as N95s must be used as part of a written respiratory protection program.³ OSHA requires that N95 masks be fit tested prior to use. This is an important step to ensure a tight fit for the mask to be effective in providing protection.

32. Can a face shield be worn instead of a face covering?

Because respiratory droplets may be expelled from the sides and bottom of face shields, they do not provide adequate 'source control' and should only be used as a substitute for face coverings in the following limited circumstances:

- Individuals who are under the age of 2
- Individuals who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance
- Students who provide a health care provider's note as documentation that they have a medical contraindication (a contraindication or condition that makes masking absolutely inadvisable) to wearing a face covering
- Teachers needing to show facial expressions where it is important for students to see how a teacher pronounces words (e.g., English learners, early childhood, foreign language, etc.). However, teachers will be required to resume wearing face coverings as soon as possible. Preferred alternatives to teachers wearing face shields include clear face coverings or video instruction. There must be strict adherence to social distancing when a face shield is utilized.

33. Who has the credentials to be able to provide a medical note or perform a routine health check-up? (Updated 9/9/20)

IDPH recommends that a **healthcare provider** licensed to practice medicine in all branches of medicine, as defined in [105 ILCS 5/27-8.1](#), be referred to for providing medical notes and performing routine health check-ups.

34. How should schools handle students with IEPs or 504 plans who cannot tolerate a face covering or a face shield?

Students with an Individualized Education Program (IEP) or 504 Plan who are unable to wear a face covering 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 covering 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 covering or face shield due to a medical contraindication. Schools should consult with their local public health department regarding appropriate PPE for these situations.

35. Can athletic face coverings, e.g., neck warmers be used as a substitute for cloth face coverings?

CDC recommends that people wear [cloth face coverings](#) in public settings and when around people who don't live in your household, especially when other [social distancing](#) measures are difficult to maintain. Cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called [source control](#). It is not known if athletic face coverings/neck warmers provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of athletic [face coverings/neck warmers](#) as a substitute for cloth face coverings.

36. Can you provide recommendation on cleaning?

Schools should follow CDC's [guidance for cleaning and disinfecting public spaces, workplaces, businesses, schools and homes](#). **Cleaning and disinfection products should not be used by children or near children**, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

37. What kind of PPE is required for staff who clean areas used by a suspected or known COVID case? (Updated 8/20/20)

If a janitor is cleaning an area used by a suspected or known COVID case, it will be safest for them to be wearing a fit-tested N95 mask, eye protection with face shield or goggles, gown, and gloves.

38. Can clear face coverings be utilized? (Updated 9/9/20)

While [cloth face coverings](#) are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a cloth face covering may not be feasible. In these instances, parents, guardians, caregivers, teachers, staff, and school administrators should

consider adaptations and alternatives whenever possible. They may need to consult with healthcare providers for advice about wearing cloth face coverings.

People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear cloth face coverings if they rely on lipreading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, consider using a **clear face covering** that covers the nose and wraps securely around the face. If a clear face covering isn't available, consider whether faculty and staff can use written communication (including closed captioning) and decrease background noise to improve communication while wearing a cloth face covering that blocks your lips.

In addition to those who interact with people who are deaf or hard of hearing, the following groups of teachers and staff may also consider using clear face coverings:

- Teachers of young students (e.g., teaching young students to read).
- Teachers of students who are English language learners
- Teachers of students with disabilities

School Closure

39. If there is a confirmed or probable case of COVID-19 within a school, what are the recommendations for school closure?

Decisions for temporary closure of a school will be made by school leaders in consultation with the LHD during its investigation of a case or cluster of cases. If the LHD determines that there is a risk to the school community, the school may be closed temporarily for cleaning and disinfection. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This also allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

40. Are there alternative strategies to school closure that may be considered or employed?

Alternative strategies, less drastic than closure, might include:

- Quarantining the affected classroom where social distancing is challenging (e.g. early childhood).
- Suspending affected classes or closing playgrounds.
- Canceling non-essential activities and meetings.
- Keeping students in constant class groups or classrooms and moving teachers routinely between classes.
- Increasing spacing between students in classes.
- Shortening the school week.
- Staggering school start and lunch/break times across year groups or classes.

Communication and Reporting

41. Are schools required to report information to the local health department including cases, type and onset of symptoms, number of exposed persons, etc.?

Yes – schools must cooperate with the LHD to provide relevant information needed for mitigating the spread of COVID-19 infection and must be reported to the LHD for use in surveillance and contacting tracing public health activities. Schools must be aware of records and confidentiality laws pertaining to school student records, including exceptions to release of information in the event of an emergency, and requirements to notify parents and create a record of emergency releases of information. (105 ILCS 10/6(a)(7); 23 Il. Admin. Code 375.60).

