SD308
COMMUNITY UNIT
SCHOOL DISTRICT

May 5, 2021

Inga Dainius

VIA EMAIL – inga.dainius@hotmail.com

Re: FOIA request dated & received 4/28/21

Subject: Any and all documents, communications or emails between any SD308 employee and the Kendall County Health Department from March 1, 2020 to present. Clarification 4/30/21: Key words to narrow search are "remote" and "shutdown".

This letter will serve as Oswego Community Unit School District 308's response to your April 28, 2021 request under the Freedom of Information Act (5 ILCS 140/1 et seq.), in which you asked for the above referenced information. The information regarding your request is attached.

To promote district transparency and assist others who may have a similar question, this responsive document will be posted online on the district's website. To access it, go to www.sd308.org and select *Our District > Freedom of Information Act Request > FOIA Request Responses>FOIA Requests Responses -2021>then select FOIA ID #21-25.*

Please be advised that to comply with your FOIA request, the district incurred an expense that comprised of the cost of labor and resources used to search for records responsive to your request.

Please let me know if you have additional questions. Thank you.

Carrie Szambelan

Carrie Szambelan
Freedom of Information Officer

IDHS LOCAL OFFICES

The majority of IDHS local offices remain closed as they do their part to flatten the curve. Anyone interested in learning about IDHS services should visit dhs.illinois.gov/helpishere or call toll free at **1-833-2-FIND-HELP (1-833-234-6343)**. Those who are wishing to sign up for benefits or manage existing benefits should visit abe.illinois.gov.

SNAP

The federal government has approved Emergency Allotment Supplements for the April and May which will be issued to all Supplemental Nutrition Assistance Program (SNAP) households that were not receiving the maximum allotment for their household size. No action is required by the customer. New SNAP applications are also eligible. The amount of the supplement will be the amount that brings the household up to the maximum allotment. April benefits will be distributed to existing SNAP households between April 8th and April 20th. May benefits will be distributed between May 1st and May 20th. To apply for SNAP benefits, please visit abe.illinois.gov.

EARLY INTERVENTION

During this healthcare crisis, Early Intervention services have been suspended to reduce personal contact and to help flatten the curve. However, these services and their providers are vital to developing minds, so IDHS and HFS have been working diligently to implement a teletherapy delivery model for Early Intervention. As such, they are proud to announce that work has been completed and remote EI services will begin this week. EI providers should have already received thorough guidance on how to proceed, but if families or providers have additional questions, they are invited to reach out to their Bureau of Early Intervention contact.

CHILD CARE

If you are deemed an "Essential Worker" during the COVID-19 emergency, you can find help securing child care by visiting: https://www2.illinois.gov/sites/OECD/Pages/For-Communities.aspx. A dedicated helpline has also been created so Child Care Resource and Referral Agencies (CCR&Rs) can help connect essential workers and families to emergency child care. Call toll-free at **1-888-228-1146**. For residents in Cook County, Illinois Action for Children (IAFC) has launched a temporary text messaging service to answer Child Care Assistance Program (CCAP) questions during IAFC's office closure. Parents in Cook County can text **312-736-7390**.

SHELTER

While the state is under a Stay at Home order, not everyone has a home to go to. To help those in need, the Governor and IDHS have increased shelter services for people experiencing homelessness during this pandemic, including an extra $6 million throughout the state for emergency lodging. IDHS is also increasing existing funding by 5% for homelessness service providers to increase their capacity during this crisis. If you feel you are in danger of becoming homeless please visit housingactionil.org/get-help/resources-homeless/. If you are already experiencing homelessness, please visit the Emergency and Transitional Housing Provider List to find a shelter near you.

CENSUS

The Census is still occurring and every person in Illinois needs to be counted! Visit My2020census.gov to complete the census online or call **1-844-330-2020**. For more info text **987987** or go to Census.Illinois.Gov.

DRS TOLL-FREE NUMBER

The closure of IDHS Division of Rehabilitation Services (DRS) local offices was extended until the end of April. However, DRS continues to assist customers, vendors, and other stakeholders during this global crisis through remote telework. The Division has also launched a toll-free number to expand those options – new or existing customers with physical disabilities can call **1-877-581-3690** to inquire about or be connected to services.

DOMESTIC VIOLENCE

IDHS is dedicating $1.2 million to increase the capacity of its current statewide network of services and to streamline access to emergency shelter for individuals and families impacted by domestic and sexual violence. Those experiencing domestic violence and/or abuse, plus anyone concerned about a friend, family member, or loved one, can call toll free at **1-877-TO-END-DV (1-877-863-6338)** to be connected to shelter through existing local domestic violence shelters or connected to emergency shelter through available hotels and motels.

Victims and families can also visit the National Domestic Violence Hotline at http://www.thehotline.org or text LOVEIS to **22522**.

MENTAL HEALTH & SUBSTANCE USE

If you or one of your family members has mental health and/or substance use challenges and would like to receive support by phone, call the Illinois Warm Line at 1-**866-359-7953**. Wellness Support Specialists are professionals who are trained in recovery support, mentoring, and advocacy and are ready to listen to and support you. The Warm Line is not a crisis hotline but is a source of support as you recover or help a family member to recover.

You can also connect to a counselor by texting TALK to **552020**.

If you or a loved one are experiencing an immediate mental health crisis, please call the 24-hour National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**.

CRISIS TEXT LINE

During these uncertain times, the state is ensuring its citizens are aware of any and all resources available that may be of help. The Crisis Text Line is a nationwide service providing counseling in any type of crisis, 24-hours a day. Text HELLO to **741741**. You can find more information at www.crisistextline.org.

IDHS LOCAL OFFICES

On April 16th IDHS closed their remaining local offices to do their part to flatten the curve and protect their valued employees and customers. IDHS staff continue to work remotely, and all benefit applications and management can be accomplished online or via phone. Anyone interested in learning about IDHS services should visit dhs.illinois.gov/helpishere or call toll free at **1-833-2-FIND-HELP (1-833-234-6343)**. Those who are wishing to sign up for benefits or manage existing benefits should visit abe.illinois.gov.

SNAP UPDATES

Emergency Allotment Supplements continue to be distributed to all Supplemental Nutrition Assistance Program (SNAP) households that were not already receiving the maximum allotment for their household size. No action is required by the customer. To apply for SNAP benefits, please visit abe.illinois.gov.

In addition, IDHS is working with the federal government to implement online SNAP purchase and delivery using the LINK card. However, this process will take some time to deploy in order to ensure the integrity of the system. In the meantime, customers are reminded that, where available, SNAP users can shop for groceries online, then pick them up in store or curbside, paying with their LINK card at that time. They can also allow a trusted friend or family member to shop for them using their LINK card and PIN code.

CALL 4 CALM

The IDHS Division of Mental Health has launched a free of charge, emotional support text line called "Call4Calm," designed for Illinoisans experiencing stress related to COVID-19. This is not a crisis hotline, but rather a source of support where people can text "TALK" to **552020** to receive a call from a caring counselor from a community mental health center who can be a listening ear for the challenges people are currently experiencing.

In addition, the text number can be used to seek help and guidance on other critical issues during the pandemic. Residents can text keywords like "unemployment," "food," or "shelter," and they will receive additional information in response.

CENSUS

The Census Bureau has extended the window for field data collection and self-responses to October 31, 2020. IDHS reminds us that every person in Illinois needs to be counted! Visit My2020census.gov to complete the census online or call **1-844-330-2020**. For more info text **987987** or go to Census.Illinois.Gov.

FOOD BANKS

IDHS continues to work to maximize federal funds for food banks and pantries across Illinois. To find a food pantry or soup kitchen near you visit www.illinoisfoodbanks.org/sites.asp.

CHILD CARE

IDHS continues to provide child care services through the Emergency Child Care Program. If you are deemed an "Essential Worker" during the COVID-19 emergency, you can find help securing child care by visiting: https://www2.illinois.gov/sites/OECD/Pages/For-Communities.aspx.

A dedicated helpline has also been created so Child Care Resource and Referral Agencies (CCR&Rs) can help connect essential workers and families to emergency child care. Call toll-free at **1-888-228-1146**. For residents in Cook County, Illinois Action for Children (IAFC) has launched a temporary text messaging service to answer Child Care Assistance Program (CCAP) questions during IAFC's office closure. Parents in Cook County can text **312-736-7390**.

SHELTER

While the state is under a Stay at Home order, not everyone has a home to go to. If you feel you are in danger of becoming homeless please visit housingactionil.org/get-help/resources-homeless/. If you are already experiencing homelessness, please visit the Emergency and Transitional Housing Provider List to find a shelter near you.

DOMESTIC VIOLENCE

Those experiencing domestic violence and/or abuse, plus anyone concerned about a friend, family member, or loved one, can text or call toll free at **1-877-TO-END-DV (1-877-863-6338)** to reach a trained Victim Information and Referral Advocate (VIRA) 24/7 or be connected to emergency shelter through available hotels and motels.

Victims and families are also encouraged to visit the National Domestic Violence Hotline at http://www.thehotline.org or text LOVEIS to **22522**.

FOOD BANKS

IDHS was pleased to receive USDA/FNS approval for a Disaster Household Distribution plan, which allows food banks throughout the State to distribute resources to up to 1.57 million Illinoisans in the next 30 days without providing eligibility forms or income verification.

Through the FFCRA, Illinois received a $15M supplement to our annual allocation for The Emergency Food Assistance Program (TEFAP). Our 8 provider food banks will distribute those resources to food pantries, shelters, and soup kitchens in their areas. We expect another infusion of supplemental TEFAP dollars in the future through the CARES Act. IDHS also received federal approval last month to implement changes that allow for quicker, safer access to food for more people through TEFAP.

To find a food pantry or soup kitchen near you please visit:
www.illinoisfoodbanks.org/sites.asp.

YOUTH INVESTMENT

To ensure that Illinois' at-risk youth population is not being left behind as the State begins to rebuild following the COVID-19 pandemic. The State is making an investment that will begin to ensure Illinois' at-risk youth, ages 16-24, have an equitable opportunity to participate in the employment successes of the State. The Illinois Youth Investment Program has been established to empower and support these young people along their path toward successful, long-term, and career employment.

Providers interested in serving our youth by applying for a grant from this program can learn more by clicking here.

SNAP UPDATES

Earlier this week, IDHS announced that Illinois has been approved to provide approximately 316,000 Illinois households with additional SNAP benefits. The USDA authorized and will fund Illinois' Pandemic Electronic Benefit Transfer (P-EBT) program, which will bring food benefits to all school-aged children who are eligible for free or reduced meals. The benefits will be issued to all SNAP households with school-aged children. These new benefits will automatically be added to family Link Cards. All who are eligible for the additional benefits will receive them between April 20th and April 30th.

In addition, IDHS continues to pursue participation in USDA/FNS' SNAP Online Purchasing Pilot, which provides for purchase and delivery using the Link Card. However, it will take some time to responsibly implement changes and to ensure that new technological capabilities do not disrupt access to existing benefits. In the meantime, customers are reminded that, where available, SNAP users can shop for groceries online, then pick them up in store or curbside, paying with their Link Card at that time. They can also allow a trusted friend or family member to shop for them using their Link Card and PIN code.

IDHS LOCAL OFFICES

IDHS local offices remain closed to the public to protect the safety of their customers and staff while helping to flatten the curve. Customers are reminded that all benefit application and management actions can currently be accomplished online or via phone. Anyone interested in learning about IDHS services should visit dhs.illinois.gov/helpishere or call toll free at **1-833-2-FIND-HELP (1-833-234-6343)**. Those who are wishing to sign up for benefits or to manage existing benefits should visit abe.illinois.gov.

PERSONAL PROTECTIVE EQUIPMENT

The Illinois Department of Human Services (IDHS), in conjunction with the Illinois Association of Rehabilitation Services (IARF), will be distributing 16,000 KN95 and/or surgical masks to community-based residential providers, free of charge, across the state of Illinois.

Interested providers should complete the online request form here. IARF will arrange for provider pick up or will send via FedEx by the provider's expense. Distribution is subject to continued availability and will be based on IDHS-specific guidelines provided to IARF.

To donate personal protective equipment (PPE), please email **ppe.donations@illinois.gov**.

SHELTER

IDHS continues to prioritize services and programs for people who are experiencing homelessness. To that end, the Department has implemented many step to increase flexibility in the Homeless Prevention program, including but not limited to increased funding, giving a blanket exception to the two-year rule for assistance, allowing providers to help clients even if they are not at imminent risk of homelessness, relaxed eligibility qualifications, and increased rent assistance of up to six months' worth of rent.

While the state is under a Stay at Home order, not everyone has a home to go to. If you feel you are in danger of becoming homeless, please visit housingactionil.org/get-help/resources-homeless/. If you are already experiencing homelessness, please visit the Emergency and Transitional Housing Provider List to find a shelter near you.

NON-DISCRIMINATION

IDHS recognizes that now, more than ever, it is our duty to ensure that each person in need of support, care, and comfort can receive services without the worry of being treated differently because of the color of their skin, their disability, or the amount of money they have.

To that end, the Governor's Office and several State agencies, including IDHS, have collaborated to put together a document titled "Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019 (COVID-19)" which you can view by clicking here.

This guidance includes recommendations for healthcare providers to ensure that fairness and equity are incorporated into the delivery of care during this time. Whether it is providing a reasonable accommodation, being conscious of our biases, or reaching out to underrepresented communities, there are many steps we can take to ensure that everyone is treated fairly and equitably during this public health emergency.

CHILD CARE

IDHS continues to provide child care services through the Emergency Child Care Program. If you are deemed an "Essential Worker" during the COVID-19 emergency, you can find help securing child care by visiting: https://www2.illinois.gov/sites/OECD/Pages/For-Communities.aspx.

A dedicated helpline (**1-888-228-1146)** has also been created to help connect essential workers and families to emergency child care. For residents in Cook County, Illinois Action for Children (IAFC) has launched a temporary text messaging service to answer Child Care Assistance Program (CCAP) questions during IAFC's office closure. Parents in Cook County can text **312-736-7390**.

Illinois Department of Human Services
JB Pritzker, Governor • Grace B. Hou, Secretary

March 5, 2020

Dear IDHS Partner Organizations,

The health, safety, and well-being of all those we serve are amongst our highest priorities at IDHS. With recent developments regarding COVID-19 (the 2019 novel Coronavirus), we want to take a moment to reinforce best-practice preventative safety measures and reference our process and procedures to keep our partners healthy.

First, it is important to remember that at this time, according to the Centers for Disease Control (CDC), there are 100 confirmed cases of the Coronavirus in the United States.

As an agency, we are closely monitoring the situation and are taking guidance from the Illinois Department of Public Health (IDPH). The immediate health risk to the public in Illinois and the United States remains low. There is currently no recommendation to disrupt normal activities at work or at home.

We encourage IDHS partner organizations to be mindful of preventative measures that can be taken. The CDC offers some tips on its website that can be useful in preventing many types of illnesses, including the flu.

In addition, please remember that if you are sick, you should not be at work. Anyone should be fever-free for 24 hours before returning to work after an illness. Staying home when staff are sick is one of the critical pieces of workplace illness prevention.

Proactive Steps to Stay Healthy

The 2019 novel Coronavirus is believed to be spread through the air when an infected person coughs or sneezes, much in the way influenza, and other respiratory viruses spread. Because of this, individuals are encouraged to follow these common-sense practices:

- Wash hands regularly for at least 20 seconds using soap and water.
- Avoid the touching of eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Staff are asked to stay home if they exhibit cold or flu-like symptoms.
- Cover mouth and nose with the inside of the arm or with a tissue when coughing or sneezing. Throw the tissue away immediately. Wash hands as soon as possible afterward.

We will continue to monitor this situation closely in the days and weeks to come. Be assured that additional communications will be forthcoming, if and when situations change. We will continue to take guidance from IDPH and communicate with all IDHS partner organizations, as appropriate. If you have any questions, please do not hesitate to contact your IDHS program or contract supervisor, or my office.

Additional information is available from the Illinois Department of Public Health at their Coronavirus-2019 (COVID-2019) website, the COVID-19 Hotline at 1 (800) 889-3931.

Thank you,

Secretary Grace B. Hou

100 South Grand Avenue, East ● Springfield, Illinois 62762
401 South Clinton Street ● Chicago, Illinois 60607

Additional information from the CDC website:

Preparedness

The Centers for Disease Control identifies universal precautions that can be undertaken by anyone who may be exposed to the Coronavirus:

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- **Avoid close contact with people who are sick.**
- **Avoid touching your eyes, nose, and mouth.**
- **Stay home when you are sick.**
- **Cover your cough or sneeze with a tissue, then throw the tissue in the trash.**
- **Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe**.

Follow CDC's recommendations for using a facemask:

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

Actively encourage sick employees to stay home:
Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.

Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

Separate sick employees:
CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:
Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.

Provide tissues and no-touch disposal receptacles for use by employees.

Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.

Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
Visit the coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine environmental cleaning:
Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

Advise employees before traveling to take certain steps:
Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers , can be found at on the CDC website.

Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.

Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

Review, update, and implement emergency operations plans (EOPs).
Focus on the components, or annexes, of the plans that address infectious disease outbreaks.

Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). Effective strategies build on everyday policies and practices.

Ensure the plan emphasizes common-sense preventive actions for residents, clients, and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Your local health department can be a potential resource for further guidance.

Develop information-sharing systems with partners.
Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.

Local health officials should be a key partner in information sharing.

Monitor and plan for absenteeism.

Alert local health officials about large increases in staff absenteeism or resident or client respiratory illness, particularly if absences appear due to respiratory illnesses (like the common cold or the “flu,” which have symptoms like symptoms of COVID-19).

Review attendance and sick leave policies. Encourage staff to stay home when sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.

Discourage the use of perfect attendance awards and incentives.

Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.

Determine what level of absenteeism will disrupt continuity of teaching and learning.

For more and ongoing information, please also reference the CDC website: https://www.cdc.gov/coronavirus/2019-nCoV/index.html

Actions to Combat a Resurgence of COVID-19

From the onset of the COVID-19 pandemic, Illinois followed the science and listened to public health experts by putting mitigations in place and then deliberately and gradually lifting many of them. As other states see their cases and positivity rates surge, Illinois has one of the lowest positivity rates in the nation because we let public health guide our decisions.

Even so, the virus is still out there and as mitigations are lifted, it is likely that cases will rise. The administration is committed to being fully prepared for any resurgence and transparent with the public as to what that planning looks like. Just as Illinois took a gradual and regional approach to safely reopen our state, Governor Pritzker and the Illinois Department of Public Health have put forward a deliberate plan that will utilize several layers of mitigations to combat a resurgence of COVID-19 and prevent uncontrollable spread.

This plan recognizes that the state is in its strongest position to combat the virus since the pandemic began, with a robust testing operation regularly yielding more than 30,000 tests per day, expanded tracing operations with 1,450 contact tracers, a growing stockpile of personal protective equipment, and hospital surge capacity. The plan also accounts for months of additional data and research as public health experts reach a greater scientific understanding of this virus and how it spreads.

This updated guidance establishes a menu of mitigation options organized by risk level. The following health metrics will be used to determine when the spread of the virus in a region requires additional mitigations:

What Could Cause a Region to Become More Restrictive?

- Sustained increase in 7-day rolling average (7 out of 10 days) in the positivity rate

AND ONE OF THE FOLLOWING:

- Sustained 7-day increase in hospital admissions for a COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities (ICU capacity or medical/surgical beds under 20%)

OR

- Three consecutive days averaging greater than or equal to 8% positivity rate

Mitigations will be applied on a regional basis based on the Emergency Medical Services (EMS) Regions that have traditionally guided IDPH in its statewide public health work. Expanding to 11 regions allows for a more granular approach in this phase of the response to COVID-19. The new regions follow county lines to account for counties that are in more than one region of the EMS system. The new regions are as follows:

1. **NORTH:** Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, Winnebago
2. **NORTH-CENTRAL:** Bureau, Fulton, Grundy, Henderson, Henry, Kendall, Knox, La Salle, Livingston, Marshall, McDonough, McLean, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, Woodford
3. **WEST-CENTRAL:** Adams, Brown, Calhoun, Cass, Christian, Greene, Hancock, Jersey, Logan, Macoupin, Mason, Mason, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler, Scott
4. **METRO EAST:** Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington
5. **SOUTHERN:** Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Saline, Union, Wabash, Wayne, White, Williamson
6. **EAST-CENTRAL:** Champaign, Clark, Clay, Coles, Crawford, Cumberland, De Witt, Douglas, Edgar, Effingham, Fayette, Ford, Iroquois, Jasper, Lawrence, Macon, Moultrie, Piatt, Richland, Shelby, Vermillion
7. **SOUTH SUBURBAN:** Kankakee, Will
8. **WEST SUBURBAN:** DuPage, Kane
9. **NORTH SUBURBAN:** Lake, McHenry
10. **SUBURBAN COOK:** Suburban Cook
11. **CHICAGO:** City of Chicago

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data.

Once a region meets the resurgence criteria, the following tiered menu of mitigation options will be considered. If sustained increases in health metrics continue unabated, further mitigations could be added from additional tiers.

Actions to Combat a Resurgence of COVID-19

Triggers: *(1) sustained increase in positivity rate and A) sustained increase in hospital admissions or B) reduction in hospital capacity threatening surge capabilities; or (2) ≥ 8% positivity rate over three consecutive days*

SETTING	TIER 1	TIER 2	TIER 3
Bars and restaurants	Reduce indoor dining capacity and suspend indoor bar service	Suspend indoor dining and bar service	Suspend in-person dining; takeout only
Hospitals	Reduce elective surgeries and procedures; limit visitation at hospitals; implement twice daily bed-reporting	Suspend elective surgeries and procedures; implement surge capacity; assess need to open Alternate Care Facility	Open Alternate Care Facility
Meetings, social events and religious gatherings	Additional limits on gatherings and room capacity	Greater limits on gatherings and room capacity	Strictest limit to gatherings and room capacity
Offices	Institute remote work for high risk individuals; continued emphasis on telework for as many workers as possible	Reduce office capacity with recommendations to resume remote work where possible	Institute remote work for all non-essential workers
Organized group recreational activities & gyms* (fitness centers, sports, etc.)	Reduce indoor capacity	Suspend organized indoor recreational activities	Suspend organized indoor and outdoor recreational activities
Retail*	Reduce in-person capacity	Suspend in-person non-essential retail; online and curbside pick-up available for all	Suspend all non-essential retail; only essential retail open (i.e. grocery stores, pharmacies)
Salons and personal care*	Institute temporary location shutdown tied to outbreak	Institute temporary location shutdown tied to outbreak with possible broader mitigations	Suspend salon and personal care operations

** Optional measures based on a region's on-the-ground condition. This list is not exhaustive and other industries may be added if indicated by the data.*

Oswego Shared Services
4 p.m., Thursday, December 10, 2020
Via Zoom

Present: Village President Troy Parlier, Village Administrator Dan Di Santo, Assistant Village Administrator Christina Burns, Oswego Purchasing Manager Carri Parker, Oswego Facilities Manager Steve Raasch, SD308 Board President Lauri Doyle, SD308 Finance Director Christi Tyler, SD308 Director of Operations Rob Allison, Park District Executive Director Rich Zielke, Park District Director of Planning Chad Feldotto, and Township Supervisor Brian LeClercq.

I. Project and priorities update

The Park District provided an update on capital projects planned for 2021, including renovations of the Boulder Point facility and a new neighborhood park in the Deerpath Trails Subdivision. The Park District thanked the School District for partnering on the Kids Connection Program, which has been helpful so many families in the community.

The Village provided an update on development discussions that would provide either land or cash contributions to the park and school districts. The Village anticipates it will soon begin the construction of the entertainment venue on Station Drive, which will be constructed under budget. The Village continues to monitor the impact of COVID-19 on local businesses and continuing to operate under a spending freeze with many unknowns as we continue to get through COVID-19. Administrator Di Santo added that the Village is still seeking clay fill for the amphitheater site if anyone is looking to remove any from their properties.

The School District stated that it continues to focus on the remote learning/return to learn plan and identify ways to reduce its budget. The School District also has the old Traughber building for sale. More recently, it has hosted a food pantry at old Traughber that served more than 500 people and asked for assistance in promoting the program. The school district will be entering into an HVAC contract, asked to included in any asphalt bids in the future.

The Township thanked the Park District for being innovative in continuing programming and thanked them for support of the Oswego Heritage Association. The Township will be looking to rebuild a parking lot and is also interested in jointly bidding for similar projects.

II. COVID-19

a. COVID-19 related purchases – The group discussed potentially joining the school district hand sanitizer and similar consumable supply contracts.
b. Building sanitation – Mr. Allison stated that the School District has better adjusted to the demands of building cleaning and is open to providing building sanitation services. Mr. Raasch and Mr. Allison would have further discussion on this topic.
c. Disposable masks – Ms. Parker stated that she does have a local suppliers for face masks and would share that information.

III. Shared Service Projects Review
   a. Shared Services IGA – Success!
   b. Salt storage – Success!
   c. Tree trimming – Success!
   d. Street sign printing – Success!
   e. Paper bid – The School District and Village met today to develop a plan for jointly purchasing paper. Work continues on this project.
   f. GIS – still working on it
   g. Communications opportunities – ongoing. There was further discussion of creating a community calendar. A community ad hoc committee will come together again in the new year.

IV. Open Discussion

V. Next Meeting: 4 p.m. Thursday, March 11, 2021

SUBJECT: SitRep 12 & Other Items
FROM: John Konopek <jkonopek@plainfieldpd.com>
TO: Brian Murphy <bmurphy@goplainfield.com>, Ken Ruggles <kruggles@plainfieldpd.com>, Zach Zigterman <jzigterman@plainfieldpd.com>, "'mgriffith@psd202.org'" <mgriffith@psd202.org>, Jennifer Janis <jjanis@plainfieldpd.com>, Becky Marzetta <rmarzetta@plainfieldpd.com>, Anthony Novak <anovak@plainfieldpd.com>, Amy De Boni <adeboni@goplainfield.com>, 'Chris Hinchliffe' <chinchliffe@plainfieldema.org>, "'smorris1@psd202.org'" <smorris1@psd202.org>, Mary Harris <mharris@goplainfield.com>, Mike Collins <mcollins@goplainfield.com>, Steve Rauter <srauter@wescom-9-1-1.org>, "'tclifton@wescom-9-1-1.org'" <tclifton@wescom-9-1-1.org>, Rick Kaczanko <rkaczanko@goplainfield.com>, 'V Bonomo' <vbonomo@plainfieldfpd.com>, 'Cheryl Hansen' <chansen@plainfieldfpd.com>, Jon Stratton <jkstratton@plainfieldfpd.com>, Mike Veseling <mveseling@oswegofire.com>, 'John Sparlin' <jsparlin@sd308.org>, "'labrell@psd202.org'" <labrell@psd202.org>, Allen Persons <apersons@goplainfield.com>, Traci Pleckham <tpleckham@goplainfield.com>, 'Roger Bonuchi' <rbonuchi@plainfieldema.org>, Lonnie Spires <lspires@goplainfield.com>, 'Christina Edwards' <CEdwards@psd202.org>, "'capalbo@plainfieldparkdistrict.com'" <capalbo@plainfieldparkdistrict.com>, "'calabrese@plfdparks.org'" <calabrese@plfdparks.org>, "'mgoodbred@oswegofire.com'" <mgoodbred@oswegofire.com>, 'Cheryl Hansen' <chansen@plainfieldfpd.com>, "'aklima@vil.shorewood.il.us'" <aklima@vil.shorewood.il.us>, Mike Collins <mcollins@goplainfield.com>, "'lpappas@plainfieldpubliclibrary.org'" <lpappas@plainfieldpubliclibrary.org>, "Joan M. Meyers" <jmeyers@plainfieldpd.com>, Brian Wagner <bwagner@plainfieldpd.com>, 'Tasha Marsaglia' <tmarsaglia@plainfieldchamber.com>, "'pangelus@smip.org'" <pangelus@smip.org>, "'fatherpat@smip.org'" <fatherpat@smip.org>, "'cfeldotto@oswegolandpd.org'" <cfeldotto@oswegolandpd.org>, "'tfremarek@afractionalcfo.com'" <tfremarek@afractionalcfo.com>, "'rzielke@oswegolandpd.org'" <rzielke@oswegolandpd.org>, 'Chuck Willard' <CWillard@plainfield-township.com>, "'wmckenzie@plainfield-township.com'" <wmckenzie@plainfield-township.com>, 'kendall ema' <kendallema@co.kendall.il.us>, 'Harold Damron' <hdamron@willcountyillinois.com>, "'mbatinick@aol.com'" <mbatinick@aol.com>, "'kathryn.wermes@eehealth.org'" <kathryn.wermes@eehealth.org>, Tom Goral <tgoral@plainfieldpd.com>, "'ordinance@oswegotownship.com'" <ordinance@oswegotownship.com>, 'Lisa Behounek' <lbehounek@jolietymca.org>, 'Samantha L Marcum' <smarcum49@att.net>
CC: John Konopek <jkonopek@plainfieldpd.com>
DATE: 26/03/2020 15:00
ATTACHMENTS (20200326-150011-0000102): "COVID-19 guidelines for people with pets.docx" , "Volunteer.jpg" , "FY2020-24 N0320.pdf" , "Daily COVID-19 QA 3.25.20 Final.pdf" , "VOP SitRep 12 - 032620.docx"

Attached is SitRep #12 for Thursday, March 26, 2020. This report highlights the largest single day jump since this crisis began

Our area is under a MARGINAL RISK for severe weather on Saturday.

I have attached a document on how people can prepare for the care of their pets in this COVID19 crisis
I have attached a couple documents on Volunteering and helping in the Community and about taxes fro
I have attached the Governor's Q&A and other info from March 25th as provided by Senator Bertino-Ta

As always if anyone has any questions please let me know

Kono

John J. Konopek Jr.
Chief of Police
Plainfield, IL. Police Department
14300 S. Coil Plus Drive
Plainfield, IL. 60544

Office 815-439-4803
Cell 815-405-6444

(Director – Plainfield EMA)
(Team Commander – ILEAS Region 3 Central Mobile Field Force)

04/07/2020

Non-Emergent, Elective Medical Services, and Treatment Recommendations

To aggressively address COVID-19, CMS recognizes that conservation of critical healthcare resources is essential, in addition to limiting exposure of patients and staff to the virus that causes COVID-19. CMS also recognizes the importance of reducing burdens on the existing health system and maintaining services while keeping patients and providers safe. CMS, in collaboration with medical societies and associations, recently created recommendations to postpone non-essential surgeries and other procedures. This document provides recommendations to limit those medical services that could be deferred, such as non-emergent, elective treatment, and preventive medical services for patients of all ages.

A tiered framework is recommended to prioritize services and care to those who require emergent or urgent attention to save a life, manage severe disease, or avoid further harms from an underlying condition. Decisions remain the responsibility of local healthcare delivery systems, including state and local health officials, and those clinicians who have direct responsibility for their patients. In providing in-person care to patients during the pandemic, particularly prenatal and maternity care, healthcare providers should continue to direct patients to accredited facilities and ambulatory care sites. However, in analyzing the risk and benefit of any medical treatment or service, the clinical situation must be assessed to ensure conservation of resources. These recommendations are meant to be refined over the duration of the crisis, based on feedback from subject matter experts. Professional societies are also developing resources for their specialties. Given this, CMS urges healthcare facilities and clinicians to consider the following tiered approach to curtailing non-emergent, elective medical services and treatment. Additionally, healthcare facilities and clinicians may wish to consider expanding capacity to manage a surge of patients seeking care. We anticipate there is likely to be a significant rise in patients with COVID-19 in the upcoming weeks.

Key considerations:

- Current and projected COVID-19 cases in the community and region
- Ability to implement telehealth, virtual check-ins, and/or remote monitoring
- Supply of personal protective equipment available at the practice location and in the region
- Staffing availability
- Medical office/ambulatory service location capacity
- Testing capability in the local community*
- Health and age of each individual patient and their risk for severe disease
- Urgency of the treatment or service

* Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. See CDC guidance regarding Criteria to Guide Evaluation and Laboratory Testing for COVID-19

Tiers	Definition	Locations	Examples	Action
Tier 1	**Low acuity treatment or service**	• Medical office • FQHC/RHC* • HOPD** • Ambulatory care sites	• Routine primary or specialty care • Preventive care visit/screening • Annual Wellness or Welcome to Medicare Initial Preventive Visit • Supervised exercise therapy • Acupuncture	Consider postponing service Consider follow-up using telehealth, virtual check-in, or remote monitoring
Tier 2	**Intermediate acuity treatment or service** Not providing the service has the potential for increasing morbidity or mortality	• Medical office • FQHC/RHC • HOPD • Ambulatory care sites	• Pediatric vaccinations • Newborn/early childhood care*** • Follow-up visit for management of existing medical or mental/behavioral health condition • Evaluation of new symptoms in an established patient • Evaluation of non-urgent symptoms consistent with COVID-19	Consider initial evaluation via telehealth; triage to appropriate sites of care as necessary If no current symptoms of concern, consider follow-up with virtual check-in
Tier 3	**High acuity treatment or service** Lack of in-person treatment or service would result in patient harm	• Medical office • FQHC/RHC • HOPD • Ambulatory care sites • Emergency department	• Evaluation of new symptoms in a new patient • Evaluation of symptoms consistent with COVID-19, with warning signs including shortness of breath, altered mental status, or other indications of severe disease	We would not recommend postponing in-person evaluation; consider triage to appropriate facility/level of care as necessary

***Federally Qualified Health Care/ Rural Health Clinics**
****Hospital Outpatient Department**
*****If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible (see also CDC guidance for further information: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html)**

THE OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF ILLINOIS

MEMORANDUM

TO: County and Other local Health Departments in Illinois;

FROM: Alvar Ayala, Chief, Workplace Rights Bureau

DATE: April 13, 2020

RE: **COVID-19 Response: Proposed Collaboration Between the Illinois Attorney General's Office and Local Health Departments**

I. Introduction

The Office of the Attorney General of Illinois ("OAG") has recently begun engaging county health departments in responding to complaints about employers failing to follow the social distancing guidelines required by Governor Pritzker's Executive Order No. 2020-10 ("Executive Order"). The purpose of this memo is to emphasize how collaboration between county and local health departments and the OAG can be effective in protecting public health and preventing the spread of COVID-19 in the workplace. Additionally, this memo also seeks to illustrate the nature of the proposed collaboration in practice.

The OAG's Workplace Rights Bureau is using its hotline 844-740-5076 and email workplacerights@atg.state.il.us to receive complaints of employers failing to abide by the social distancing guidelines specified in the Executive Order. The OAG is investigating these complaints pursuant to its authority to initiate actions related to "the safety of the workplace," 15 ILCS 205/6.3(b), which includes ensuring compliance with emergency executive orders issued to mitigate the spread of the COVID-19 disease in Illinois. The OAG's efforts have primarily focused on obtaining voluntary compliance from employers. The OAG is currently well positioned to identify opportunities for strategic collaboration with local health departments to leverage their expertise to provide guidance to employers on social distancing requirements in the workplace.

II. Examples of Successful Cooperation

The type of cooperation contemplated is exemplified by a recent success in Waukegan, Illinois, where the OAG partnered with the Lake County Health Department to protect the health of workers at a food production facility. The OAG initially received a complaint about a large

employer in Waukegan that was allegedly failing to follow the Executive Orders' social distancing guidelines. The OAG notified the Lake County Health Department about the complaint, and the Department sent an inspector to the employer's facility. The employer voluntarily agreed to shut down the facility to perform a deep cleaning and to abide by the guidelines provided by the Lake County Health Department. The OAG and Lake County Health Department both memorialized this agreement in writing with the employer.

The cooperation in Lake County builds off of cooperation between the OAG and the DuPage County Health Department just a week earlier. In that case, the OAG contacted the DuPage County Health Department about a large employer's response to confirmed COVID-19 cases in its workforce. On a typical day, this employer would have had employees working shoulder-to-shoulder along packaging and production lines. The DuPage County Health Department provided guidance to the employer on how best to protect its workforce and continue operating, and the OAG memorialized the employer's commitment to implement this guidance in writing. The changes implemented included staggered shifts, and a reduction in output so that the production line could be set up to ensure a distance of six feet between employees at the plant.

III. Proposed Collaboration and Legal Framework

The OAG seeks to strategically collaborate with local health departments on high impact efforts to limit transmission of COVID-19 in essential businesses. The OAG anticipates that this collaboration would focus on large employers with substantial violations of the Executive Order's social distancing guidelines. Upon receiving a reliable complaint, the OAG would seek assistance with the relevant local health department that could include actions such as:

- Performing an inspection at a facility that is the subject of a complaint;
- Providing guidance to an employer on practices that need to be implemented to prevent the spread of COVID-19 in its workforce and to comply with the Executive Order's social distancing guidelines;
- Documenting the actions an employer agrees to implement; or
- Assisting with enforcement actions where an employer is uncooperative.

The Department of Public Health Act, 20 ILCS 2305/1.1 *et seq.*, confers significant authority on the Illinois Department of Public Health ("IDPH") to contain the spread of dangerous infectious diseases such as COVID-19. IDPH has also delegated this authority to certified local health departments throughout Illinois. *See* 20 ILCS 2310/2310-15. This authority includes the ability to issue closure orders to particular facilities to prevent the probable spread of COVID-19. 20 ILCS 2305/2(b). While this authority provides an important tool in extreme circumstances, the goal of the collaboration between the OAG and local health departments is to obtain voluntary compliance from employers whenever possible.

IV. Contact Information

Local health departments interested in collaborating with the OAG to address COVID-19 related workplace safety concerns should contact Alvar Ayala, Chief of the Workplace Rights Bureau: 312-343-0099, AAyala@atg.state.il.us.

Executive Order 2020-26 on Hospital Capacity: Overview

On Thursday, April 16, 2020 Governor Pritzker issued Executive Order 2020-26 (COVID-19 Executive Order No. 24)(https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-26.aspx). This executive order is focused on improving hospital capacity throughout Illinois. The following is an overview of the executive order. Hospitals are encouraged to read the substance of the executive order for an accurate and detailed understanding of its provisions.

The executive order addresses several statutes:

1. Hospital Licensing Act, 210 ILCS 85/1 et seq.
2. Hospital Report Card Act, 210 ILCS 86/1 et seq.
3. Department of Public Health Powers and Duties Law, 20 ILCS 2310/2310-1 et seq.
4. Illinois Adverse Health Care Events Reporting Law of 2005, 410 ILCS 522/10-1 et seq.
5. Emergency Medical Services (EMS) Systems Act, 210 ILCS 50/1 et seq.

The purpose of E.O. 2020-26 (COVID-19 E.O. No. 24) is to ensure that "the State of Illinois has adequate bed capacity, supplies, and providers to treat patients affected with COVID-19, as well as patients afflicted with other maladies" and to eliminate "any obstacle to the effective provision of medical treatment at Illinois hospitals" to ensure that "the Illinois healthcare system has adequate capacity to provide care to all who need it."

Discretion in enforcement. Pursuant to the executive order, the Illinois Department of Public Health will continue to exercise discretion in enforcement of all provisions of the Hospital Licensing Act, 210 ILCS 85/1 et seq., the Emergency Medical Services (EMS) Systems Act, 210 ILCS 50/1 et seq., the Department of Public Health Powers and Duties Law, 20 ILCS 2310/2310-1 et seq., and the Illinois Adverse Health Care Events Reporting Law of 2005, 410 ILCS 522/10-1 et seq. The IDPH will continue to exercise discretion in enforcement of all relevant regulations as well.

Suspension of Statutes and Regulations. Pursuant to the executive order certain statutes and certain provisions of other statutes, along with the corresponding regulations, are suspended. Please review the executive order for a detailed listing.

Emergency Rules. As directed by the executive order 2020-26, IDPH has filed the following emergency rules:

77 Ill. Adm. Code 250.2 (http://www.dph.illinois.gov/sites/default/files/COVID19/77-250RG-E.pdf)

77 Ill. Adm. Code 235.1 (http://www.dph.illinois.gov/sites/default/files/COVID19/77-235RG-E.pdf)

77 Ill. Adm. Code 255.1 (http://www.dph.illinois.gov/sites/default/files/COVID19/77-255RG-E.pdf

77 Ill. Adm. Code 955.2 (http://www.dph.illinois.gov/sites/default/files/COVID19/7-955RG-E.pdf)

Earlier Emergency Rules. Prior to E.O. 2020-26, IDPH filed the following emergency rule:

77 Ill. Adm. Code 250.1 (http://www.dph.illinois.gov/sites/default/files/COVID19/Part%20250%20Emergency%20amendment.pdf)

FAQs. Please use the link provided below for information on (1) increasing bed capacity for COVID-19 purposes, (2) hospital and state alternative care facilities established for COVID-19 purposes, and (3) temporary suspension of a category of service or facility for COVID-19 purposes. These FAQs are provided by the Health Facilities & Services Review Board (HFSRB).

https://www2.illinois.gov/sites/hfsrb/Announcements/Documents/FAQs.Draft.Beds%204-20.pdf

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

422 South Fifth Street, Fourth Floor • Springfield, Illinois 62701-1824 • www.dph.illinois.gov

To: EMS Medical Directors
EMS System Coordinators

From: Ashley Thoele, MBA, BSN, RN
Division Chief, EMS and Highway Safety

Date: April 22, 2020

Subject: Crisis Standards of Care for EMS

The efforts of State and local governments and EMS Systems throughout Illinois have enabled EMS to operate at the contingency level of care throughout the COVID-19 pandemic period. However, there is no way to accurately predict the future impacts of the virus on the Illinois healthcare system and/or the occurrence of concurrent mass casualty incidents. While the goal for EMS is to continue operating at the contingency level, EMS Systems must be prepared to move to crisis standards of care if resource limitations negatively impact the ability of EMS to maintain care at the current level. Being prepared to shift the focus of EMS care from individual-centric to population-centric requires thoughtful planning and collaborative discussions on how limited resources will be allocated.

IDPH recommends that EMS Systems begin or continue the process of developing crisis standards of care policies and/or procedures that address the unique COVID-19 pandemic situation. IDPH developed guidelines to support these efforts. The *Illinois COVID-19 Crisis Standards of Care Guidelines for EMS* and a shorter version of this document that highlights the indicators, triggers, and planning considerations are attached.

Please contact your IDPH Regional EMS Coordinator or me if there are questions.
Thank you for your unending efforts to ensure that the EMS system in Illinois can effectively respond to the challenges created by the COVID-19 pandemic.

Illinois COVID-19 Crisis Standards of Care Guidelines for EMS
(04-18-2020)

Contents

Introduction

The COVID-19 pandemic has the potential to stress the Illinois healthcare system in an unprecedented manner. As the number of patients impacted by COVID-19 increases, the demand for the spectrum of healthcare resources will also increase. Unique to a pandemic situation, the availability of additional human and material resources traditionally provided via the individual healthcare system, mutual aid agreements, and federal support will be severely limited since these resources will be required to address pandemic-related issues in other areas of the State and country. As healthcare resource limitations begin to impact the ability to provide health services to both COVID-19 and non-COVID-19 patients, the healthcare system must shift from an individual patient focus to a population-centric focus. Difficult decisions on the prioritization of limited resources that will impact the level of care provided to patients will be required. In order to continue to best meet the population's healthcare needs, the Illinois healthcare system will be required to transition from the current state of contingency level of care to a crisis care model. The Illinois Department of Public Health (IDPH) has created this document to provide EMS Systems and EMS agencies with guidelines for crisis standards of care in alignment with the State's clinical pathway for patient care during the COVID-19 pandemic.

Planning Assumptions

- The demand for public 911 EMS services unrelated to COVID-19 patients will continue to remain consistent with pre-pandemic trends.
- The demand for private non-911 EMS services unrelated to COVID-19 has decreased significantly over pre-pandemic levels.
- EMS agencies will experience staffing, medication, and equipment shortages.
- Mutual aid resources may not be available to assist with local response.
- Federal assistance in terms of human and material resources is insufficient to meet the current demand.
- Private industry cannot meet the demand for healthcare equipment and supplies.
- The high risk categories for developing severe COVID-19 related illness will remain unchanged.
- COVID-19 patients experiencing severe respiratory/high acuity illness will continue to follow the same clinical illness patterns as have been reported to date.
- There is no vaccine available for COVID-19.
- A specific pharmaceutical intervention to treat COVID-19 is not available.
- Ambulance out-of-service times for maintenance and repair will increase, further limiting resource availability.

COVID-19 Continuum of Care

The Institute of Medicine defines crisis standard of care as "a substantial change in usual health care operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government in recognition that crisis operations will be in effect for a sustained period. The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers and protections for health care providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations[1]." Best practice dictates that changes to the standards of patient care should take place along a continuum. The levels of care are defined as:

- Conventional: normal level of healthcare resources available; patient care provided without any change in daily practices
- Contingency: demand for healthcare resources begins to exceed supply; resource conservation strategies are implemented and patient care may be provided in atypical locations (e.g. Intensive Care Unit (ICU) patients housed in the post-anesthesia care unit) but strategies implemented have little impact on patient care and level of outcomes achieved
- Crisis: resources are depleted; functionally equivalent care is no longer possible and will result in significant implications for patient outcomes

EMS Systems in Illinois are currently operating at the contingency level. EMS Systems have enacted policies to conserve resources such as PPE, decreased potential personnel exposure risks (e.g. limit the number of personnel who initially approach a patient), and modified patient care procedures without negatively impacting patient outcomes (e.g. perform aerosol-generating procedures in the most open environment possible- outside the ambulance; with the back doors of the ambulance open, treat at home/no transport). The changes made by EMS, coupled with the contingency level changes enacted by healthcare facilities, have enabled EMS agencies throughout the State to continue meeting the 911 call for service demand volume without negative consequence for patients and EMS providers.

Indicators and Triggers

The Illinois Department of Public Health ESF-8 Plan: Catastrophic Incident Response Annex (March 2018) defines the overarching indicators and triggers for enacting crisis standards of care as being when:

- The local, regional, and/or state health care system has exhausted its capacity to care for patients in such a manner that maintains conventional and/or contingency level care.
- Efforts to preserve available resources and balance the delivery of health care services across regions (such that no one region is overwhelmed or taxed to the point of not being able to deliver and sustain medical care at conventional and contingency levels) have become ineffective (e.g. geographic dispersion of patients across multiple regions).
- Efforts to implement tactics and strategies that are intended to benefit the largest number of patients have been implemented but are insufficient to maintain conventional and/or contingency care.

Indicators Specific to COVID-19 Pandemic

Indicators that the potential shift from EMS contingency level care to crisis level care is approaching include:

- The Governor of Illinois has declared a State Disaster Proclamation and many Executive Orders that allow the state to maximize public health and safety without limitation.
- Local emergency operations centers have been activated.
- Hospitals have executed surge capacity plans to the fullest limits within the healthcare system and EMS Region. There are a limited number of staffed beds available.
- The demand for ICU beds, ventilators, or respiratory care supplies is approaching critical levels.
- Hospital inventory of basic treatment supplies (e.g. IV kits, IV fluids, sterile equipment) is anticipated to be depleted within less than 5 days. No vendor or governmental commitment for re-supply within the required time frame has been secured. Equivalent substitutions are not available.
- The number of hospital personnel who are unavailable for duty is above baseline. Available personnel are consistently working overtime.
- The inventory of PPE and/or respiratory care supplies available to EMS providers is anticipated to be depleted within less than 5 days. No vendor or governmental commitment for re-supply within the required time frame has been secured. Re-use and conservation methods are already in place.

- The number of EMS personnel who are unavailable for duty is above baseline. Available personnel are consistently working overtime.
- A mass casualty incident occurs and the response threatens to deplete available EMS and hospital resources.