42. Is there a template letter for schools to use when notifying parents/guardians, students, and staff of a case of COVID-19?

Yes, a template letter can be found here:

<https://www.isbe.net/ layouts/Download.aspx?SourceUrl=/Documents/Case-School-sample-letter.docx>.

43. Is it a Family Educational Rights and Privacy Act (FERPA) violation to notify the LHD/IDPH or staff and parents of a confirmed or probable case(s) in our school?

No – a laboratory confirmed case of COVID-19 is reportable within 3 hours to the Local Health Department per the **Communicable Disease Code**. Identifiable information on a student or staff member including name and contact information, is reportable to IDPH or to the local public health authority for any notifiable disease or condition.

Schools must be aware of records and confidentiality laws pertaining to school student records, including exceptions to release of information in the event of an emergency, and requirements to notify parents and create a record of emergency releases of information. (105 ILCS 10/6(a)(7); 23 Il. Admin. Code 375.60).

44. Does contact tracing violate the Health Insurance Portability and Accountability Act (HIPAA)?

No. The HIPAA Privacy Rule allows for reporting by covered entities to public health for the purpose of preventing the spread of infectious diseases. HIPAA recognizes the legitimate need for public health authorities, and others responsible for ensuring public health and safety, to have access to protected health information to carry out their public health mission⁴.

45. If we have a case of COVID-19 in a student at our school, what is our responsibility for notifying schools attended by siblings of the case?

There is no need to notify a school attended by siblings of a sick individual. If the sick individual tests positive for COVID-19 or becomes a probable case, the LHD conducting contact tracing will place siblings in quarantine for 14 calendar days and facilitate parental notification to the school(s) attended by siblings of the case.

46. Besides public health authorities, who should be notified of a case of COVID-19 at our school? Must we notify the entire district, or only the classroom or the building?

Communication of a confirmed or probable case of COVID-19 to the district and school community should align with the school's policy for notification of cases of communicable diseases. The communication message should counter potential stigma and discrimination. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and the Illinois School Student Records Act

Travel Restrictions

47. Are there any current domestic or international travel restrictions for which we should be monitoring and excluding students and staff? (Updated 9/9/20)

There is widespread, ongoing transmission of novel coronavirus worldwide. Anyone who has traveled internationally or domestically where COVID-19 transmission is high or increasing in the past 14 calendar days should stay home and monitor their health. **The CDC updated COVID-19 Travel Recommendations by Destination on August 25, 2020. Click [here](#) to link to this page to identify countries with high transmission for which 14-day quarantine would be recommended. Information on domestic travel can be found [here](#).** Some Illinois counties or municipalities do require or recommend 14 calendar days of quarantine for travelers returning from states with high community prevalence of COVID-19. IDPH does receive frequent notifications of travel-related exposures. If public health is notified that a student or staff member is a contact to a COVID-19 case as a result of travel, quarantine for 14 calendar days will be required. As an employer working with vulnerable populations, school administrators may consider advising staff who travel that they are required to quarantine (if exposed) due to travel.

Cleaning and Disinfection

48. What kind of cleaning and disinfection should our school be doing routinely?

Enhance your standard cleaning and disinfection practices. Increase the frequency of cleaning and disinfection with a focus on areas that are commonly touched, such as doorknobs, stairwells, light switches, elevator buttons, etc. Disinfect seats and rails on school buses at least daily. Shared objects such as toys, games, art supplies, should be cleaned and disinfected between uses. Ensure cleaning and disinfection products are EPA-approved and used safely and in accordance with label directions.

49. What are exact cleaning requirements for areas used by a suspected or confirmed COVID-19 case?

Areas used by an individual with COVID-like symptoms, e.g., examination room in the school nurses' office, should be closed off for as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Outside doors and windows should be opened to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection. Environmental cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons with COVID-like symptoms, focusing especially on frequently touched surfaces. For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is

available [here](#). Personnel performing environmental cleaning should use personal protective equipment (PPE) including fit-tested N95 respirator, eye protection with face shield or goggles, gown, and gloves.

Resources

¹ <http://dph.illinois.gov/sites/default/files/publications/commchartschool-032817.pdf><https://www.healthychildren.org/English/family-life/work-play/Pages/When-to-Keep-Your-Child-Home-from-Child-Care.aspx>

²<https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/>
<https://issma.net/covidresources.php> (Indiana guidance may vary from Illinois)

³ OSHA: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

National Association of School Nurses

https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Facemask_Considerations_for_Healthcare_Professionals_in_Schools.pdf

⁴<https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html#:~:text=Background%20The%20HIPAA%20Privacy%20Rule%20recognizes%20the%20legitimate,information%20to%20carry%20out%20their%20public%20health%20mission>
<https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>