If ongoing monitoring reveals that one or more of the indicator levels are being approached and/or have been met within a Region or multiple Regions, organizational leadership (e.g. hospital Incident Commander, EMS Director, EMS Coordinator) from the Regional Hospital Coordinating Center(s) (RHCC) and EMS Resource Hospitals in the affected Region(s) will convene a call with local and State departments of public health and emergency management agencies to discuss strategies for maintaining resource availability at its current level or better and to develop a course of action to make this happen. The State Emergency Operations Center (SEOC) will monitor the effectiveness of the action plan and work through IDPH and local emergency management agencies to provide as much support as possible to the RHCC(s) and EMS Resource Hospitals in an effort to keep patient care at the contingency level.

Triggers Specific to COVID-19 Pandemic

Triggers for EMS agencies transitioning to crisis level care include:

- The number of staffed hospital beds available within a Region has reached critical capacity.
- The demand for ICU beds, ventilators, or respiratory care supplies has reached critical capacity within the Region.
- The inventory of basic medical treatment supplies is anticipated to be depleted within 1-2 days. Equivalent substitutions are not available.
- Hospitals no longer have the right complement of clinical and support staff to maintain the contingency level standard of care.
- The inventory of EMS PPE and/or respiratory care supplies is anticipated to be depleted within 1-2 days.
- The number of EMS personnel who are available for duty precludes the maintenance of contingency level staffing.
- The response to a mass casualty incident depletes the EMS resources available to respond to 911 calls for emergency services.

If one or more of the triggers are met, leadership from the RHCC(s) and EMS Resource Hospital(s) in the affected Region(s) will convene a call with local and State departments of public health and emergency management agencies to notify these entities that the EMS Medical Director(s) has determined that the EMS System must transition to crisis level care. The EMS System(s) will submit a System Plan Amendment for any policies or standing medical

orders for implementation of crisis standards of care to IDPH for approval. IDPH will inform the Governor's Office of the EMS Medical Director's decision to enact crisis standards of care.

Legal

Within Illinois, the overall authority for direction and control of the response to an emergency medical incident rests with the Governor (Article V, Section 6, of the Illinois Constitution of 1970). The below declarations and waivers that have been made in response to the evolving COVID-19 pandemic situation have established the framework for EMS Systems to enact crisis standards of care, if warranted by healthcare resource limitations, in order to best meet the healthcare needs of the population during the COVID-19 pandemic. Execution of the crisis standards of care within each EMS System will be directed by the EMS System Medical Director with oversight from IDPH.

- The World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020. On March 11, 2020, WHO characterized the COVID-19 outbreak as a pandemic.
- On March 13, 2020, the President of the United States declared a nationwide emergency pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (Stafford Act) covering all states and territories, including Illinois. On March 26, the President declared a major disaster in Illinois pursuant to Section 401 of the Stafford Act.
- Under Section 4 of the Illinois Emergency Management Agency Act, the COVID-19 pandemic constitutes a continuing public health emergency.
- The Governor of Illinois declared all counties in the State of Illinois as a disaster area on March 9, 2020. This declaration was renewed on April 1, 2020 and remains in effect for 30 days. The disaster declaration provides the Governor with the authority to exercise all of the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20, ILCS 3305/7.
- On April 1, 2020, the Governor of Illinois issued Executive Order 2020-19 which directed that the below listed orders remain in effect for the duration of the Gubernatorial Disaster Proclamations. The orders:
    - Expanded the definition of healthcare facilities to include any government-operated site providing healthcare services established for the purpose of responding to the COVID-19 outbreak.
    - Defined "healthcare professional" as all licensed or certified healthcare or emergency medical service workers who 1) are providing healthcare services at a

healthcare facility in response to the COVID-19 outbreak and are authorized to do so; or 2) are working under the direction of the Illinois Emergency Management Agency (IEMA) or IDPH in response to the Gubernatorial Disaster Proclamations.
    - Defined "healthcare volunteer" as all volunteers or medical or nursing students who do not have licensure who 1) are providing services, assistance, or support at a healthcare facility in response to the COVID-19 outbreak and are authorized to do so; or 2) are working under the direction of IEMA or IDPH in response to the Gubernatorial Disaster Proclamations.
    - Pursuant to Sections 15 and 21(b)-(c) of the IEMA Act, 20 ILCS 3305/15 and 21(b)-(c) and the Good Samaritan Act 745 ILCS 49, directed all healthcare facilities, healthcare professionals, and healthcare volunteers, to render assistance in support of the State's response to the disaster.
    - Directed that healthcare facilities, healthcare professionals, and healthcare volunteers, shall be immune from civil liability for injury or death alleged to have been caused by any act or omission by the healthcare facility, healthcare professionals, or healthcare volunteers which injury or death occurred at a time when the health care facility, health care professionals, or health care volunteers were engaged in the course of rendering assistance to the State by providing healthcare services in response to the COVID-19 outbreak, unless it is established that such injury or death was caused by gross negligence or willful misconduct of such healthcare facility, healthcare professionals, or healthcare volunteers.
- The Centers for Medicare and Medicaid Services (CMS) issued a waiver for the enforcement of section 1867(a) of the Emergency Medical Treatment & Labor Act (EMTALA) that is retroactive to March 1, 2020. This waiver allows hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with a state's emergency preparedness or pandemic plan.
- IDPH Division of EMS issued a waiver that allows for ambulance transports to any destination that is able to provide treatment to the patient in a manner consistent with state and local EMS protocols in use where the services are being furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or skilled nursing facility (SNF), community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other location furnishing dialysis services outside of the End Stage Renal Disease (ESRD) facility, and the beneficiary's home.

- On March 15, 2020, U.S. Department of Health and Human Services (HHS) issued a waiver for hospital compliance with provisions of the HIPAA Privacy Rule. The portions of the waiver that affect EMS are:
    - Requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care. See 45 CFR 164.510(b).
    - Requirement to distribute a notice of privacy practices. See 45 CFR 164.520.
    - Patient's right to request privacy restrictions. See 45 CFR 164.522(a).
    - Patient's right to request confidential communications. See 45 CFR 164.522(b).

Ethical

The State of Illinois' Ethics Subcommittee on the Crisis Standards of Care drafted a document titled *Ethical Guidance for Crisis Standards of Care in Illinois* that establishes an ethical framework to guide the process of creating crisis standards of care for the State of Illinois. The Subcommittee identified three overarching goals that must be recognized when developing crisis standards:

- Minimize morbidity and mortality;
- Delivery of care in a public health crisis must be fair; and
- Crisis standards of care should aim to maintain community resilience during and after a crisis.

The Subcommittee determined that the primary public health-centric ethical principles upon which crisis stands of care must be based are:

- *Solidarity*, the notion that any plan to intervene must benefit the community by reducing the aggregate morbidity and mortality of the population.
- *Efficacy*, the idea that an intervention must be scientifically sound and feasible.
- *Integrity*, the principle that interventions should preserve the nature and character of a community by choosing the least destructive alternative.
- *Dignity*, the notion that one should preserve human rights.

The strategies identified by the Subcommittee that should be utilized for making ethical allocation of resources are services are:

- Whenever possible, avoid making definitive decisions alone (such as who to treat/not treat or triaging to palliative care), instead rely on pre-defined processes and/or team-based decisions.
- **DO NOT** ration skills or resources unless based on the ethical principles. Except in cases of essential workers.

- Generally, de-prioritize persons unlikely to benefit from the resource. Access to palliative care resources and services should be provided to these persons in order to minimize pain and suffering.
- When necessary, prioritize essential or key workers to support critical infrastructures and the health of the population

Communications

The Governor's office and local elected leaders will lead the efforts to communicate the change to crisis level care to the public through a Joint Information Center (JIC). The messages delivered must be honest, transparent, and accountable and will be repeated routinely for the duration of time that EMS is operating under crisis level standards. The primary means of message delivery will be press conferences, press releases, SIREN alerts, and information posted on State websites.

EMS System leadership and EMS agency administrators shall work together to ensure that EMS providers are educated on the change to crisis level care and the specific details on implementing the crisis standards of care protocols and SOPs being enacted. Emphasis on the need to apply the crisis standards to all patients equally should be included. The education provided should include information on gubernatorial declarations and orders and Federal waivers that have been issued to provide legal protections for EMS Systems, hospitals, EMS providers, and hospital personnel operating under the crisis level of care model. Hard copy resources of crisis standard of care SOPs should be provided. EMS System leadership (Resource Hospital and EMS agency supervisory personnel) should remain available 24 hours a day to address questions on the crisis standard SOPs until the level of care has returned to contingency care.

Call Taking and Dispatch Guidelines

Implementation of EMS crisis standards of care begins at the Call Center. Dispatch of EMS resources must be reserved for the patients who will benefit most from EMS intervention and emergency transport to a higher level of care. EMS Medical Directors must modify call taking protocols to provide increased triage of patient symptoms. Clinically trained resources (e.g. MD, RN) must be available to the Call Center to assist with triage decisions and the provision of instructions for care at home. Clinical resources can be assigned to staff the Call Center or available remotely for immediate consultation. Consider incorporating procedures for transferring callers to an existing nurse triage line if they require information on managing mild to moderate symptoms of a COVID-19-like illness at home.

Identify call types to which alternate resources (e.g. first responder companies, law enforcement, Mobile Integrated Healthcare Teams- if available) can be initially dispatched to assess the need for EMS. Call types to consider include: motor vehicle accidents, assaults, intoxications, suicidal ideation, persons down from unknown cause, falls without a priority one complaint, assist the citizen, and other calls that the dispatcher deems as non-emergent. Opportunities to reduce multi-unit response, unless specifically requested by on-scene personnel, should also be considered.

If ambulance staffing patterns are changed, EMS Systems must evaluate whether there are any call types that may require additional EMS resources to be dispatched in order to have an appropriate number of sufficiently trained personnel to perform required triage and treatment functions (e.g. mass casualty incident may require additional units if ambulances only have one licensed EMS provider assigned; mayday).

Consider the use of a pre-recorded message prior to caller being connected to a call-taker/dispatcher to instruct callers with non-life threatening illnesses or injuries to contact their primary care provider.

Patient Triage and Resources Dispatch Based on Symptoms Reported by Caller

Triage Designation	Triage Definition	Injury and Illness Classifications to Consider When Developing Crisis Care Dispatch Procedures (list of conditions is not all inclusive)	Resources Dispatched in Order of Preference	SOP Changes to Consider
RED	Cannot survive without immediate treatment but has a chance of survival	• Severe difficulty breathing • Altered level of consciousness, new focal neurological signs, seizures, severe headache with sudden onset and/or neck pain stiffness	1-Closest available transport asset staffed with an ALS provider.	• Discontinuation of CPR started by lay rescuers

Triage Designation	Triage Definition	Injury and Illness Classifications to Consider When Developing Crisis Care Dispatch Procedures (list of conditions is not all inclusive)	Resources Dispatched in Order of Preference	SOP Changes to Consider
		• Head injury with loss of consciousness or continued neck pain. • Ongoing seizure • Acute chest pain or other signs/symptoms consistent with known cardiac ischemia or pulmonary embolism • Signs or symptoms of shock, severe/uncontrolled bleeding • Significant trauma with chest, spinal, abdominal, or neurological injury deemed unstable • Significant burns • Pregnancy with severe pain, bleeding, or contractions <5 minutes apart	2- If no ALS transport available, send ALS non-transport resource. 3- If no ALS resources available, send BLS resource until ALS resource become available	
YELLOW	Not in immediate danger of death, but condition requires urgent transport for treatment in order to stabilize.	• Asthma – not in severe respiratory distress • Suspect fractures or dislocations that cannot be safely transported via personal resources or patient requires pain medication • Loss of peripheral pulses • Mental status changes not suspected of being stroke related • Nausea, vomiting, constipation with acute abdominal pain • Allergic reactions – emergency medications administered and/or available • Diabetic reactions unresolved with home treatment* • Suspected cardiac ischemia • Acute congestive heart failure	1- Closest transport asset staffed with a minimum of a BLS provider (ALS asset preferred). 2- BLS resource until transport resource becomes available	• Expanded scope of practice for BLS providers to include administration of injectable pain medications • Batched transport options • Inclusion of private EMS resources for dispatch • Use of call-back system if resource arrival will be delayed

Triage Designation	Triage Definition	Injury and Illness Classifications to Consider When Developing Crisis Care Dispatch Procedures (list of conditions is not all inclusive)	Resources Dispatched in Order of Preference	SOP Changes to Consider
		• Substance abuse with decreased level of consciousness • Non-penetrating eye injuries* • Second degree burns- pain medication required • Acute exacerbation of a chronic medical condition* *No self-transport resources available		
GREEN	Stable, can transport self for medical care or minor injuries or illness that can be self-treated	• Bleeding that stops with the application of pressure • Lacerations that require simple repair • Suspect fractures that are stable • Overdose – conscious • Rashes • Vision changes/eye pain – no trauma • Fevers • Mental/behavioral health conditions without report of threat for self-harm • Mild to moderate COVID-19-like/ILI-like illnesses • Dehydration without mental status changes or dizziness • Urination difficulties	1-No EMS resources dispatched 2-BLS or EMR resource dispatched if on-scene urgent treatment only required (non-transport resource preferred) 3-BLS transport resource if requested by on-scene personnel	• Requirements for consultation with a clinician • Transferring callers to established nurse triage lines for home care instructions • Dispatch of first responder company to assess patient condition • Refer for self-transport to non-ED care
BLACK	Deceased. Injuries so extensive that they will not be able to survive. Currently receiving hospice or palliative care services.	• Unresponsive and no signs of spontaneous respiration • Patient currently receiving Hospice or palliative care • Active DNR order	1-No resources dispatched.	• Suspend CPR instructions • Requirements for consultation with a clinician • Referral to palliative care for symptom management

Response and Operations

Resource availability is the primary driver behind the decision to move to crisis level care. EMS Systems may move back and forth between contingency and crisis levels of care multiple times during the COVID-19 pandemic. Since the decision to enact crisis level care is contingent on the availability of a variety of EMS and hospital human and material resources, it is possible that pre-hospital crisis level plans may be activated for one or more elements of pre-hospital care – EMS scope of practice, EMS response models, and/or ambulance staffing. Situation dependent, it is possible that crisis care SOPs may be activated for only specified conditions (e.g. patients requiring intubation) and not SOPs for all patient conditions that may be encountered in the pre-hospital environment. EMS Systems and providers must maintain the flexibility to adapt to the changing pandemic situation and fluctuations in resource availability.

The overall goal for the provision of EMS services during the COVID-19 pandemic is to remain at the contingency level of care for the pandemic duration. When the situation requires that care be moved from the contingency level to the crisis level, two of the primary objectives for State government become securing the resources required and executing emergency plans necessary for the affected EMS Systems/Regions to return to the contingency care level in the shortest amount of time possible.

Guidelines for Changes to Response Capabilities

EMS response capabilities are based on personnel resources, ambulance availability, and access to required equipment and supplies.

The potential exists for a mass casualty incident unrelated to the COVID-19 pandemic to occur during the pandemic period when healthcare system resources are already stressed. EMS Systems must account for this potential when developing crisis standards of care SOPs.

Staffing

Staffing resource limitations will require EMS Systems to work with EMS providers to change the staffing configuration for ambulance companies and submit a System Plan Amendment to the IDPH Division of EMS for approval. Systems should determine whether crisis care staffing should always follow the same formula (e.g. one ALS provider and one BLS provider for ALS ambulances) or whether it can be adjusted based on the extent of the crisis care standards activated for each EMS element (e.g. no field intubations permitted = one ALS provider and one EMR for ALS ambulance). When developing the crisis standards of care for a System Plan Amendment, EMS Systems should consider:

- Whether ALS and BLS designation will still be used or if the closest available staffed ambulance will be sent for each call.
- The role of EMRs and other first responders without EMS licensure (e.g. law enforcement) and minimum training requirements for these personnel (e.g. donning PPE, proper way to lift a cot, CPR).

- The role of private EMS providers in the provision of emergency care.
- Policies for sharing licensed personnel in good standing among EMS agencies within the Region and surrounding Regions.
- Whether personnel with EMS licensure who work in a non-EMS capacity for the governmental bodies served by the EMS System can be incorporated into the crisis care staffing matrix (e.g. law enforcement officers who are licensed EMTs).
- Reconfiguration of staffing for ALS and BLS companies, if these designations will still be used, to allow for ambulance staffing to consist of one licensed provider at the level of care required by the patient consistent with the drugs and supplies available on the vehicle (ALS, BLS) and one EMR or unlicensed first responder to drive the ambulance.
- Continuing to reinstate retired or expired EMS practitioners to attain temporary EMS privileges to work in the System. Continue to identify any restrictions that will be placed on an individual provider's scope of practice.
- The use of personnel with provisional licenses. Persons with provisional licensure must be directly supervised (e.g. work side by side) by an EMS provider with licensure at the same or greater level.
- Whether clinicians and/or licensed EMS personnel must staff the Call Center to provide oversight for Call Center triage and no-resources assigned decisions.
- Identification of any scope of practice restrictions that will be modified or waived for each level of licensure in order to permit the delivery of certain treatments by lower levels of care. Identify field training required in order to facilitate the expanded scope of practice.

Potential Scope of Practice Modifications

Scope of Practice Modification	Provider Level	Equipment/Medications Required	Training Considerations
Administration of nebulizer treatment	EMR, BLS (if not already being done)	• Nebulizer set-ups • Bronchodilators	• Respiratory system assessment • Indicators for bronchodilator need • Medication-specific pharmacology • Use of nebulizer equipment
Blood glucose monitoring	EMR, BLS	• Glucometer • Test strips • Lancets	• Signs and symptoms of hypoglycemia and hyperglycemia • Target blood glucose range • Use of glucose monitoring equipment and supplies
Hypoglycemia correction	EMR	• Glucose tabs • Glucagon	• Physiology of fast acting carbohydrates on blood glucose levels • Oral glucose tablet dosing • Glucagon administration • Post-administration blood glucose monitoring

Scope of Practice Modification	Provider Level	Equipment/Medications Required	Training Considerations
Hyperglycemia correction	BLS	• Fast acting insulin • Insulin syringes • Sharps container	• Insulin pharmacology • Insulin dosing and administration • Post-administration blood glucose monitoring
Assist patient with administration of own nitroglycerin	BLS	• Nitroglycerin tablets	• Indications for use • Nitroglycerin pharmacology • Nitroglycerin dosing and administration • Post-administration monitoring
Administration of injectable pain medications	BLS	• Pre-filled syringe narcotic and non-narcotic analgesics • Sharps container	• Indications for injectable pain medications • Pharmacology for selected medications • Injectable medication administration • Post-administration monitoring
Assist patient with administration of own medication	EMR, BLS	• None	• Five rights of medication administration: right patient, right drug, right dose, right route, right time • Medication information resources (e.g. prescription information sheet from pharmacy; websites)

- Whether PPE availability will determine the types of patients EMS providers will be expected to care for and scope of procedures to perform or if the System will vary from standard PPE recommendations for certain procedures. Situations to consider include:
    - Hospital ventilator beds are available, but N-95 masks are not. Will EMS providers be expected to intubate a patient with COVID-19 in the pre-hospital setting? What about patients who are at low risk of having COVID-19?
    - N-95 masks are available, but protective gowns are not. Will EMS providers continue to perform aerosol-generating procedures?
    - Some EMS personnel have documented immunity to COVID-19 via antibody testing. Will these providers be allowed to perform aerosol-generating procedures on confirmed or possible COVID-19 patients using only droplet precautions?

Ambulances

Ambulances are the primary patient transport resource. When developing crisis care standards, EMS Systems must consider the ongoing availability of the traditional resources used and alternate resources that can be used to safely transport a sub-set of patients (e.g. patients with non-critical, but urgent medical needs). Factors that should be considered include:

- A request for a waiver from IDPH to operate BLS ambulances at a level that exceeds current licensure for a period of greater than 10 days.
- Ability to increase the number of ambulances available to respond to 911 calls. Consideration should be given to capabilities for utilizing spare ambulances and modifications to the conventional level equipment and supply requirements on ALS and BLS designated ambulances.
- Modified protocols for the types of calls to which EMS resources will automatically be dispatched and the level of care that will be sent (ALS, BLS, EMR).
- Alternate transport resources (e.g. municipal vehicles, buses for batched transport) and minimum staffing and equipment requirements for use.
- Strategies to minimize the time apparatus are out of service for maintenance and repair.
- A request for a waiver to decrease the minimum amount of certain supplies carried on an ambulance (e.g. required to have X amount of gauze, but will only stock Y amount).

Triage

Effective triage is a critical component of being able to save as many lives as possible when operating at the crisis level. Triage decisions must be based not only on patient condition, but also the human and material resources available to effectively treat each patient. EMS Systems will be challenged to make difficult decisions about how to best allocate limited resources in order to save as many lives as possible. Patients with critical or resource intense injuries or illnesses should not be prioritized for treatment if more people with less severe injuries and illnesses have a better anticipated clinical outcome if they receive treatment instead. Crisis level staffing models as well as ambulance and hospital level of care capabilities are factors that must be considered when establishing crisis level triage standards. For example, if there are no longer ventilator beds available within a Region, the decision to perform pre-hospital intubation must be carefully considered since the equipment required in order to sustain the patient throughout their recovery period is not available.

The availability of resources that impact triage and treatment decisions will fluctuate throughout the time that EMS Systems are operating at the crisis level. EMS Systems must ensure that there are methods in place for providers to maintain real-time situational awareness of resource availability and establish protocols for ensuring that pre-hospital providers are knowledgeable of the status of resources that impact triage and treatment decisions prior to performing and intervention that cannot be sustained once the patient arrives at the hospital. The decision to discontinue a treatment that is providing benefit to the patient can be more difficult than not initiating the treatment while the patient is decompensating.

Staffing and respiratory care equipment and supplies are the two resources categories that are anticipated to trigger crisis level care during the COVID-19 pandemic. However, EMS Systems must also consider the possibility that manufacturing and supply chain challenges caused by the pandemic may negatively impact the inventory of other critical equipment and supplies.

When developing crisis care triage standards, EMS Systems should consider:

- Whether the time to treatment will influence patient outcomes. If time is not a factor in clinical outcome, patient should be de-prioritized for continued EMS resources.
- Illness or injury presentations which appear stable but could deteriorate quickly.
- Whether the delivery of a single, time efficient treatment (e.g. pain management) could move the patient into a lower triage category/priority that will no longer require EMS resources.
- Whether alternate treatment methods can provide benefit if the primary treatment option is no longer available. If suitable alternatives are not available or are too resource intense, patients with such conditions may need to be de-prioritized for care.
- Specific injuries, illnesses, and/or underlying health factors whose combinations are known to cause poorer health outcomes in patients.
- Palliative care resources available to provide comfort measures to de-prioritized patients.
- Mechanisms for follow-up with de-prioritized patients should the status of resource availability change within a time frame that may still be beneficial to the patient.
- Immediate access to Online Medical Control for triage decision support.

Patient De-Prioritization

De-prioritizing any living patient for treatment and/or transport is in direct opposition to the prioritization of resources when operating at the conventional level of care. When crisis standards of care are enacted, the focus of the provision of services must shift from the individual to the population. Anticipated patient outcomes and the resources required to achieve that outcome- both positive and negative outcomes- must be consider. Resource investment with a high likelihood of negative patient outcome may need to be severely restricted so that the limited resources available can be allocated to patients with a high probability of successful outcomes. While not an easy process to undertake, it is necessary in order to save the most lives as possible.

Evaluation of patient outcomes for individuals infected with COVID-19 has consistently shown that individuals who fall within certain defined categories and experience severe respiratory illness have poor outcomes. The April 17, 2020 report from the Centers for Disease Control and Prevention National Center for Health Statistics *Provisional Death Counts for Coronavirus Disease (COVID-19)* reported the total number of deaths in the United States from COVID-19 from February 01, 2020 through April 11, 2020 as being 13,130. Of the total COVID-19 deaths, 5902 or 45% of deaths were in patients who develop pneumonia. Ninety-two percent (92%) of the COVID-19 deaths in people with pneumonia occurred in people over the age of 55 years. The COVID-19

death rate in people with pneumonia who are between 55-74 years old was 34%, while the percentage increased to 59% for people who were 75 years and older. These numbers reflect the number of deaths *reported* to the National Center for Health Statistics that were coded as deaths with confirmed or presumed COVID-19 during the defined time period. There is typically a 1-8 week lag period from when a death occurs to when the information is received and processed by the National Center for Health Statistics.

The April 3, 2020 Morbidity and Mortality Weekly Report: *Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 – United States, February 12 – March 28, 2020* reports the findings from a study to determine the impact of underlying medical conditions on illness severity of COVID-19 patients. Prior to this report, U.S.-specific data was not available. A limitation of this study is that the data on underlying conditions was only report for 5.8% (or 7162) of the total laboratory confirmed cases (122,653) reported to CDC.

When compared with patients who did not report an underlying medical condition, the study determined that 78% of all ICU COVID-19 ICU admissions were in patients who had at least one underlying health condition or risk factor. Of all COVID-19 related non-ICU hospital admissions, 71% were patients who reported at least one underlying health condition or risk factor. Of the total non-hospitalized COVID-19 patients, only 27% reported having an underlying medical condition. The most commonly reported conditions were diabetes mellitus, chronic lung disease, and cardiovascular disease. Among all COVID-19 related deaths that occurred in the study population, 94% in the study population were reported to have at least one underlying conditions. The CDC results are consistent with findings from the COVID-19 cases in China and Italy.

If respiratory care resources are severely limited and trigger enactment of crisis of care standards, the following groups of COVID-19 patients may be considered for de-prioritization in the order listed:

1. Patients who are 75 years of age or older who have diabetes mellitus, chronic lung disease, or cardiovascular disease and are experiencing severe respiratory illness.
2. Patients who are between the ages of 55 and 74 years who have diabetes mellitus, chronic lung disease, or cardiovascular disease and are experiencing severe respiratory illness.
3. Patients who are 75 years of age without an underlying medical condition and are experiencing severe respiratory illness.
4. Patients who are between the ages of 55 and 74 years who do not have an underlying medical condition and are experiencing severe respiratory illness.
5. Patients of age 54 years and younger who have an underlying medical condition and are experiencing severe respiratory illness.

Other types of patients who have conditions unrelated to COVID-19 may also need to be de-prioritized for care. The decision to de-prioritize should be based an anticipated poor patient outcome in spite of investment in respiratory care resources and numerous human resources. The de-prioritization decision may be situation dependent. To the extent possible, EMS providers should not be expected to make individual patient de-

prioritization decisions in isolation. Increased access to Online Medical Control consultation with a physician is required.

Categories of the types of patients who may need to be considered for de-prioritization regardless of their COVID-19 status include:

- Patients with cardiac or respiratory arrest that is unwitnessed by EMS
- Patients currently receiving hospice or palliative care who require respiratory intervention
- Critically injured trauma patients who are unresponsive to painful stimuli after non-invasive manipulation of the airway
- Patients with suspect stroke who are unresponsive to painful stimuli
- Trauma victims with suspect traumatic brain injuries[2] who have unequal or fixed pupils
- Patients with severe traumatic injury to two or more vital systems

Both COVID-19 and non-COVID-19 patients who are deprioritized for crisis standard care and/or transport may still receive on-scene treatment to alleviate suffering or manage symptoms. A mechanism to refer patients for timely palliative care must be established.

Treatment

Crisis level treatment standards are a direct reflection of resource availability. EMS Systems must consider how different resource scenarios impact treatment protocols (e.g. EMS staffing limitations have resulted in EMS operating at the crisis level, but hospitals are still operating at the contingency level). Systems are encouraged to develop contingencies that account for different scenarios.

Healthcare workers are in the highest risk category for COVID-19 exposures. Such exposures and resultant infections present a significant health risk to individual EMS providers and risk to an EMS System's ability to sustain capabilities. Personnel who have an unprotected exposure may need to be excluded from work for a period of 14 days from the last exposure and/or suffer the health consequences of a clinical, and sometimes critical, illness. If a significant number of EMS providers are not able to work, EMS Systems will be challenged to continue providing EMS care at the contingency level. The availability of PPE to protect EMS providers from exposure and strategies to reduce potential COVID-19 exposures should be a primary consideration when developing crisis treatment standards.

Factors that should be taken into account when developing crisis standard treatment protocols for the COVID-19 pandemic include:

- Whether treatments should be initiated in the pre-hospital setting if they cannot be sustained in the hospital environment.
- Modified treatment protocols for situations when the primary treatment option is no longer available or presents an increased risk to the EMS provider. Lack of treatment availability includes both

equipment/supply limitations and/or access to an EMS provider who is appropriately trained to administer the treatment.

- COVID-19-specific clinical recommendations and treatment protocols/information from appropriate public health authorities and EMS medical direction.
- Treatment restrictions based on lack of appropriate PPE for EMS providers (e.g. N-95 or greater protection is not available). EMS Systems must balance acceptable risk for exposure against the benefits certain treatments provide to individual patients. EMS providers are a critical healthcare system resource that is required to provide the greatest number of people in the population with the highest level of care possible. The protection of this resource should be prioritized over treatment benefits to individual patients.
- If operating with altered staffing patterns (ALS= 1 ALS provider with an EMR driving the ambulance), additional ambulance companies may be required for certain types of mass casualty situations in order to have adequate trained personnel to perform the triage function. Evaluate how mass casualty incident response protocols must be modified in terms of other crisis standards put in place in response to the COVID-19 pandemic.
- Implications for limiting or performing aerosolizing procedures and additional protective actions that can be taken to minimize risk.
- Modifications to resuscitation procedures. See American Heart Association's Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-1 https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463
- Field termination of care.
- Treatment without EMS transport or treatment with self-transport.
- The process for making the decision to de-prioritize a patient for care and/or some treatments. Some treatment decisions may be a grey area. EMS providers must have immediate access to Online Medical Control for help in making the proper determination.
- Palliative care referrals for patients who are de-prioritized for treatment. On-scene treatments for symptoms management that are allowable.
- Requirements for consultation with Online Medical Control regarding treatment/no treatment decisions.

Transport

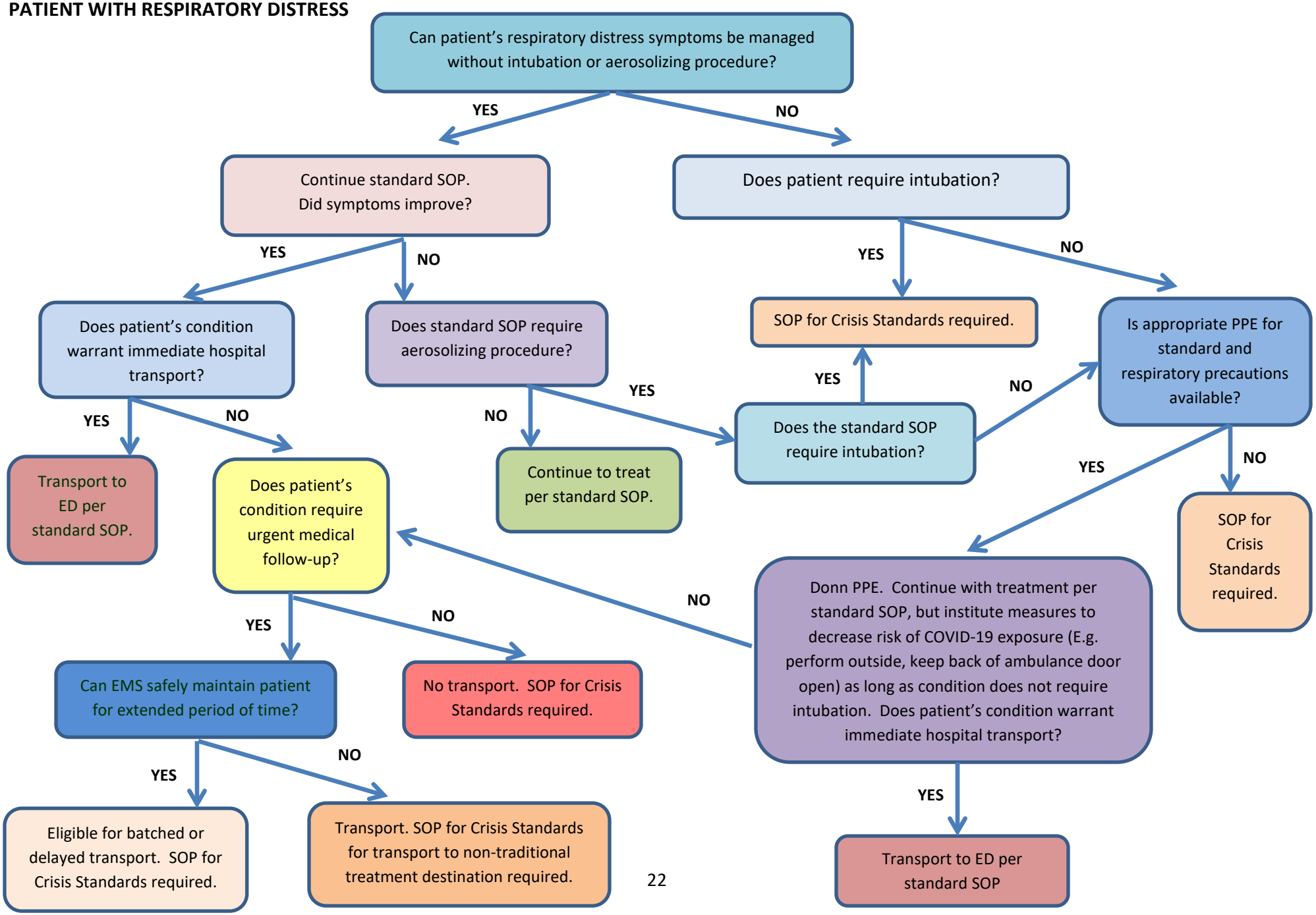
During the COVID-19 pandemic, healthcare facilities may become overwhelmed with patients, making it necessary to consider alternative options for patients who would be transported to the hospital under normal circumstances. Crisis level care requires that some patients be transported to non-ED treatment destinations, using non-ambulance transport vehicles, or in groups, and that other patients be not transported at all. EMS Systems are encouraged to develop crisis level transport SOPs that maximize the use of alternative

transportation options and destinations and that help to conserve PPE and other supplies with limited inventory. Factors that EMS Systems must consider include:

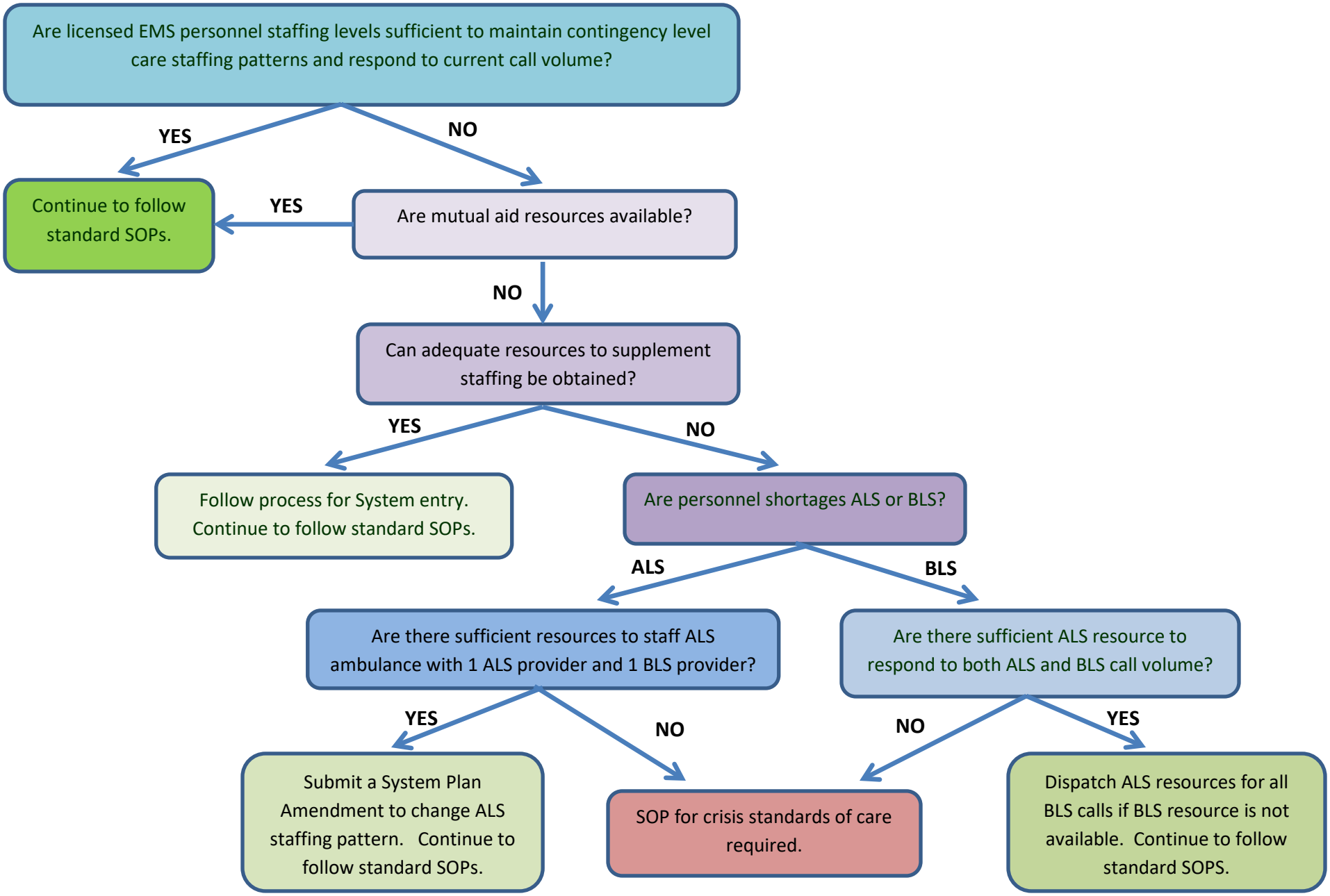
- The Centers for Medicare & Medicaid Services (CMS) has temporarily expanded the list of allowable destinations for ambulance transports for the duration of the COVID-19 public health emergency. More information can be found in the CMS Fact Sheet on Ambulances: CMS Flexibilities to Fight COVID-19.
- Bed availability monitoring thru EMResource by EMS providers must be instituted when SOPs permit transport to non-ED destinations to ensure that patients are being distributed appropriately across all treatment locations within the expanded universe of potential transport destinations and that no one location is being overwhelmed with EMS patients and walk-ins.
- The status of hospitals, transportation to a hospital outside the service area, and alternative treatment destinations should be communicated and updated continuously, in order to inform transport destination decisions.
- Patients with low to medium acuity injuries or illnesses who do not require on-going EMS intervention and whose clinical outcome will not be impacted by delayed treatment should not be transported by EMS. Situation dependent, patients should be provided with instructions for managing their condition at home or instructed to self-transport to an alternate treatment facility (e.g. urgent care centers, primary care, hospital locations external to the traditional ED). See IDPH memo *EMS Alternate Transport Guidelines* dated 04-09-2020.
- Only patients who have a return of spontaneous circulation (ROSC) after an out-of-hospital cardiac arrest (OHCA) should be transported.
- Patients for whom self-transport is appropriate but do not have access to transport resources should be referred to social service agencies for transport. Local emergency management agencies should be able to assist with identifying appropriate referral sources (e.g. Medicar services; human service agencies)
- Non-critical patients for whom EMS transport is appropriate but can be safely managed by EMS for an extended duration should be considered for delayed or batched transport. SOPs should address:
    - How the current patient(s) will be maintained while the licensed EMS provider leaves the ambulance to assess a new patient.
    - The number of patients that can be safely transported at one time in an ambulance based on number of seat belts available.
    - Use of mass casualty transport vehicles.
    - Comingling of pediatric and adult patients.
- Requirements for consultation with Online Medical Control regarding transport/no transport decisions.

REQUIRED SOP CHANGES TO REFLECT CRISIS STANDARDS: REGIONAL HOSPITALS AT ICU AND/OR VENTILATOR BED CAPACITY

PATIENT WITH RESPIRATORY DISTRESS



REQUIRED SOP CHANGES TO REFLECT CRISIS STANDARDS: EMS STAFFING RESOURCE LIMITATIONS



Mental Health

EMS providers are not immune from the potential mental health consequences caused by a pandemic. Enacting crisis standards of care has the potential to cause short and long term mental health consequences for the dispatchers, EMS providers, and the healthcare providers who work at transport destinations who are charged with implementing these standards. The demands of their jobs place these healthcare providers at increased risk for experiencing direct traumatic stress and secondary traumatic stress. Stresses for EMS providers during the pandemic can include: worry about personal and family member health status, worry about inadvertently exposing family members to COVID-19, long work hours, and the inability to provide patient care at the conventional level. Stress may manifest itself in many ways and vary greatly from person to person. Some signs of stress include: changes in sleep or eating patterns, difficulty sleeping or concentrating, worsening of chronic health problems, worsening of mental health conditions, lack of enjoyment in things that previously brought joy, relationship troubles, and increased substance abuse. EMS Systems and agencies must remain cognizant of the impact that stress can have and ensure that there are mechanisms in place to monitor personnel and provide support as needed. Considerations include:

- Monitoring for physical, mental (e.g. decision-making capacity), and emotional fatigue and the use of negative coping strategies (e.g. substance abuse, internalization) to address the resulting stress.
- Identifying strategies to help EMS providers cope with stress in a positive manner. Strategies can include formal initiatives such as post-shift debriefing sessions, comfort dogs, and referrals to mental health providers/support groups or informal initiatives such as increased recognition for on-going efforts during challenging times.

Acronym List

ACS= Alternate Care Sites
ALS= Advanced Life Support
ASC= Ambulatory Surgery Centers
BLS= Basic Life Support
CAH= Critical Access Hospitals
CMS= Centers for Medicare and Medicaid Services
CPR= Cardio Pulmonary Resuscitation
EMR= Emergency Medical Responder
EMS= Emergency Medical Services
ESF= Emergency Support Function
ESRD= End Stage Renal Disease
FQHC= Federally Qualified Health Center
HHS= U.S. Department of Health and Human Services
ICU= Intensive Care Unit
IDPH= Illinois Department of Public Health
IEMA= Illinois Emergency Management Agency
JIC= Joint Information Center
MD= Medical Doctor
OHCA= Out of Hospital Cardiac Arrest
PHE= Public Health Emergency
PPE= Personal Protective Equipment
RHCC= Regional Hospital Coordinating Center
RN= Registered Nurse
ROSC= Return of Spontaneous Circulation
SEOC= State Emergency Operations Center
SNF= Skilled Nursing Facility
SOP= Standard Operating Procedure
WHO= World Health Organization

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National Highway and Traffic Safety Administration. COVID-19: Considerations, Strategies, and Resources for EMS Crisis Standards of Care. Draft document dated 04-07-2020.

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Illinois EMS COVID-19 Crisis Standards of Care Guidelines
Triggers, Indicators, and Planning Considerations
(04-18-2020)

Indicators and Triggers for Crisis Standards of Care

The overarching indicators and triggers for enacting crisis standards of care as being when:

- The local, regional, and/or state health care system has exhausted its capacity to care for patients in such a manner that maintains conventional and/or contingency level care.
- Efforts to preserve available resources and balance the delivery of health care services across regions (such that no one region is overwhelmed or taxed to the point of not being able to deliver and sustain medical care at conventional and contingency levels) have become ineffective (e.g. geographic dispersion of patients across multiple regions).
- Efforts to implement tactics and strategies that are intended to benefit the largest number of patients have been implemented but are insufficient to maintain conventional and/or contingency care.

Indicators Specific to COVID-19 Pandemic	**Triggers Specific to COVID-19 Pandemic**
The Governor of Illinois has declared a State Disaster Proclamation and many Executive Orders to maximize public health and safety without limitation.	
Local emergency operations centers have been activated.	
Regional hospitals have executed surge capacity plans to the fullest limits. There are a ***limited number*** of staffed beds available.	The number of hospital staffed beds available within a Region has ***reached critical capacity.***
The demand for ICU beds, ventilators, or respiratory care supplies is ***approaching critical levels***.	The demand for ICU beds, ventilators, or respiratory care supplies has ***reached critical capacity*** within the Region.
Hospital inventory of basic treatment supplies (e.g. IV kits, IV fluids, sterile equipment) is anticipated to be depleted within ***less than 5 days***. No commitment for re-supply has been secured. Equivalent substitutions are not available.	The inventory of basic medical treatment supplies is anticipated to be depleted ***within 1-2 days***. Equivalent substitutions are not available.
The number of hospital personnel who are unavailable for duty is ***above baseline***. Available personnel are consistently working overtime.	Hospitals ***no longer have*** the right complement of clinical and support staff to maintain the contingency level standard of care.
EMS inventory of PPE and/or respiratory care supplies is anticipated to be depleted ***within less than 5 days***. No commitment for re-supply has been secured. Re-use and conservation methods already in place.	The inventory of EMS PPE and/or respiratory care supplies is anticipated to be depleted ***within 1-2 days***.
The number of EMS personnel who are unavailable for duty is ***above baseline***. Available personnel are consistently working overtime.	The number of EMS personnel who are available for duty ***precludes the maintenance*** of contingency level staffing.
The response to a mass casualty incident ***threatens to deplete*** available EMS and hospital resources.	The response to a mass casualty incident ***depletes*** the EMS resources available to respond to 911 calls for emergency services.

Call Taking and Dispatch Guidelines

EMS crisis standards of care begin at the Call Center. EMS resources must be reserved for the patients who will benefit most from EMS intervention and emergency transport to a higher level of care. Call taking protocols must be modified to provide increased triage of patient symptoms. Clinician resources must be available to the Call Center to assist with triage decisions and the provision of instructions for care at home.

Identify call types to which alternate resources be initially dispatched to assess the need for EMS. Call types to consider include: motor vehicle accidents, assaults, intoxications, suicidal ideation, persons down from unknown cause, falls without a priority one complaint, assist the citizen, and other calls that the dispatcher deems as non-emergent. Opportunities to reduce multi-unit response, unless specifically requested by on-scene personnel, should also be considered.

If ambulance staffing patterns are changed, EMS Systems should evaluate whether there are any call types that may require additional EMS resources to be dispatched in order to have an appropriate number of sufficiently trained personnel to perform required triage and treatment functions (e.g. mass casualty incident may require additional units since all ambulances only have one licensed EMS provider assigned; mayday).

Consider the use of a pre-recorded message prior to caller being connected to a call-taker/dispatcher to instruct callers with non-life threatening illnesses or injuries to contact their primary care provider.

Guidelines for Changes to Response Capabilities

The overall goal for the provision of EMS services during the COVID-19 pandemic is to remain at the contingency level of care.

<u>Staffing Considerations</u>

- Whether ALS/BLS designations will be used or will the closest available ambulance be sent for each call.
- The role of EMRs and other first responders without EMS licensure (e.g. law enforcement) and minimum training requirements for these personnel (e.g. donning PPE, proper way to lift a cot, CPR).
- The role of private EMS providers in the provision of emergency care.
- Policies for EMS agencies to share licensed personnel in good standing.
- Whether personnel with EMS licensure who work in a non-EMS capacity for the governmental bodies served can be incorporated into the crisis care staffing matrix.
- Reconfiguring staffing for ALS and BLS companies to allow for ambulance staffing to consist of one licensed provider at the level of care required by the patient consistent with the drugs and supplies available on the vehicle (ALS, BLS) and one EMR or unlicensed first responder to drive the ambulance.
- Reinstatement of retired or expired EMS practitioners to attain temporary EMS privileges to work in the System. Identification of any scope of practice restrictions that will be in place.

- The use of personnel with provisional licenses who must be directly supervised (e.g. work side by side) by an EMS provider with a license at the same or greater level of licensure.
- Whether clinicians and/or licensed EMS personnel can staff the Call Center to provide oversight for triage and no-resources assigned decisions.
- Identify scope of practice restrictions that will be modified or waived in order to permit the delivery of certain treatments by lower levels of care and associated field training requirements.

Potential Scope of Practice Modifications

Scope of Practice Modification	Provider Level	Equipment/Medications Required	Training Considerations
Administration of nebulizer treatment	EMR, BLS (if not already being done)	• Nebulizer set-ups • Bronchodilators	• Respiratory system assessment • Indicators for bronchodilator need • Medication-specific pharmacology • Use of nebulizer equipment
Blood glucose monitoring	EMR, BLS	• Glucometer • Test strips • Lancets	• Signs and symptoms of hypoglycemia and hyperglycemia • Target blood glucose range • Use of glucose monitoring equipment and supplies
Hypoglycemia correction	EMR	• Glucose tabs • Glucagon	• Physiology of fast acting carbohydrates on blood glucose levels • Oral glucose tablet dosing • Glucagon administration • Post-administration blood glucose monitoring
Hyperglycemia correction	BLS	• Fast acting insulin • Insulin syringes • Sharps container	• Insulin pharmacology • Insulin dosing and administration • Post-administration blood glucose monitoring
Assist patient with administration of own nitroglycerin	BLS	• Nitroglycerin tablets	• Indications for use • Nitroglycerin pharmacology • Nitroglycerin dosing and administration • Post-administration monitoring
Administration of injectable pain medications	BLS	• Pre-filled syringe narcotic and non-narcotic analgesics • Sharps container	• Indications for injectable pain medications • Pharmacology for selected medications • Injectable medication administration • Post-administration monitoring
Assist patient with administration of own medication	EMR, BLS	• None	• Five rights of medication administration: right patient, right drug, right dose, right route, right time • Medication information resources (e.g. prescription information sheet from pharmacy; websites)

- Whether PPE availability will be used to determine the types of patients that EMS providers will be expected to care for, the scope of procedures that can be performed, and if the System will vary from standard PPE recommendations for certain procedures. Situations to consider include:
    - Hospital ventilator beds are available, but N-95 masks are not. Does this impact the pre-hospital intubation standard for COVID-19 patients? Low risk of COVID-19 patients?
    - N-95 masks are available, but protective gowns are not. Does this impact the standard of care?
    - Will EMS providers with documented immunity to COVID-19 be permitted to perform aerosol-generating procedures on confirmed or possible COVID-19 patients using droplet precautions?

Ambulance Considerations

- Request a waiver from IDPH to operate BLS ambulances at a level that exceeds current licensure for a period of greater than 10 days.
- Ability to increase the number of ambulances available to respond to 911 calls through use of spare ambulances and/or modifying the equipment and supply requirements.
- Modifications to EMS dispatch protocols and the level of care that will be sent (ALS, BLS, EMR).
- Alternate transportation resources and minimum staffing and equipment requirements for use.
- Strategies to minimize the amount of time that ambulances are out of service for maintenance and repair.
- Request a waiver to decrease the minimum amount of certain supplies carried on an ambulance.

Triage Considerations

- Whether time is a factor in clinical outcome. If time is not a factor, the patient should be de-prioritized for continued EMS resources.
- Illness or injury presentations that appear stable but could deteriorate quickly.
- Whether the delivery of a single, time efficient treatment (e.g. pain management) could move the patient into a lower triage category/priority that will no longer require EMS resources.
- Whether alternate treatment methods are available if the primary treatment option is no longer available and how this availability influences patient prioritization.
- Specific injuries, illnesses, and/or underlying health factors whose combinations are known to cause poorer health outcomes in patients.
- Palliative care resources available to provide comfort measures to de-prioritized patients.
- Mechanisms for follow-up with de-prioritized patients if additional resources become available.
- Immediate access to Online Medical Control for triage decision support.

Patient De-Prioritization

If respiratory care resources are severely limited and trigger enactment of crisis of care standards, the following groups of COVID-19 patients may be considered for de-prioritization in the order listed:

1. Patients who are 75 years of age or older who have diabetes mellitus, chronic lung disease, or cardiovascular disease and are experiencing severe respiratory illness.
2. Patients who are between the ages of 55 and 74 years who have diabetes mellitus, chronic lung disease, or cardiovascular disease and are experiencing severe respiratory illness.
3. Patients who are 75 years of age without an underlying medical condition and are experiencing severe respiratory illness.
4. Patients who are between the ages of 55 and 74 years who do not have an underlying medical condition and are experiencing severe respiratory illness.
5. Patients of age 54 years and younger who have an underlying medical condition and are experiencing severe respiratory illness.

Categories of the types of patients who may need to be considered for de-prioritization regardless of their COVID-19 status include:

- Patients with cardiac or respiratory arrest that is unwitnessed by EMS
- Patients currently receiving hospice or palliative care who require respiratory intervention
- Critically injured trauma patients who are unresponsive to painful stimuli after non-invasive manipulation of the airway
- Patients with suspect stroke who are unresponsive to painful stimuli
- Trauma victims with suspect traumatic brain injuries[2] who have unequal or fixed pupils
- Patients with severe traumatic injury to two or more vital systems

All patients who are deprioritized for crisis standard care and/or transport may still receive on-scene treatment to alleviate suffering or manage symptoms. Establish a palliative care referral process.

<u>Treatment Considerations</u>

- Whether treatments should be initiated in the pre-hospital setting if they cannot be sustained in the hospital environment.
- Modified treatment protocols for situations when the primary treatment option is no longer available or presents an increased risk to the EMS provider. Lack of treatment availability includes both equipment/supply limitations and/or access to an appropriately trained EMS provider.
- COVID-19-specific clinical recommendations and treatment protocols/information from appropriate public health authorities and EMS medical direction.
- Treatment restrictions based on lack of appropriate PPE availability. Acceptable risk for exposure must be weighed against the benefits certain treatments provide to individual patients. EMS providers are a critical healthcare system resource and protection of this resource should be prioritized.
- If operating with altered staffing patterns, additional ambulances may be required for mass casualty situations in order to have adequate trained personnel to perform the triage and treatment functions.
- Implications for limiting or performing aerosolizing procedures and additional protective actions that can be taken to minimize risk.

- Modifications to resuscitation procedures. See American Heart Association's Interim Guidance at https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463
- Field termination of care.
- Treatment without EMS transport or treatment with self-transport.
- The process for de-prioritizing a patient for care or treatment. EMS providers must have immediate access to Online Medical Control for help in making the proper determination.
- Palliative care referrals for patients who are de-prioritized for treatment. On-scene treatments for symptoms management that are allowable.
- Online Medical Control consultation requirements for treatment/no treatment decisions.

Transport Considerations

- The Centers for Medicare & Medicaid Services (CMS) has temporarily expanded the list of allowable destinations for ambulance transports for the duration of the COVID-19 public health emergency.
- Bed availability monitoring thru EMResource by EMS providers must be instituted when SOPs permit transport to non-ED destinations. EMS providers must have timely access to this information in order to ensure that patients are being distributed appropriately across all treatment locations.
- Patients with low to medium acuity injuries or illnesses who do not require on-going EMS intervention and whose clinical outcome will not be impacted by delayed treatment should not be transported by EMS. See IDPH memo *EMS Alternate Transport Guidelines* dated 04-09-2020.
- Only patients who have a return of spontaneous circulation (ROSC) after an out-of-hospital cardiac arrest (OHCA) should be transported.
- Patients for whom self-transport is appropriate but do not have access to transport resources should be referred to social service agencies for transport.
- Non-critical patients who require EMS transport but can be safely managed by EMS for an extended duration should be considered for delayed or batched transport. SOPs should address:
    - Patient maintenance while the licensed EMS provider cares for a new patient.
    - The number of patients that can be safely transported in an ambulance at one time.
    - Use of mass casualty transport vehicles
    - Comingling of pediatric and adult patients
- Requirements for consultation with Online Medical Control regarding transport/no transport decisions.

Mental Health Considerations

- Monitoring for physical, mental (e.g. decision-making capacity), and emotional fatigue and the use of negative coping strategies (e.g. substance abuse, internalization) to address the resulting stress.
- Identifying strategies to help EMS providers cope with stress in a positive manner. Strategies can include formal initiatives such as post-shift debriefing sessions, comfort dogs, and referrals to mental health providers/support groups or informal initiatives such as increased recognition for on-going efforts during challenging times.

Patient Triage and Resources Dispatch Based on Symptoms Reported by Caller

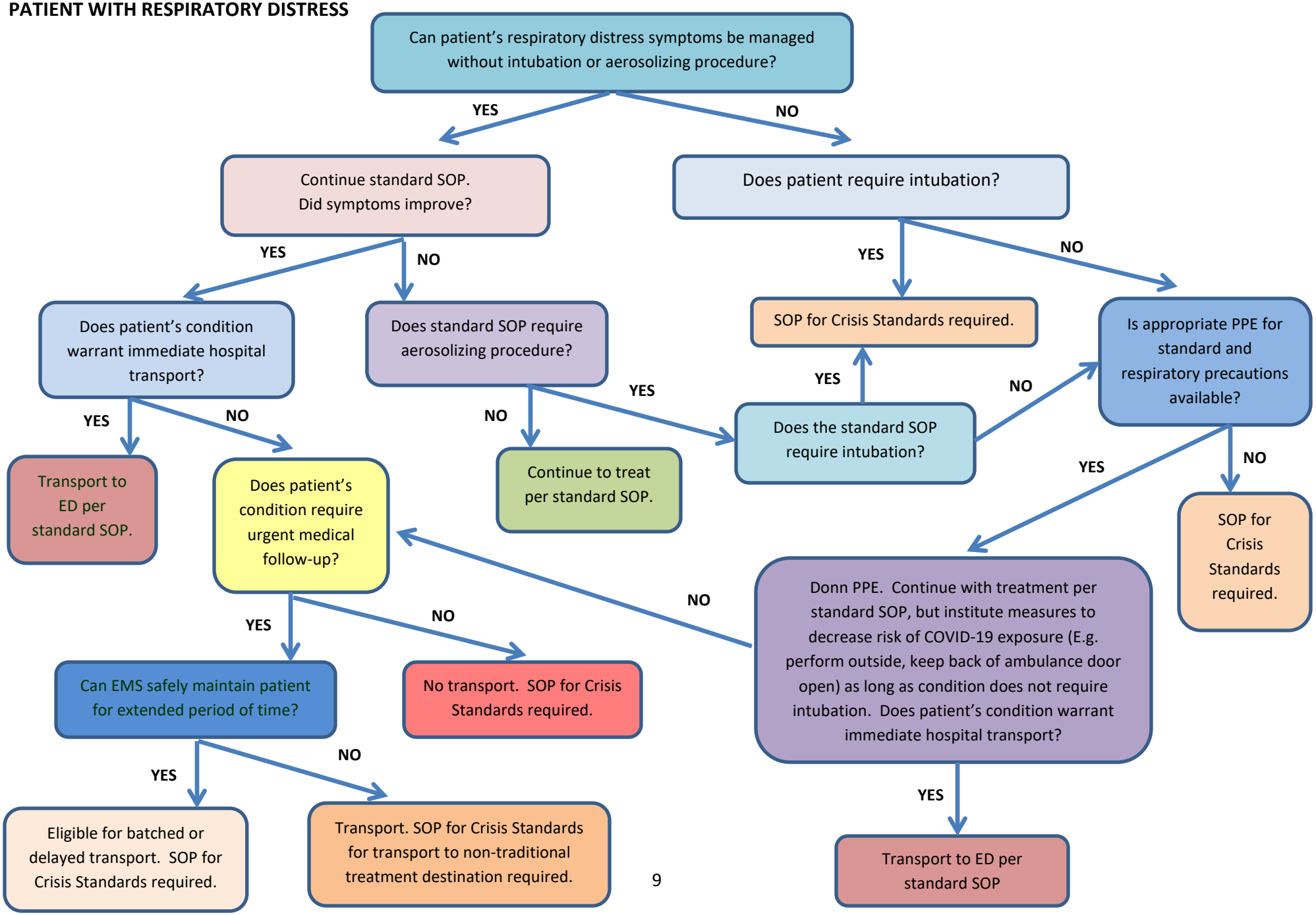
Triage Designation	Triage Definition	Injury and Illness Classifications to Consider When Developing Crisis Care Dispatch Procedures (list of conditions is not all inclusive)	Resources Dispatched in Order of Preference	SOP Changes to Consider
RED	Cannot survive without immediate treatment but has a chance of survival	• Severe difficulty breathing • Altered level of consciousness, new focal neurological signs, seizures, severe headache with sudden onset and/or neck pain stiffness • Head injury with loss of consciousness or continued neck pain. • Ongoing seizure • Acute chest pain or other signs/symptoms consistent with known cardiac ischemia, or pulmonary embolism • Signs or symptoms of shock, severe/uncontrolled bleeding • Significant trauma with chest, spinal, abdominal, or neurological injury deemed unstable • Significant burns • Pregnancy with severe pain, bleeding, or contractions <5 minutes apart	1-Closest available transport asset staffed with an ALS provider. 2- If no ALS transport available, send ALS non-transport resource. 3- If no ALS resources available, send BLS resource until ALS resource become available	• Discontinuation of CPR started by lay rescuers •
YELLOW	Not in immediate danger of death, but condition requires urgent transport for treatment in order to stabilize.	• Asthma – not in severe respiratory distress • Suspect fractures or dislocations that cannot be safely transported via personal resources or patient requires pain medication • Loss of peripheral pulses • Mental status changes not suspected of being stroke related • Nausea, vomiting, constipation with acute abdominal pain • Allergic reactions – emergency medications administered and/or available • Diabetic reactions unresolved with home treatment* • Suspected cardiac ischemia • Acute congestive heart failure	1- Closest transport asset staffed with a minimum of a BLS provider (ALS asset preferred). 2- BLS resource until transport resource becomes available	• Expanded scope of practice for BLS providers to include administration of injectable pain medications • Batched transport options • Inclusion of private EMS resources for dispatch • Use of call-back system if resource arrival will be delayed

Patient Triage and Resources Dispatch Based on Symptoms Reported by Caller

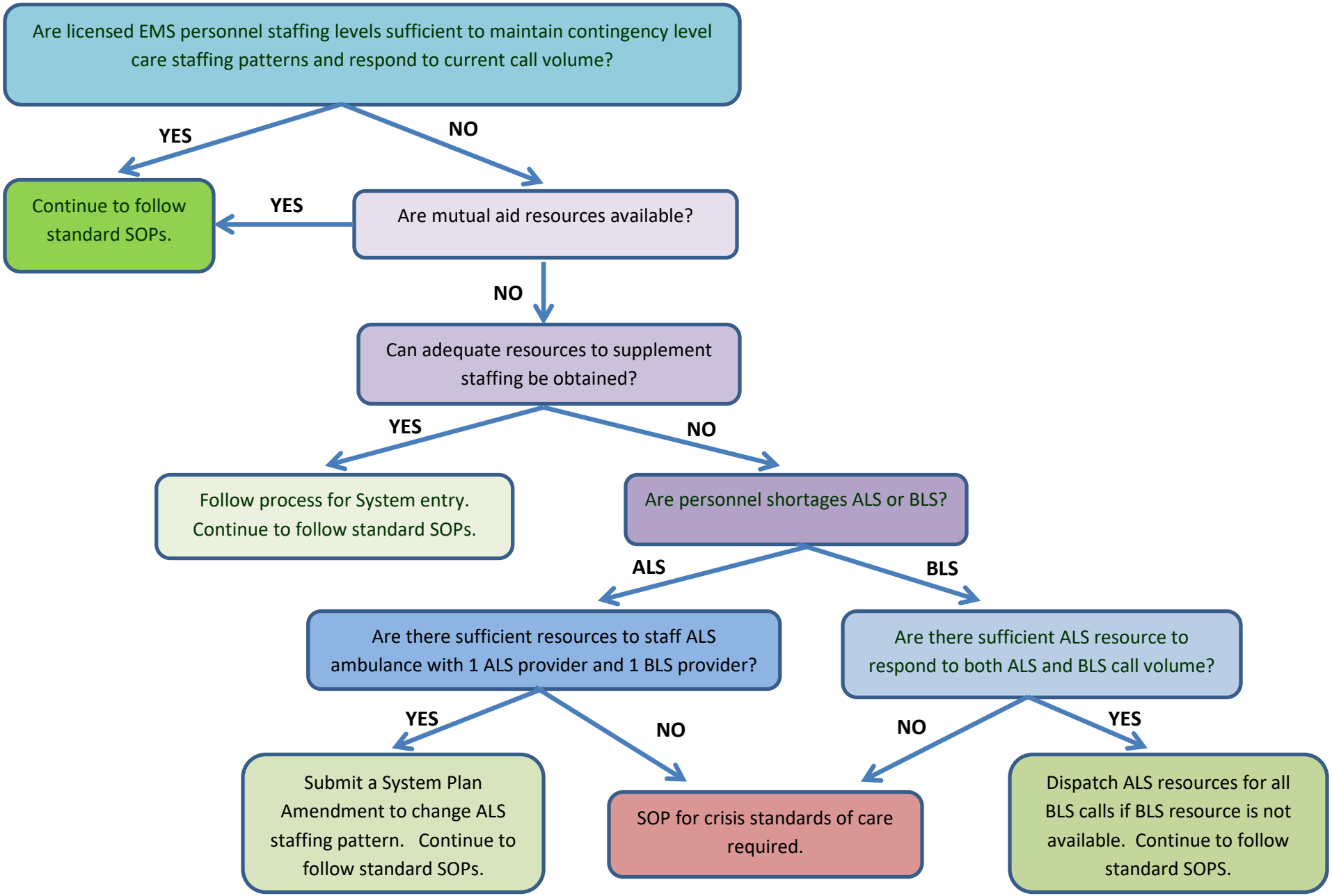
Triage Designation	Triage Definition	Injury and Illness Classifications to Consider When Developing Crisis Care Dispatch Procedures (list of conditions is not all inclusive)	Resources Dispatched in Order of Preference	SOP Changes to Consider
		• Substance abuse with decreased level of consciousness • Non-penetrating eye injuries* • Second degree burns- pain medication required • Acute exacerbation of a chronic medical condition* *No self-transport resources available		
GREEN	Stable, can transport self for medical care or minor injuries or illness that can be self-treated	• Bleeding that stops with the application of pressure • Lacerations that require simple repair • Suspect fractures that are stable • Overdose – conscious • Rashes • Vision changes/eye pain – no trauma • Fevers • Mental/behavioral health conditions without report of threat for self-harm • Mild to moderate COVID-19-like/ILI-like illnesses • Dehydration without mental status changes or dizziness • Urination difficulties	1-No EMS resources dispatched 2-BLS or EMR resource dispatched if on-scene urgent treatment only required (non-transport resource preferred) 3-BLS transport resource if requested by on-scene personnel	• Requirements for consultation with a clinician • Transferring caller to established nurse triage lines for home care instructions • Dispatch of first responder company to assess patient condition • Refer for self-transport to non-ED care
BLACK	Deceased. Injuries so extensive that they will not be able to survive. Currently receiving hospice or palliative care services.	• Unresponsive and no signs of spontaneous respiration • Patient currently receiving Hospice or palliative care • Active DNR order	1-No resources dispatched.	• Suspend CPR instructions • Requirements for consultation with a clinician • Referral to palliative care for symptom management

REQUIRED SOP CHANGES TO REFLECT CRISIS STANDARDS: REGIONAL HOSPITALS AT ICU AND/OR VENTILATOR BED CAPACITY

PATIENT WITH RESPIRATORY DISTRESS



REQUIRED SOP CHANGES TO REFLECT CRISIS STANDARDS: EMS STAFFING RESOURCE LIMITATIONS



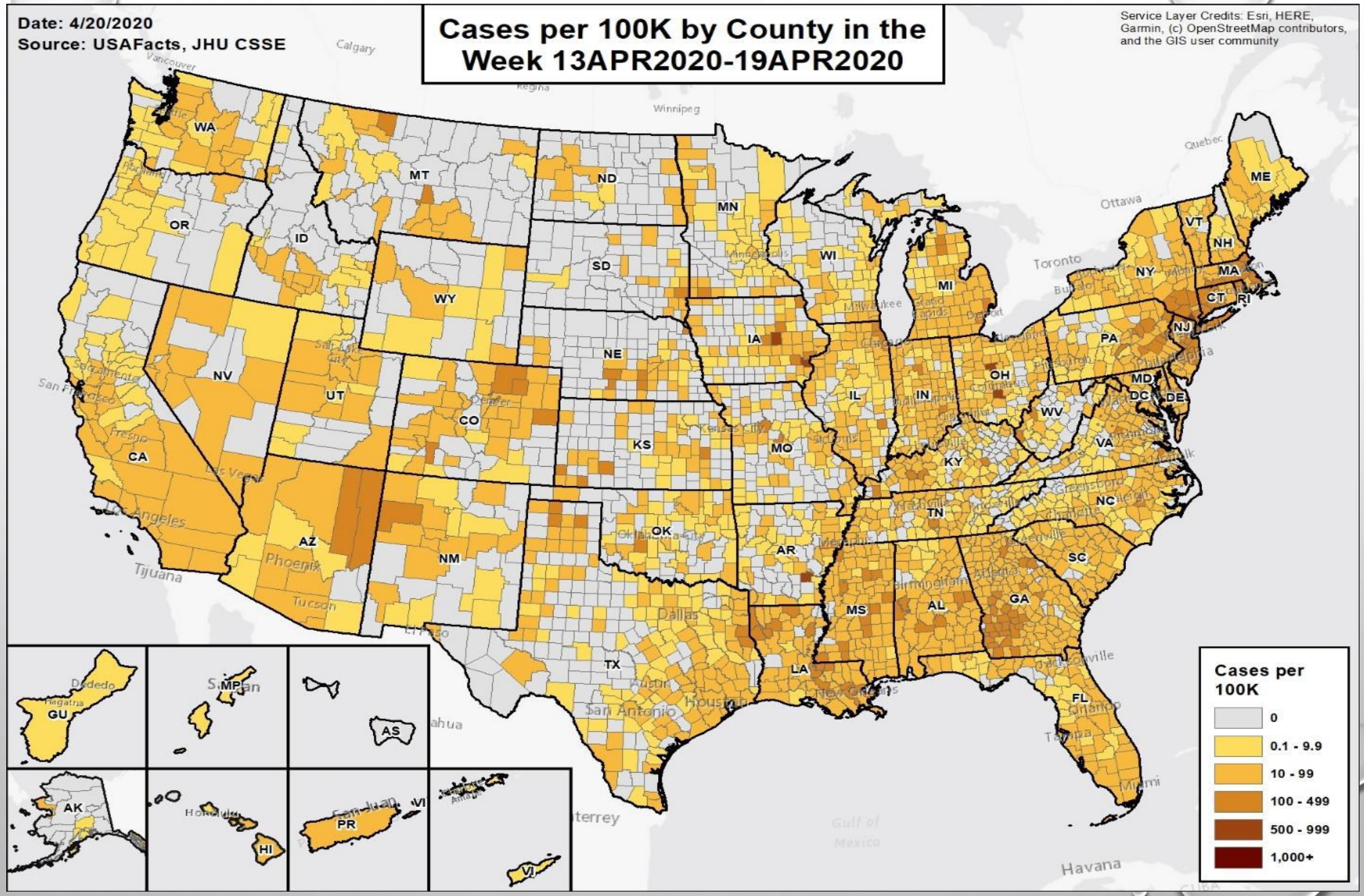
DIVISION OF EMS UPDATES

Ashley Thoele, MBA, BSN, RN

Division Chief

EMS and Highway Safety

Webinar Recording Link


Date: 4/20/2020
Source: USAFacts, JHU CSSE
Cases per 100K by County in the Week 13APR2020-19APR2020
Service Layer Credits: Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
Cases per 100K
0
0.1 - 9.9
10 - 99
100 - 499
500 - 999
1,000+
WA
OR
CA
NV
ID
MT
WY
UT
AZ
CO
NM
ND
SD
NE
KS
OK
TX
MN
IA
MO
AR
LA
WI
IL
MS
MI
IN
KY
TN
AL
OH
WV
GA
FL
SC
NC
VA
PA
NY
MD
DE
NJ
CT
RI
MA
VT
NH
ME
AK
HI
PR
VI
GU
AS
MP
Calgary
Vancouver
Winnipeg
Ottawa
Toronto
Quebec
Havana
Gulf of Mexico

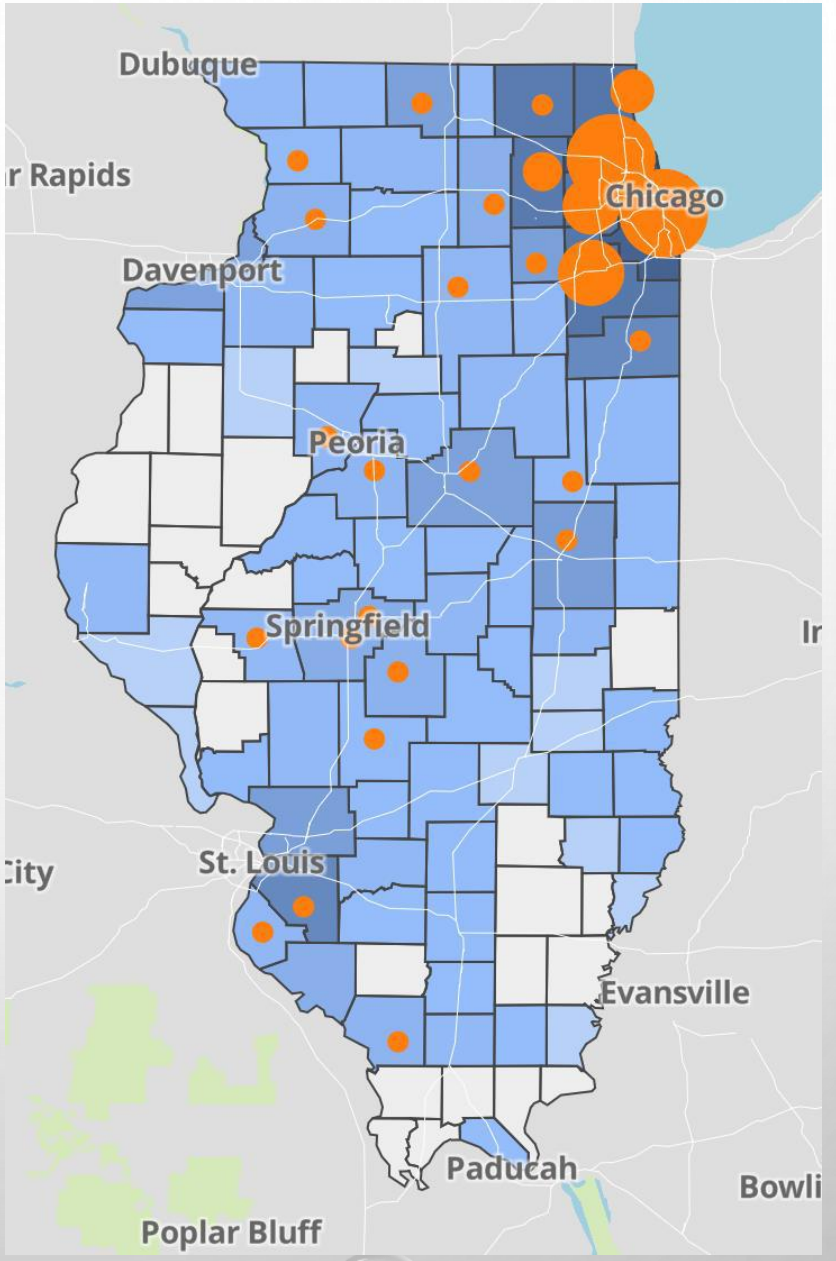
U.S. AT A GLANCE

- **TOTAL CASES:** 746,625
- **TOTAL DEATHS:** 39, 083
- **TOTAL JURISDICTIONS:** 55
- *Total cases includes: 1,696 probable cases and total deaths includes 4,752 probable deaths.
  **Total jurisdictions includes: 50 states, District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S Virgin Islands.

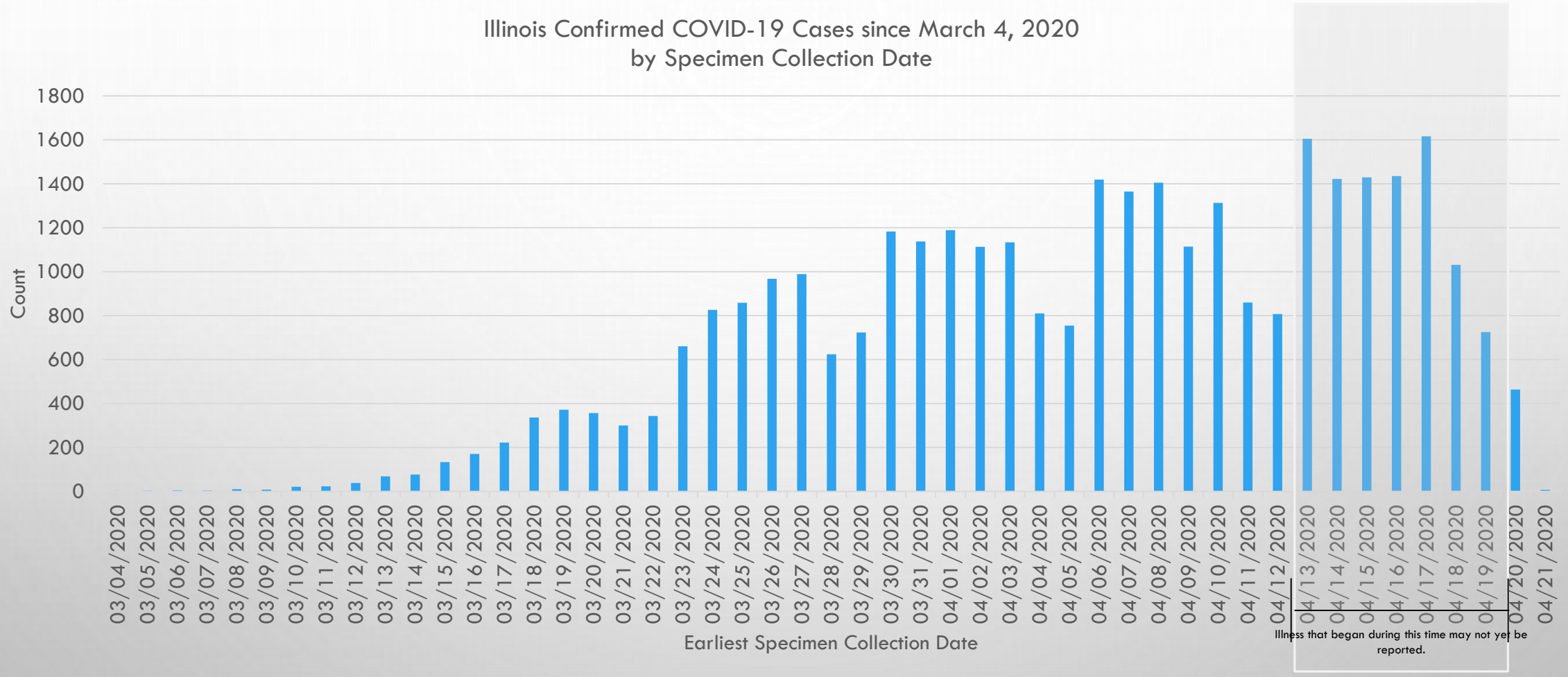
COVID-19 IN ILLINOIS

As of 4/21/20

- 33,059 CASES
- 1468 DEATHS
- 96 COUNTIES IN ILLINOIS
- 154,997 SPECIMENS TESTED

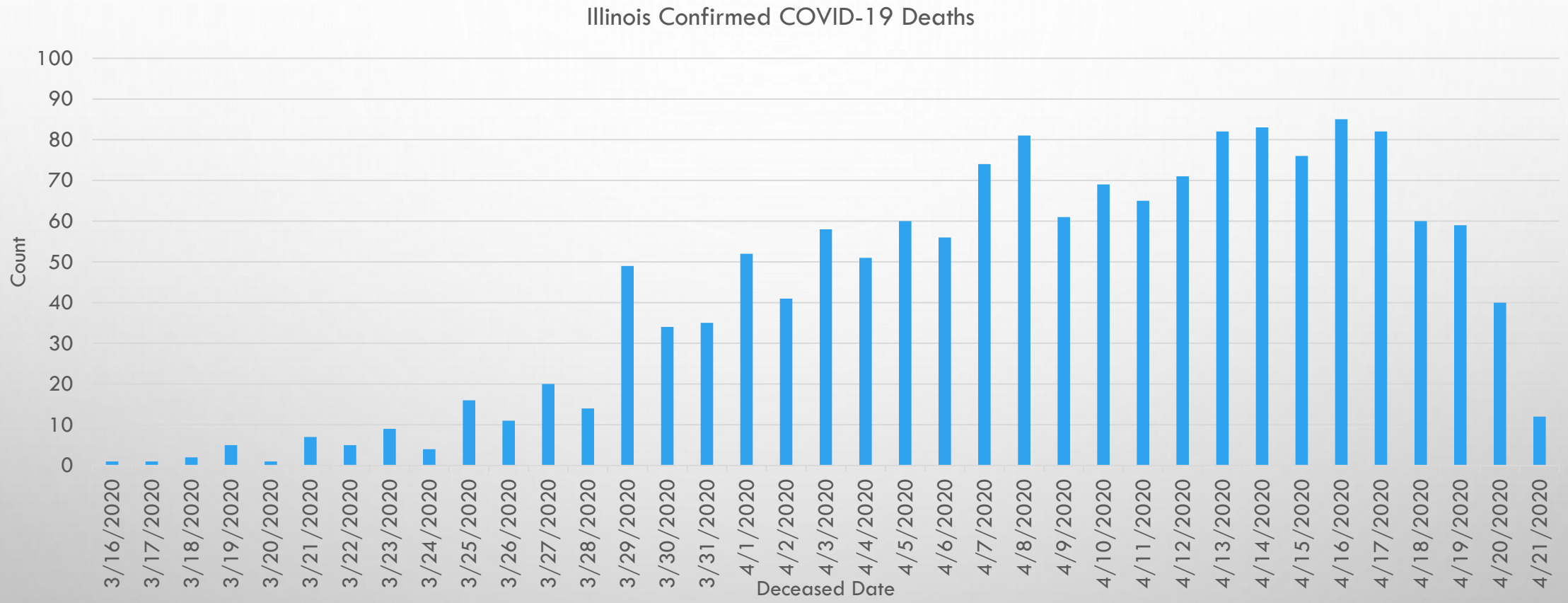


COVID-19 CASES



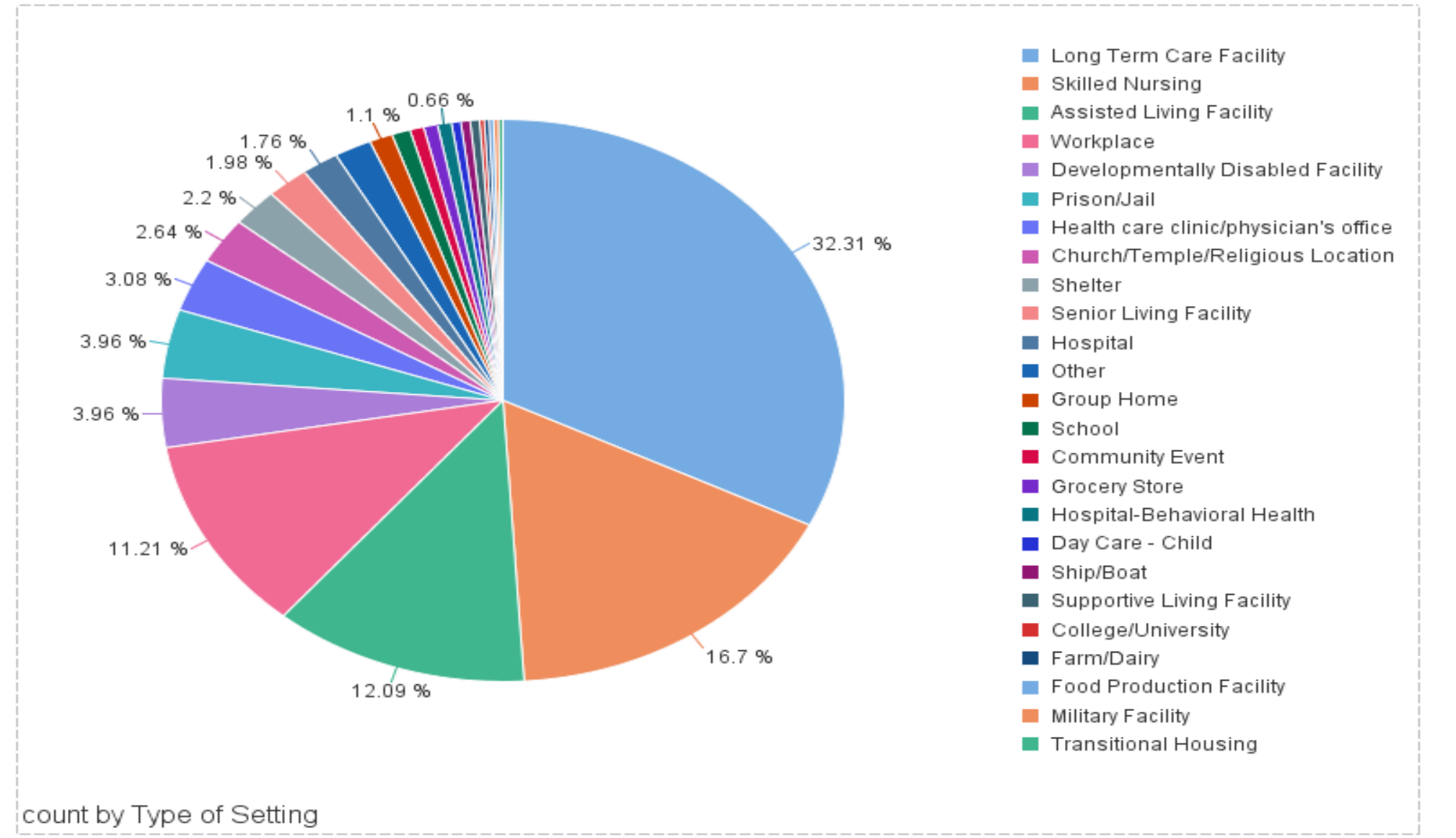
As of 4/21/2020

COVID-19 DEATHS



As of 4/21/2020

COVID 19 OUTBREAK; N=455 IN 51 DIFFERENT COUNTIES



LONG TERM CARE FACILITY STATUS: 4-19

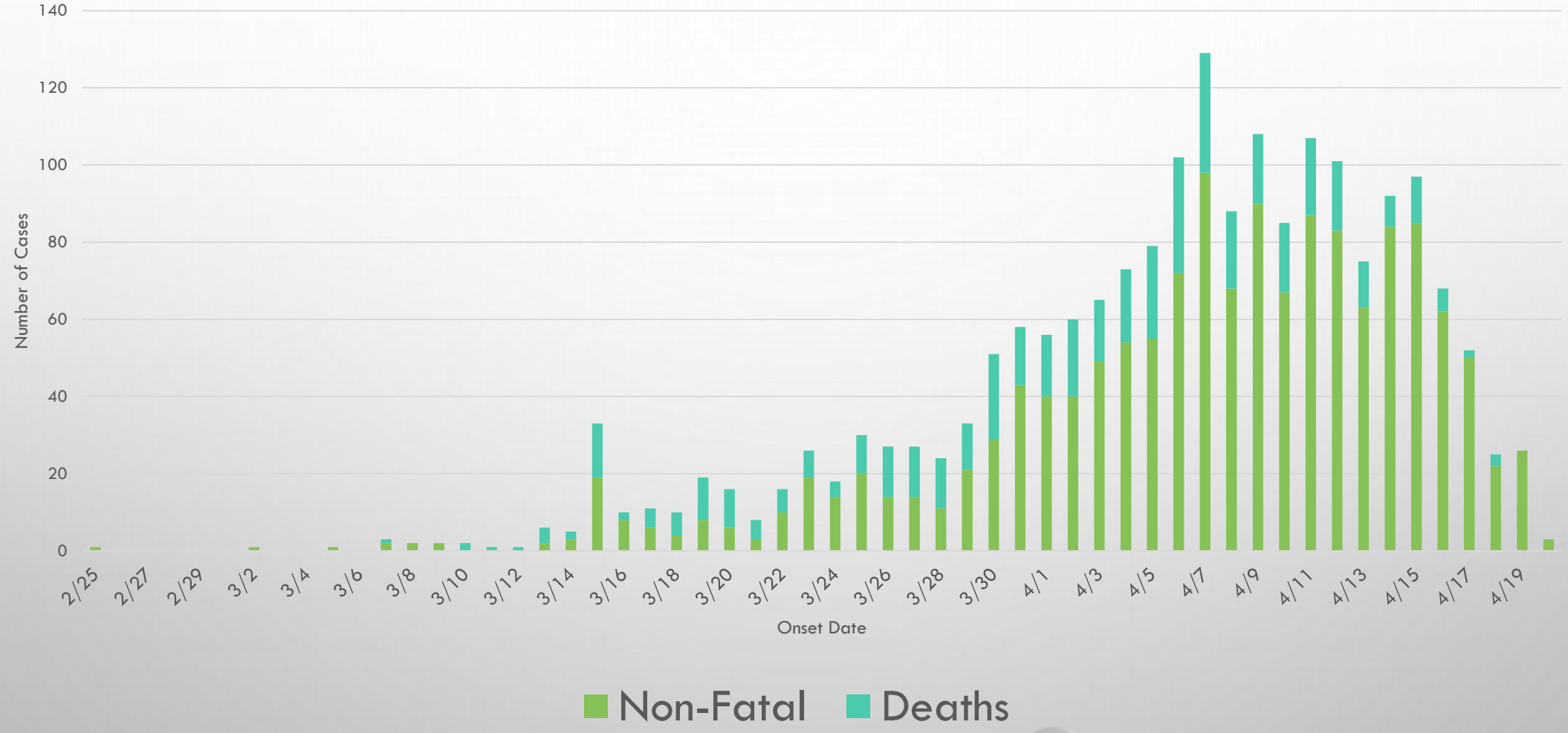
- 189 facilities out of a total of 800 long-term care facilities have Covid19 cases
- In total, there are 1860 cases in these facilities: A case meets the outbreak case definition, defined as epi- linked and clinical compatible with or without lab positive results – These cases are among both staff and residents
- 286 have died in LTC

The focus for the LHD is providing guidance and support to the LTC to control the outbreak.

FIVE-PRONGED APPROACH TO LTCF COVID-19 PREVENTION AND RESPONSE

- Prevention, Education, and Stakeholder Engagement
- Monitoring and Surveillance
- Provision of Infectious Disease Guidance
- Enhanced Engagement
- Resident Reengagement

COVID-19 Confirmed Cases and Deaths in Long-Term Care Facilities by Onset date, (N=1933)



EMS PERSONNEL SCREENING AT LTC

- IN ACCORDANCE WITH CMS GUIDANCE UPDATED 4/2/20–
  - ALL INDIVIDUALS SHOULD BE ASKED ABOUT COVID-19 SYMPTOMS AND HAVE THEIR TEMPERATURE CHECKED
  - AN EXCEPTION TO THIS IS EMS PERSONNEL RESPONSE TO AN URGENT MEDICAL NEED
  - THEY DO NOT HAVE TO BE SCREENED, ASSUMPTION IS MADE THAT THIS IS BEING DONE SEPARATELY
- IF NOT BEING DONE ALREADY, IMPLEMENT EMPLOYEE SCREENING PROCESSES WITHIN YOUR EMS AGENCY
  - TEMP CHECKS PRIOR TO SHIFT AND EVERY 12 HOURS, IF NECESSARY
  - MONITOR FOR SYMPTOMS
  - DOCUMENT SCREENING FOR EACH EMPLOYEE, MAINTAIN RECORDS
- WEAR YOUR PPE –
  - TAKE THE TIME TO USE THE APPROPRIATE LEVELS OF PPE BASED ON THE LEVEL OF PATIENT CONTACT AND CARE BEING PROVIDED AND BASED ON CDC GUIDANCE

COMMUNITY BASED TESTING SITES (CBTS)

- HARWOOD HEIGHTS
  6959 W. FOREST PRESERVE DRIVE
  CHICAGO, IL
  HOURS OF OPERATION: 7:00AM – 3:00PM
  750 MAX SPECIMENS
  (500 NP SWAB, 250 NASAL SWAB)

- MCLEAN COUNTY FAIRGROUNDS
  1106 INTERSTATE DR.
  BLOOMINGTON, IL
  HOURS OF OPERATION: 9:00AM – 5:00PM
  250 MAX SPECIMENS (NASAL SWAB)

- MARKHAM EMISSIONS TESTING STATION
  3824 W. 159TH PLACE
  MARKHAM, IL
  HOURS OF OPERATION: 8:00AM – 4:00PM
  800 MAX SPECIMENS (NASAL SWAB)

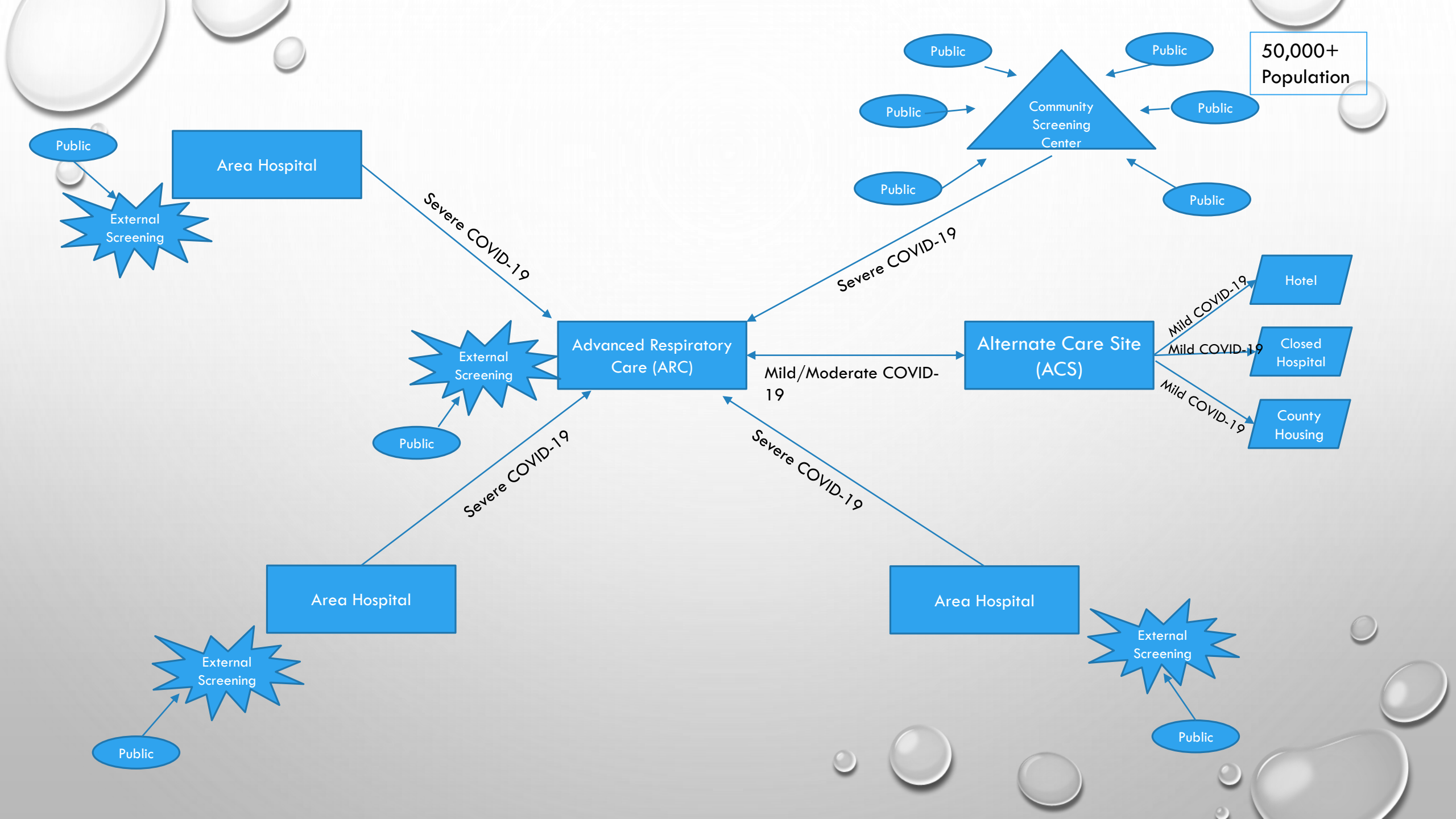
- AURORA PREMIUM OUTLETS
  1650 PREMIUM OUTLET BLVD.
  AURORA, IL
  HOURS OF OPERATION: 8:00AM – 4:00PM
  300 MAX SPECIMENS (NASAL SWAB)

- UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE
  1601 PARKVIEW AVE
  ROCKFORD, IL
  OPENING 04/24

ALTERCATE CARE SITES

ACUITY TIER 2A TIER 2 TIER 3

- McCormick Place
- Metro South
- West Lake
- Elgin


Public
Public
Public
Public
Public
50,000+ Population
Community Screening Center
Public
Area Hospital
External Screening
Severe COVID-19
Severe COVID-19
External Screening
Advanced Respiratory Care (ARC)
Mild/Moderate COVID-19
Alternate Care Site (ACS)
Mild COVID-19
Mild COVID-19
Mild COVID-19
Hotel
Closed Hospital
County Housing
Public
Severe COVID-19
Severe COVID-19
Area Hospital
Area Hospital
External Screening
External Screening
Public
Public

HOSPITAL APPLICATION OF CRISIS CARE

- Crisis care should cover strategies that extend or go beyond surge capacity plans. Surge capacity is generally described as the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity.
- Crisis care is likely to be activated during this long-term event when there is no practical way to obtain critical resources.
- Crisis care does not allow hospitals to delay patient care; the critical nature of the necessary health care will force immediate decisions.
- Crisis care must gradually move backwards to contingency or conventional care as additional resources become available such as medication, equipment, and staffing.
- Crisis care strategies should be updated throughout a crisis as needed, depending on ongoing resource shortages or increases.

HOSPITAL DISTRIBUTION OF SCARE RESOURCES

- Rationing of resources must be grounded in principles of non-discrimination.
- Team decisions: hospitals must implement triage teams, rather than allowing individual providers to make allocation decisions.
- Factors for de-prioritization. The system of rationing resources should allow for de-prioritization of patients who are unlikely to benefit from the scarce resource or treatment based on factors such as (1) risk of mortality or morbidity for a particular patient; (2) likelihood of good or acceptable response to a treatment or resource for a particular patient; and (3) community risk of transmitting infection and ability to reduce that risk by using a particular resource.
- Palliative care. Palliative care resources should be available to any patient to minimize pain and suffering.
- Essential workers. Hospitals should prioritize essential or key workers within the health care system in order to maintain acceptable staffing levels. This includes prioritizing available personal protective equipment to health care workers so they can continue to provide essential care.
- Re-assessment. Hospitals should continually assess the availability of resources in order to reallocate resources as needed.
- Randomized selection. After application of the above criteria, randomized selection processes may still be necessary if two patients are equally likely to benefit from a resource

EMS INDICATORS AND TRIGGERS

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The demand for ICU beds, ventilators, or respiratory care supplies is ***approaching critical levels***.	The demand for ICU beds, ventilators, or respiratory care supplies has ***reached critical capacity*** within the Region.
Hospital inventory of basic treatment supplies (e.g. IV kits, IV fluids, sterile equipment) is anticipated to be depleted within ***less than 5 days***. No commitment for re-supply has been secured. Equivalent substitutions are not available.	The inventory of basic medical treatment supplies is anticipated to be depleted ***within 1-2 days***. Equivalent substitutions are not available.
The number of hospital personnel who are unavailable for duty is ***above baseline***. Available personnel are consistently working overtime.	Hospitals ***no longer have*** the right complement of clinical and support staff to maintain the contingency level standard of care.
EMS inventory of PPE and/or respiratory care supplies is anticipated to be depleted ***within less than 5 days***. No commitment for re-supply has been secured. Re-use and conservation methods already in place.	The inventory of EMS PPE and/or respiratory care supplies is anticipated to be depleted ***within 1-2 days***.
The number of EMS personnel who are unavailable for duty is ***above baseline***. Available personnel are consistently working overtime.	The number of EMS personnel who are available for duty ***precludes the maintenance*** of contingency level staffing.
The response to a mass casualty incident ***threatens to deplete*** available EMS and hospital resources.	The response to a mass casualty incident ***depletes*** the EMS resources available to respond to 911 calls for emergency services.

EMS CALL TAKING AND DISPATCH CONSIDERATIONS

- Modify protocols to provide increased triage of patient symptoms.
- Make clinician resources available to assist with triage decisions.
- Identify call types to which alternate resources can be dispatched to assess the need for EMS.
- Consider use of pre-recorded message to instruct callers with non-life threatening illness or injuries to contact primary care provider.

EMS STAFFING CONSIDERATIONS

- ALS/BLS designations vs sending the closest available ambulance.
- Role of EMRs and other first responders with EMS licensure.
- Role of private EMS providers in the provision of emergency care.
- Policies for sharing licensed personnel in good standing.
- Reconfiguring staffing requirements.
- Scope of practice modifications needed in order to permit the delivery of certain treatments by lower levels of care.
- Whether PPE availability will determine types of procedures that can be performed.
- Whether System will vary from standard PPE recommendations.

POTENTIAL SCOPE OF PRACTICE MODIFICATIONS

Scope of Practice Modification	Provider Level	Equipment/Medications Required	Training Considerations
Administration of nebulizer treatment	EMR, BLS (if not already being done)	• Nebulizer set-ups • Bronchodilators	• Respiratory system assessment • Indicators for bronchodilator need • Medication-specific pharmacology • Use of nebulizer equipment
Blood glucose monitoring	EMR, BLS	• Glucometer • Test strips • Lancets	• Signs and symptoms of hypoglycemia and hyperglycemia • Target blood glucose range • Use of glucose monitoring equipment and supplies
Hypoglycemia correction	EMR	• Glucose tabs • Glucagon	• Physiology of fast acting carbohydrates on blood glucose levels • Oral glucose tablet dosing • Glucagon administration • Post-administration blood glucose monitoring
Hyperglycemia correction	BLS	• Fast acting insulin • Insulin syringes • Sharps container	• Insulin pharmacology • Insulin dosing and administration • Post-administration blood glucose monitoring
Assist patient with administration of own nitroglycerin	BLS	• Nitroglycerin tablets	• Indications for use • Nitroglycerin pharmacology • Nitroglycerin dosing and administration • Post-administration monitoring
Administration of injectable pain medications	BLS	• Pre-filled syringe narcotic and non-narcotic analgesics • Sharps container	• Indications for injectable pain medications • Pharmacology for selected medications • Injectable medication administration • Post-administration monitoring
Assist patient with administration of own medication	EMR, BLS	• None	• Five rights of medication administration: right patient, right drug, right dose, right route, right time • Medication information resources (e.g. prescription information sheet from pharmacy; websites)

AMBULANCE CONSIDERATIONS

- Request a waiver from IDPH to operate BLS/ALS ambulances at a level that they have a current licensure for a period of greater than 10 days.
- Ability to increase the number of ambulances available to respond to 911 calls .
- Modifications to EMS dispatch protocols and the level of care that will be sent (ALS, BLS, EMR).
- Alternate transportation resources and minimum staffing/ equipment requirements for use.
- Strategies to minimize the amount of time that ambulances are out of service for maintenance and repair.
- Request a waiver to decrease the minimum amount of certain supplies carried on an ambulance.

TRIAGE CONSIDERATIONS

- If time is not a factor in clinical outcome, the patient should be de-prioritized for continued EMS resources.
- Illness or injury presentations that appear stable but could deteriorate quickly.
- Whether the delivery of a single, time efficient treatment (e.g. pain management) could move the patient into a lower triage category/priority that will no longer require EMS resources.
- Whether alternate treatment methods are available if the primary treatment option is no longer available and how this availability influences patient prioritization.
- Specific injuries, illnesses, and/or underlying health factors whose combinations are known to cause poorer health outcomes in patients.
- Palliative care resources available to provide comfort measures to de-prioritized patients.
- Mechanisms for follow-up with de-prioritized patients if additional resources become available.
- Immediate access to Online Medical Control for triage decision support.

PATIENT DE-PRIORITIZATION

- Respiratory care resource limitations may necessitate that certain patients be de-prioritized for care.
- Decisions should be based on ethical principals.
- Decisions for de-prioritization should not be made in isolation.
- Anticipated patient outcomes and the resources required to achieve that outcome- both positive and negative outcomes- must be consider.
- Resource investment with a high likelihood of negative patient outcome may need to be severely restricted so that the limited resources available can be allocated to patients with a high probability of successful outcomes.

TREATMENT CONSIDERATIONS

- Whether treatments should be initiated in the pre-hospital setting if they cannot be sustained in the hospital environment.
- Modified treatment protocols for situations when the primary treatment option is no longer available or presents an increased risk to the EMS provider.
- COVID-19-specific clinical recommendations and treatment protocols/information.
- Implications for limiting or performing aerosolizing procedures and additional protective actions that can be taken to minimize risk.

TREATMENT CONSIDERATIONS CONT.

- Modifications to resuscitation procedures.
- Field termination of care.
- Treatment without EMS transport or treatment with self-transport.
- Palliative care referrals for patients who are de-prioritized for treatment. On-scene treatments for symptoms management that are allowable.
- Online Medical Control consultation requirements for treatment/no treatment decisions.

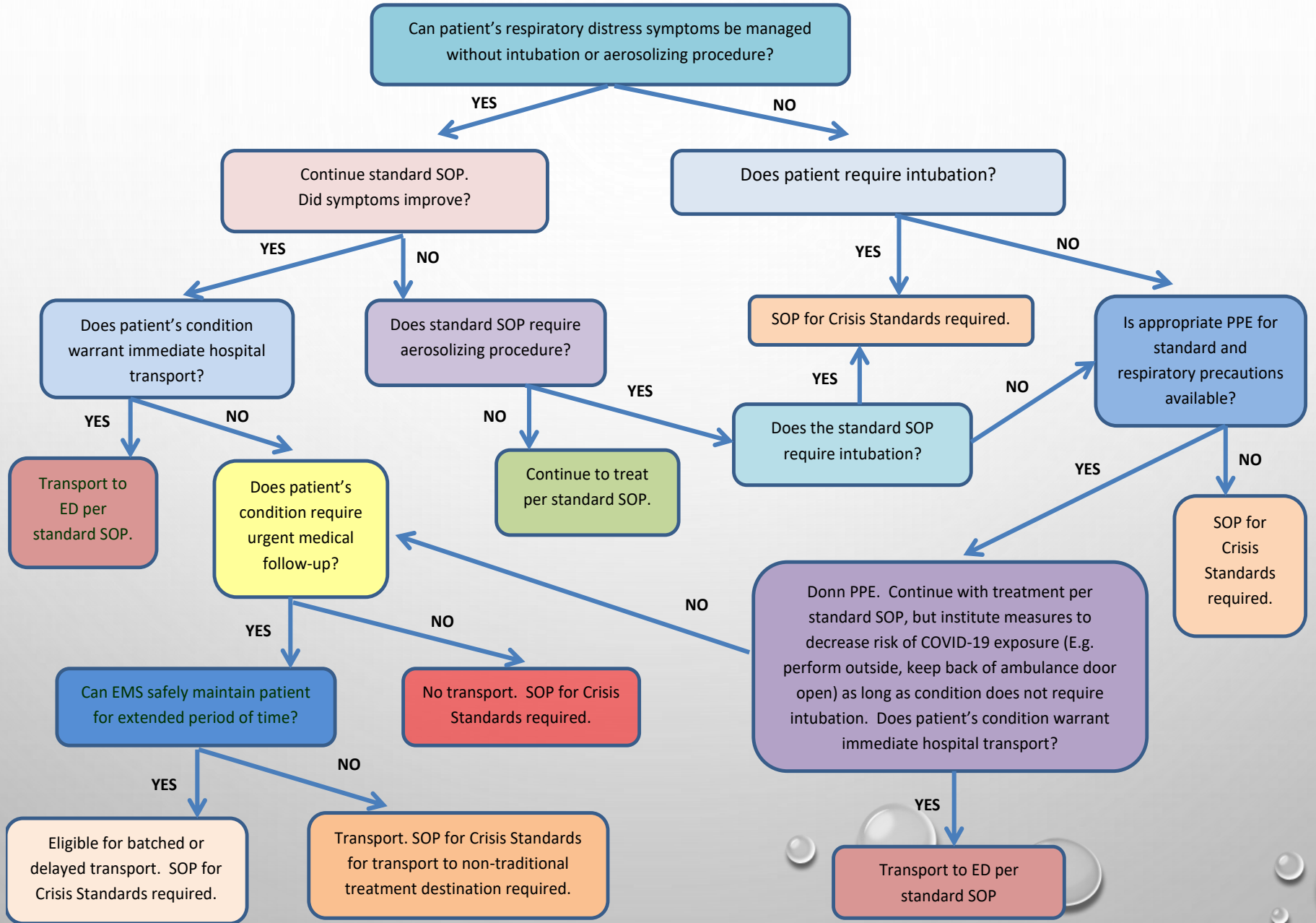
TRANSPORT CONSIDERATIONS

- The Centers for Medicare & Medicaid Services (CMS) has temporarily expanded the list of allowable destinations for ambulance transports for the duration of the COVID-19 public health emergency.
- EMS providers must have timely access to information on bed availability at non-ED transport destinations in order to ensure that patients are being distributed appropriately across all treatment locations.
- Patients who do not require on-going EMS intervention and whose clinical outcome will not be impacted by delayed treatment should not be transported by EMS.
- Only patients who have a return of spontaneous circulation (ROSC) after an out-of-hospital cardiac arrest (OHCA) should be transported.
- Criteria for delayed or batched transport.
- Requirements for consultation with Online Medical Control regarding transport/no transport decisions.

MENTAL HEALTH CONSIDERATIONS

- Monitoring for physical, mental (e.g. decision-making capacity), and emotional fatigue and the use of negative coping strategies (e.g. substance abuse, internalization) to address the resulting stress.
- Identifying strategies to help EMS providers cope with stress in a positive manner.
  - Post-shift debriefing sessions
  - Comfort dogs
  - Referrals to mental health providers/support groups
  - Increased recognition for on-going efforts during challenging times

REQUIRED SOP CHANGES TO REFLECT CRISIS STANDARDS: REGIONAL HOSPITALS AT ICU AND/OR VENTILATOR BED CAPACITY - PATIENTS WITH RESPIRATORY DISTRESS



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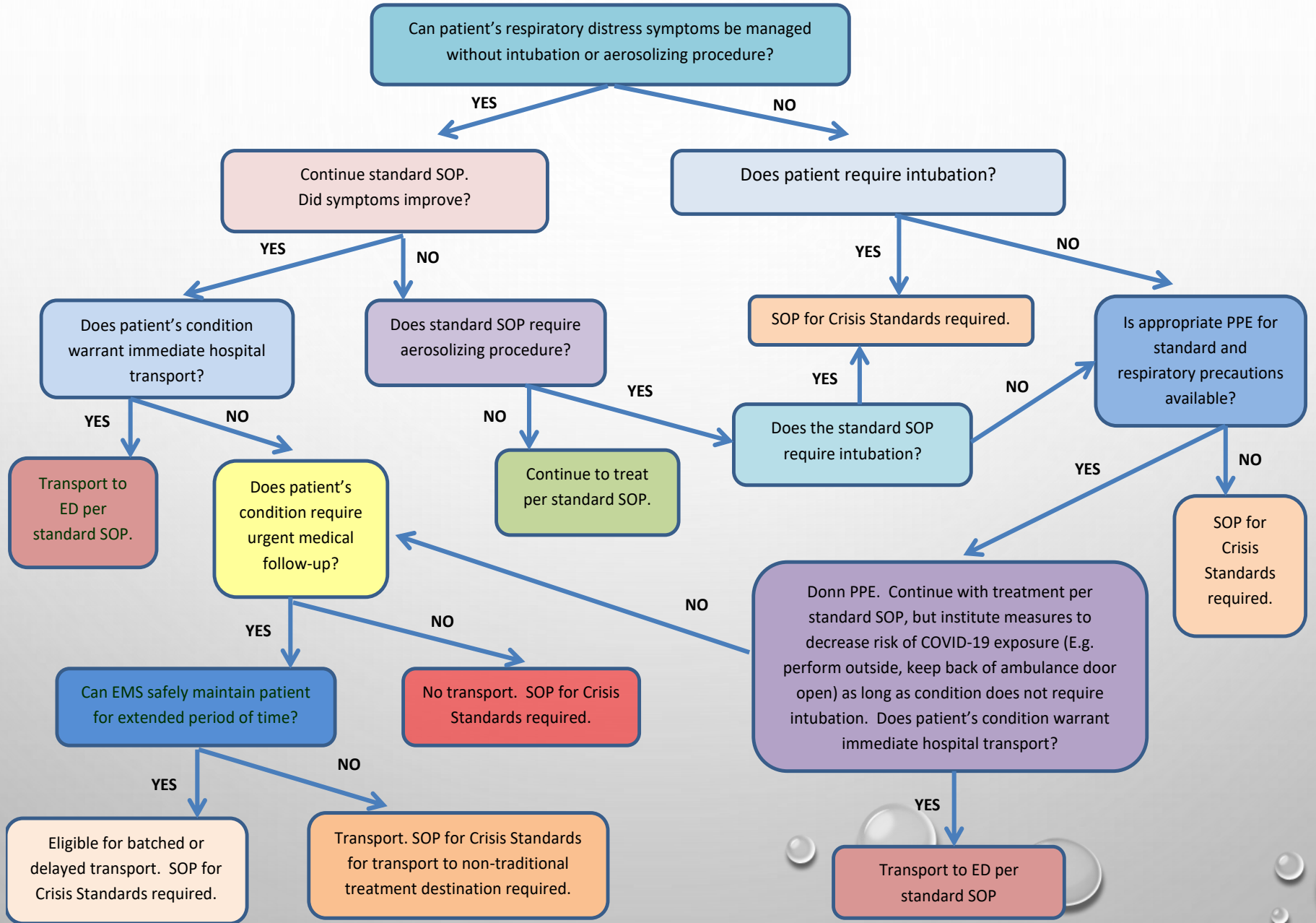

PAPER FORMS

Recommendations for consideration can include:

- Use of electronic signature on EMS Toughbook/tablet
- Use of a tape recorder to record refusals
- Call medical control to allow for the crew to record the refusal with either the patient or the guardian and document the refusal process

Before a refusal can be considered EMS personnel MUST ensure the following are met as it relates to decisional capacity and ensure that the following is documented in their report:

- The patient/ guardian can communicate a choice
- The patient/ guardian understands all relevant information
- The patient/ guardian can appreciate the situation and its consequences
- The patient/ guardian can reason rationally

KN95 MASKS

- Discontinue using any KN95 respirators for procedures that require the use of an N95 or similar respirator unless their authenticity and performance (through fit testing) can be verified. 2. Stop distributing any KN95s that have not been added to Appendix A of FDA's emergency use authorization. 3. Remove from service any KN95s that have already been received. 4. Do not use KN95s whose performance cannot be verified through successful fit testing.

N.R. PROVISIONAL CERTIFICATION

- This Provisional Certification is a National Registry certification; however, it is not the same as being fully certified. The National Registry developed this Provisional Certification status to assist the specific states and territories that are issuing EMS personnel emergency licenses due to the pandemic. The Provisional Certification is assigned to any candidate that
  - completes an approved educational program at the EMR, EMT, AEMT level or is a graduate from an accredited Paramedic program,
  - submits an application for certification and otherwise meets all certification requirements, and
  - successfully passes the National Registry's cognitive

PSYCHOMOTOR EXAMINATION

EMR and EMT Psychomotor Examinations are designed, implemented, and scheduled by the State EMS Office. Candidates should communicate with their course instructor or Program Director for instructions on completing the psychomotor examination.

AEMT and Paramedic examinations are scheduled locally by examination coordinators.

EMS FUTURE CLASSES

- EMS educational programs may employ a broader array of approaches, in determining competency in didactic, laboratory, clinical, field experience, and field internship.
- IDPH will permit the use of alternative evaluation methods to include scenarios, case studies, and simulation as well as the adjustment of minimum competencies to satisfy the requirements of these standards for EMS educational programs through December 31, 2020.
- The medical director and program director **must** ensure the entry-level competence of each graduate of the program in the cognitive and psychomotor domains and that any changes to program requirements must be documented and submitted to IDPH for approval

EMS CLASSES

Modifications to Minimum Patient/skill Requirements.

If modifications are made to the program's overall established minimum patient/skill requirements, the program director shall submit the following:

number of hours

skill validation check list

approval by EMSMD

Identification of how clinical and ambulance time and psychomotor skills will be performed

Program's Action Plan to Determine Student Competency.

The program's action plan needs to identify how it will determine a student is entry-level competent even though the student had not achieved the program's established minimum patient/skill requirements. The action plan may vary by individual student based on their program lab, clinical, and field internship progress to date.

COMMUNICATE THIS INFORMATION

- ENSURE THAT ALL EDUCATIONAL PROGRAMS ARE AWARE OF THE PROVISIONAL CERTIFICATION INFORMATION
- THIS IS A POOL OF POTENTIAL PERSONNEL WE COULD PULL FROM IF THEY MEET THE CRITERIA OUTLINED IN THE PROVISIONAL CERTIFICATION DOCUMENT SENT BY IDPH AND APPROVED BY THE SYSTEMS
- IDPH IS GETTING LETTERS, CALLS, AND EMAILS FROM STUDENTS SAYING THEY ARE NOT GETTING INFORMED

PEARSON VUE TESTING AVAILABILITY SEARCH

- Pearson VUE has added an "Anonymous Seat Search" to the Pearson Vue National Registry Page (https://home.pearsonvue.com/nremt). This will allow anyone to search for availability at testing centers without an Authorization To Test (ATT).
- From the Pearson Vue National Registry Page:
- Select **Seat availability** from the right-side menu; **Click Next**
- Select the Examination for which you wish to see availability; **Click Next**
  - You'll have the option to view testing policies; **Click Next**
- Enter an address, including the City, State, and Zip Code; **Click Search**
- From the list of available centers, you may select a maximum of three, to view their seating availability.
  - You may select alternative test centers from an option on the screen.
- This new tool is managed entirely by Pearson VUE and was implemented as an emergent request by National Registry to assist our stakeholders.

NREMT REMOTE PROCTORING

- GO-Live 2nd week of May for AEMT's and EMT's
- The candidate sign up for the remote proctoring. A software is then ran to check the candidates computer for certain qualifications. If approved the candidate will have a meeting with Pearson VUE to review the person and the facility/ home they will be testing in via web cam.
- Candidates can choose their delivery modality via their NREMT account/application
  - Candidates can switch modalities after they made a designation

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- Candidates can choose their delivery modality via their NREMT account/application
  - Candidates can switch modalities after they made a designation

AMBULANCE SELF-INSPECTIONS CONTINUE TILL THE END OF MAY

- Providers, if your ambulance was due to be inspected (ie: annual ambulance inspection, new ambulance, vehicle was OOS and going back into service, etc..) you'll need to self-inspect your own vehicles and send those inspections to an IDPH ambulance inspector.

- Inspections need to be e-mailed accordingly:
- Region 1, 7, 8,9, 10, 11- Emily.Doering@Illinois.gov & Louise.Roberts@Illinois.gov
- Region 2 - Mike.Epping@Illinois.gov
- Region 3, 4, 5,6 - Beau.M.Elam@illinois.gov

- System Modifications, requiring an inspection, will still need to be reviewed and processed by an EMS System Coordinator and Regional Coordinator before inspections can be entered into the licensing database.

- Please share this information with your EMS providers and EMS personnel who have annual inspections due by May 31st, 2020.

SUBJECT: Re: [External]Illinois Resource
FROM: Vivian Ndangoh <vndangoh@co.kendall.il.us>
TO: Ami Hawks <ahawks@sd308.org>
DATE: 06/05/2020 23:30

Thank you so much, Ami, for the resources.

Vivian Ndangoh, WSW, RN

Kendall County Health Department

811 W. John St. Yorkville, IL 60560

Tel: 630 553 8046 or 331 442 3263

Fax: 630 553 9604. Email: vndangoh@co.kendall.il.us

From: Ami Hawks <ahawks@sd308.org>
Sent: Tuesday, May 5, 2020 4:17 PM
To: Vivian Ndangoh <vndangoh@co.kendall.il.us>
Subject: [External]Illinois Resource

Hi Vivian,

As we discussed here are some resources I had from briefings and IDPH website.

CALL4CALM through the Department of Human Services TEXT word "TALK" to 552 0202 for stress or mental health issues related to COVID. Additional services TEXT keyword "UNEMPLOYMENT, FOOD, SHELTER" and caller will receive information back with information to help navigate.

Hotline for Telecare for Northern IL 866.443.2584

https://coronavirus.illinois.gov/s/telehealth
Advocate Healthcare is providing virtual care in every region of Illinois. This care will include COVID-19 screenings, virtual visits, and remote patient monitoring. OSF will provide telehealth services in Central Illinois, Metro East and Rockford, SIU Medicine in Southern and West Central Illinois, and Advocate Aurora Healthcare in most of Northern Illinois, including the Chicago metropolitan area. These resources are available for anyone in the state, no matter what form of insurance they have.

To get virtual care, contact the healthcare that provides coverage in your area:

OSF Healthcare:
Phone: 833-673-5669
Website: www.osfhealthcare.org

SIU School of Medicine:
Phone: 217-545-5100
Website: www.siumed.edu/phw

Advocate Aurora Healthcare
Phone: 866-443-2584
Website: www.advocateaurorahealth.org/coronavirus-disease-2019

Ami Hawks, LPN
East View Academy/G.O.A.L.
Nursing
630.608.5902 / Fax: 630.608.5989
ahawks@sd308.org

SUBJECT: Re: [External]Quick call?
FROM: Theresa Komitas <tkomitas@sd308.org>
TO: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
DATE: 30/07/2020 09:20

Ok, thanks.

On Thu, Jul 30, 2020 at 8:25 AM RaeAnn VanGundy <RVanGundy@co.kendall.il.us> wrote:

> Yes, but I want to await IDPH guidance to the email that Steve has sent this morning.
>
> Thanks, RaeAnn
>
> Sent from Mail for Windows 10
>
> ---
>
> **From:** Theresa Komitas
> **Sent:** Thursday, July 30, 2020 6:38 AM
> **To:** RaeAnn VanGundy
> **Subject:** [External]Quick call?
>
> Hi RaeAnn
> Is there any chance we could have a quick conversation with you at some point today? We have individual meetings with each our board members set up and we are potentially looking at a possible vote on Monday for moving to remote. If we do so jobs are impacted and a number of other important things. Before making that decision impacting over 20,000 people we just wanted to have a conversation with you and make sure that we were on the same page. Let me know what works for you I really appreciate it, thanks again Theresa
>
> Sent from my iPhone

--
Theresa Komitas
Director of Communications and Public Relations

Community Unit School District 308
District Administration Center
4175 Rt 71
Oswego, IL 60543

630-636-3660
630-383-9287
tkomitas@sd308.org

www.SD308.org

Mission Statement: In partnership with our families and communities, Community Unit School District 308 will educate all students to reach their highest potential.

SUBJECT: Flow Chart
FROM: Theresa Komitas <tkomitas@sd308.org>
TO: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>, Steve Curatti <SCuratti@co.kendall.il.us>, Terri Olson <tolson@co.kendall.il.us>
DATE: 01/08/2020 22:46
ATTACHMENTS (20200801-224630-0000035): "Return-to-School-Work-Flowchart-July-31-2020.pdf"

We received this chart from a legal firm that specializes in education. While this is helpful..we still remain with the big question of what defines "someone who has tested positive for COVID-19 or is suspected of having COVID-19". Nobody wants to be liable for figuring out if someone who is symptomatic is suspected or not!

Good news is that we are starting fully remote in our district and hopefully this will be spelled out by the time we need it!
Thanks for all your time and help!
Theresa

--
Theresa Komitas
Director of Communications and Public Relations

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SUBJECT: RE: [External]Meeting with SD 308
FROM: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
TO: Theresa Komitas <tkomitas@sd308.org>
DATE: 15/09/2020 17:08
ATTACHMENTS (20200915-170817-0000026): "Health Department Guidance to Support Local School Administration.pdf"

Wanted to share with you this guidance that we have created in the event you have not seen it.
Thanks, Rae

From: Theresa Komitas [mailto:tkomitas@sd308.org]
Sent: Monday, September 14, 2020 4:07 PM
To: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
Subject: Re: [External]Meeting with SD 308

Great thanks

Sent from my iPhone

> On Sep 14, 2020, at 2:40 PM, RaeAnn VanGundy <RVanGundy@co.kendall.il.us> wrote
>
> Hi Theresa,
> It looks like the 17th at 2pm is best for our team. Please send over a meeting invite and agenda v
> have time. We look forward to having a great discussion.
> Thanks, RaeAnn
>
> **From:** Theresa Komitas [mailto:tkomitas@sd308.org]
> **Sent:** Monday, September 14, 2020 8:33 AM
> **To:** RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
> **Subject:** Fwd: [External]Meeting with SD 308
>
> Hi RaeAnn,
> I was checking back through my emails and see a failure on this one I sent back to you, g
> you didn't get it?
> Anyhow, hoping we can get the meeting on the books ASAP as we plan to present in abo
> the plan to our board.
> It can be an hour virtual meeting to make it easier on everyone. I can send over an agend
> from our end.
> Thanks!!
>
> ---------- Forwarded message ---------
> From: **Theresa Komitas** <tkomitas@sd308.org>
> Date: Fri, Sep 4, 2020 at 1:08 PM
> Subject: Re: [External]Meeting with SD 308
> To: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
>
> We're good with either afternoon, please feel free to pick whichever is best for your team
> happy to host or travel to you! Either way is good.
> The long weekend is a blessing, yes very much looking forward to it. I can't imagine the s
> there, my best to all of you, you're doing a great job during a terrible situation.
> Take care, we look forward to meeting with you soon!!
> Theresa

would work for us. Please let me know if either of those work well for your
Take care and stay well,
RaeAnn

From: Theresa Komitas [mailto:tkomitas@sd308.org]
Sent: Thursday, September 3, 2020 11:48 AM
To: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
Subject: [External]Meeting with SD 308

Hi RaeAnn,
As we look forward to hopefully getting kids back in school over the next several mon
working on parameters as part of our plan that would inform this decision.
We were hoping we could meet with your team to review our plan, hear your recomme
and together feel good about it before we present it to our board for review.
If this sounds ok, please let me know a few dates that could work for your team, and w
together a few people from our side as well.
Thank you so much for your continued support- it's much appreciated!

--
Theresa Komitas
Director of Communications and Public Relations

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--
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Mission Statement: In partnership with our families and communities, Community Unit S District 308 will educate all students to reach their highest potential.

SUBJECT: Re: 308 Reopening Plan
FROM: Theresa Komitas <tkomitas@sd308.org>
TO: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
CC: Terri Olson <tolson@co.kendall.il.us>, Steve Curatti <SCuratti@co.kendall.il.us>, Ishani Doshi <idoshi@co.kendall.il.us>
DATE: 17/09/2020 12:39
ATTACHMENTS (20200917-123915-0000019): "Guiding the Decision to Safely Resume In Person Learning (2).pdf"

Sorry it didn't work through Google, here it is!
Thanks

On Thu, Sep 17, 2020 at 12:33 PM RaeAnn VanGundy <RVanGundy@co.kendall.il.us> wrote:

> Theresa,
>
> Can you please send us the reopening plan. I have requested access to the google doc through the invite, but want to ensure we have enough time for its review.
>
> Thanks ,RaeAnn
>
> RaeAnn VanGundy, MPH
>
> Executive Director/ Public Health Administrator
>
> Kendall County Health Department
>
> 811 W. John St.
>
> Yorkville, IL 60560
>
> (630)553.8064
>
> www.kendallhealth.org

--
Theresa Komitas
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tkomitas@sd308.org

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SUBJECT: Re: [External]Thanks for Reviewing!
FROM: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
TO: Theresa Komitas <tkomitas@sd308.org>
DATE: 16/10/2020 18:26

Looks good and very thoughtfully put together. Best of luck. I know this isn't easy, but you and your team are doing fantastic and we are here to support you in whatever way possible.
Have a beautiful weekend
RaeAnn

From: Theresa Komitas <tkomitas@sd308.org>
Sent: Friday, October 16, 2020 9:47 PM
To: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
Subject: [External]Thanks for Reviewing!

Here's what we were hoping to send out to staff either this evening or tomorrow;
October
16, 2020

Good
afternoon SD 308 staff,

As
we look forward to welcoming back students and staff in our self-contained Special Education programs next week, I want to briefly inform you of some important health and safety information.

The district has established a comprehensive safety
plan and other resources that can be found on our website and intranet. It is updated as guidance changes from local, state and federal health authorities. In addition to the published guidelines from the Illinois State Board of Education and the Illinois
Department of Public Health, our district has established several procedures and protocols to protect the health and safety of our students and staff.

Making
the determination on when it is “safe” to have students at school is a decision that is guided by several factors. These include the health metrics of the areas we serve, the availability of necessary PPE, the availability of staff, and the ability to follow
the necessary mitigation strategies which include daily self-certification of wellness, wearing face coverings, keeping socially distanced, and excluding students and staff who are symptomatic, exposed or positive for COVID-19. Each of these things are important
to monitor and consider when making the progression towards reopening schools. No single measure alone is sufficient to rely on, but rather the evaluation of each measure together which provides guidance to district leaders.

While
we closely monitor the health metrics for our area, including our four primary zip codes, county and regional data, we also consult with local health authorities at the Kendall County Health Department when determining the safety of schools being open for
in-person learning. In conversations with the health department today, we have learned that they are on a

similar path, planning to fully re-open, having staff present in their facilities for work beginning in early November. While we may see gradual increases in area metrics, the positivity rate for our service area remains below that of the region and state. As pointed out by the health department, so much more is known about COVID-19 as compared to several months ago, with a greater understanding of transmission, symptoms and treatment. The availability of testing is expanding and more is being done, which leads to higher numbers of new cases reported, since individuals can be pre-symptomatic or asymptomatic when tested. The number of youth cases in our area has remained relatively stable over the past several weeks.

Movement between the stages of our reopening plan is both mythodocial and gradual. This allows for us to slowly reintroduce our student populations to the buildings and ensure that we can follow the safety guidelines in place. If we need to place a pause on in-person learning in a single class, school, or even across the entire district for health or safety reasons, resuming a temporary remote for all model of learning will be done. When we see a dramatic shift in health metrics, we consult with our local health authorities for guidance, learning about potential attributing factors, and any increased risk in our school settings.

It's important that we all recognize that this is a challenging time for everyone involved- staff, students, parents, and our community. It is our job as a school community to band together, inspiring and supporting each other as we work together to bring students the very best education we can in these unusual circumstances. We accept that this is not "normal" and we must all do our best to offer grace and understanding to each other. I ask you to join with me as we begin the process of opening our schools, to remain positive and excited. I assure you that our leadership team in coordination with the Kendall County Health Department will continue to remain focused on making our schools as safe as possible.

As a reminder, there are many resources available to you on the district website and also on our employee intranet. Thank you for your continued support!

Dr.
John W. Sparlin
Superintendent
of Schools

--
Theresa Komitas
Director of Communications and Public Relations

Community Unit School District 308

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SUBJECT: Re: [External]Current State
FROM: Theresa Komitas <tkomitas@sd308.org>
TO: RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
DATE: 26/10/2020 17:29

Thank you! I appreciate the help and understand the necessity to be vague

On Mon, Oct 26, 2020 at 4:43 PM RaeAnn VanGundy <RVanGundy@co.kendall.il.us> wrote:

> As we discussed, indicators are trending toward a health department recommendation of an adaptive pause to virtual learning. We will make final a recommendation on Friday afternoon, soon after we see latest data form IDPH. The most recent county-wide and regional data will assist us in solidifying our recommendation. This recommendation can then be used, along with your data/trends/expertise to assist local school officials in making decisions such as the one below. I know this is vague, but the school district has to make the decision.
>
> Thanks, RaeAnn
>
> **From:** Theresa Komitas [mailto:tkomitas@sd308.org]
> **Sent:** Monday, October 26, 2020 2:55 PM
> **To:** RaeAnn VanGundy <RVanGundy@co.kendall.il.us>
> **Subject:** [External]Current State
>
> RaeAnn,
>
> Given the current numbers, does the health department have any concern with our current state (stage 2 of our reopening plan) which accommodates our self-contained special education students for shortened school days- using the mitigation strategies of social distancing, face coverings, alternating schedules and enhanced cleaning/sanitization. This is approximately 350 total students spread out in 20+ buildings.
>
> I understand we may pause our plan at this stage 2 point and NOT move to our stage 3 based on the metrics (pending additional KCHD guidance late this week or early next), but wanted to be certain that you don't feel it is necessary at this time for our district to restrict ALL students or staff from using school buildings- like a complete shut down.
>
> Thank you!!
>
> --
>
> **Theresa Komitas**
>
> Director of Communications and Public Relations
>
> Community Unit School District 308
>
> Mason Square Executive Center

1008 Douglas Rd.

Oswego, IL 60543

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www.SD308.org

Mission Statement: In partnership with our families and communities, Community Unit School District 308 will educate all students to reach their highest potential.

--

Theresa Komitas
Director of Communications and Public Relations

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Mission Statement: In partnership with our families and communities, Community Unit School District 308 will educate all students to reach their highest potential.

SUBJECT: Oswego East High School - Girls Track & Field & Adaptive Pause
FROM: Shelly Britt <sBritt@co.kendall.il.us>
TO: Health Service Jennifer Pienkos <jpienkos@sd308.org>
CC: Alely Nunez <aNunez@co.kendall.il.us>, Ishani Doshi <idoshi@co.kendall.il.us>, Vivian Ndangoh <vndangoh@co.kendall.il.us>
DATE: 21/04/2021 13:06

Thank you for taking time this morning to discuss the positive cases with the girls track & field and OEHS in-class students. I understand that OEHS has elected to take an adaptive pause, starting on 4/22/21 - 5/1/21 (4/21 remote day).

The girls track & field positive cases will be established as an outbreak with IDPH. We currently have five cases; two reside in Will County and three in Kendall County. I will be in contact with Will County as well.

As discussed, a parent identified exposure between 4/5/21- 4/9/21, with symptoms starting on 4/11/21. It may be possible that others were exposed at practices or scheduled events and/or bus trips and should be considered when determining close contacts.

Does the girls' team wear face masks during all training/practices and events? Are all practice/events outdoors?

<u>Please provide the following information related to the girls Track & Field</u>:

- Itemization of all positive students including the close contact student/coaches in track & field
  - *Exposure is defined -close contact, within 6 feet, cumulative total of 15 minutes, throughout the course of 24-hour period.*
  - *Student's name, date of birth, parent/guardian name and phone number & date positive*
- Did the positive track & field students, participating in-person school?
  - If so, please identify any of those close contact students/staff
    - Have any of the close contacts test covid positive?
  - *Student name, date of birth, parent/guardian name and phone number & date positive*
- Please provide list of track/field meets/events from the 3/29/21 - 4/19/21.
  - Opposing team/schools and locations of the meets
  - Have these programs been informed of potential exposure?
- Detail of all the practice dates and times including practices during Spring break 3/29/21 -4/6/21.
  - *Please identify indoor or outdoor practices*

<u>Please provide the following information for the other student positives within OEHS</u>:

- Itemization of all positive students including the close contact student/coaches
  - *Exposure is defined -close contact, within 6 feet, cumulative total of 15 minutes, throughout the course of 24-hour period.*
  - *Student name, date of birth, parent/guardian name and phone number & date positive*
  - *Does any of the positive students participate in any other extracurricular program or sports*
    - *If so, this may identify other close contacts and if additional information is needed for these sport programs*

I understand that it will take some time to compile all the information. Please forward to Ishani, Alely and me. If you are notified of any other positive students, related to this current situation, please email us as well. Our team will be working together to manage the positive/close contacts in a timely manner.

Your Kendall County Health Department point of contacts are:

- Ishani Doshi 630-553-8306 idoshi@co.kendall.il.us
- Alely Nunez 630-945-5186 anunez@co.kendall.il.us
- Shelly Britt 630-945-7607 sBritt@co.kendall.il.us

Moving forward, please email any future positive case/close contact information directly to Ishani and Alely.

Together, we will work to keep our students safe and in school. We look forward to continuing to serve our community and partners within the school district and throughout our county.

Have a great day!!

Shelly Britt
Resource Specialist -Community Health
Kendall County Health Department
811 W. John
Yorkville IL 60560
(630) 553-9100
Direct Phone: (630) 945-7607
Fax (630) 553-9604

As we discussed, below is a list of questions from Plano School District that require some clarification:

- Contact Tracing: Is it correct that it is only performed when a positive test is received? Also, does the KCHD have a template that may be helpful for the school buildings use?
- Please clarify 100.0 (current school policy) vs. 100.4 (current standard in guidance). Are there any cons to maintaining the 100.0 fever threshold in the schools?
- Please clarify that if a student is sent home sick (runny nose, stomach ache, etc.) all siblings must be sent home as well and quarantined (for 10 days).
- Please clarify the difference in actions between a student sent home with a fever, and a student sent home with other symptoms (congestion, SA, HA, etc.)
- You stated that if 2 students are sick in a classroom within 10 days, then the entire class should be sent home. Can you please clarify the necessity of this even if other individuals were wearing masks and were not within 6 feet of the sick individuals?
- Please clarify the difference in actions between a general education classroom and an instructional/diagnostic classroom. Instructional/diagnostic classrooms will not be able to social distance due to hand over hand teaching, and students will not be wearing masks due to their diagnoses.
- If an athlete is diagnosed with COVID, is it up to the school to notify all other teams that the athlete has been in contact with? Does the HD handle this?
- What is the average amount of time after receiving a COVID test that results will be received? Can the school be notified as quickly as possible?
- If there is a positive case within a school, what are the recommendations for school closure? Should we only quarantine students and staff who were within 6 feet of the student for 15 minutes or more, or does the entire classroom need to be shut down?
- What warrants closure of an entire building? Also, what actions are needed to reopen, and how long should the building/district remain closed?
- Please clarify that we will only notify the community of possible exposure if a positive test is received. Must we notify the entire district, or only the classroom or the building?
- Please confirm that if a parent calls a student in sick from school, they will automatically be required to stay home for 10 days. Do siblings have to stay home as well then?
- Are there any current travel restrictions that we should be monitoring and excluding students and staff for? International? Domestic? If a family member travels, does this mean consequences for the student? What are the current recommendations as it applies to all students?
- Please clarify communication between schools. If we have an ill high school student with siblings at St. Mary's do we need to contact their school and have them quarantined as well?
- Thank you

- Starting the 2020-21 School Year
- Questions:
- From Page 30
- A person, staff or student, with any of the following symptoms needs to stay home and report the symptoms when calling in to school. The symptoms include 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.
- 1. If the person with symptoms has a known condition causing the symptoms, allergies, migraine, etc can this be taken into consideration?
- 2.Information is to be shared with health staff and reported to the local health department. Are we to report symptoms, exposure to diagnosed persons, actual diagnosed cases, or all of the above?
- 3. In order to return to school: 10 days must have passed after symptoms first appeared? Not the number of days after conclusion of symptoms?
-
- Student or Staff present a note or test result with negative COVID -19, how many days is that test result good for?
-
- How does the Health Department track symptoms and do contact tracing without violating HIPPA.

COVID19 Coronavirus Stakeholders Meeting Summary

Thursday, March 19, 2020 – 1:00 p.m.

Present: Chief Konopek (PPD), Chief Stratton (PFD), Rick Kaczanko (VOP), Tom Goral (PPD), WESCOM, Mayor Michael Collins, Chris Hinchliffe (District 202/PEMA), Commander Ruggles (PPD), Commander Novak (PPD) Commander Zigterman (PPD), Brian Murphy (VOP), Joan Meyers (VOP), Jenny Janis (PPD), Christina Edwards (District 202), Carlo Capalbo (Park District), Matthew Goodbred (Oswego FD), Lisa Pappas (Plainfield Library), Becky Marzetta (PPD), Oswegoland Park District, Fr. Pat Mulcahy (St. Mary's), Tasha Marsaglia (PACC), Lonnie Spires (VOP), Allen Parsons (VOP), Chuck Willard (Plainfield Township), Dick Wisdom (PPD Chaplain), Edwards Hospital Plainfield, Plainfield Food Pantry

Chief Konopek

- Sending out daily VOP Critical Incident Situation Report
- As of March 19 – no confirmed cases in the VOP
- Will Co. between 2 – 9 cases, still unconfirmed
    - Reach out to Will Co. directors and urge them to disseminate information to stakeholders
- Restaurants and Bars in IL dine – in areas closed
- Will Co. supply order anticipated to arrive in June/July
- Closures/Cancellations
    - All Plainfield Schools and related activities are closed or cancelled until April 6th
    - All Oswego Schools and related activities are closed or cancelled until March 31st
    - St. Mary Catholic School is closed until April 6th
    - Parish Adoration and Parish building are closed to all but Staff
    - Masses at St. Mary's Catholic Church are cancelled
    - Plainfield Library is closed until March 31st
    - Plainfield and Oswegoland Park Districts are closed until March 31st
    - All Special Events in Plainfield are cancelled until May 1st
    - All restaurants and bars are closed to dine-in services until March 31st
    - Drive through windows, carry-outs, and curb-side service may remain open
    - Wal-Mart is closing each night from 2300 hours until 0600 Hours for cleaning and re-stocking
    - The shelter building at the PACE Park & Ride lot is closed. Bus operations remain normal
    - Will and Kendall County Court Systems remain OPEN, however only essential proceedings are being scheduled
    - Will County Branch Court in Plainfield (Plainfield Police Station) is closed until April 30th
    - The Plainfield Police Commission meeting on March 19th has been cancelled
    - The Village's Committee of the Whole meeting on March 23rd is cancelled

VOP (Operational Status)

- Shutting down to public as of 6PM March 19.

Chief Konopek PPD (Operational Status)

- Adjustments to response protocols (see attached flyer)
- Records will be operational

PW/Building Department (Operational Status)

- Rotating employees/restricting contact/still operational

EMA (Operational Status)

- All training postponed until further notice
- Severe weather forecast still responding if call out

Oswego FD (Operational Status)

- Status quo, monitoring Rush Copley
- Dispatch stating PPE advised or PPE required

PFD (Operational Status)

- One person sent home with fever, monitoring others by taking temps
- PFD headquarters – minimum staffing and staggering for now
- IT is setting up work from home if possible

PSD 202 (Operational Status)

- Closed, students return April 6

St. Mary's (Operational Status)

- School closed until further notice
- Parish staff adjusted hours 815AM – NOON
- Call staff and they will come out to meet with someone
- Worship live streamed
- Food Drive distribution scheduled for March 23rd – will deliver to people's vehicles - work with PPD for support
- Still hosting funerals but asking for immediate family only

WESCOM (Operational Status)

- Following protocol in questioning callers, Code 19 added

Plainfield Park District (Operational Status)

- Outside parks are closed but no way to physically close, nice weather park are busy, trying to monitor and inform people

Oswegoland Park District (Operational Status)

- Same issue with outside parks on nice weather days, trying to monitor and inform people social distancing practices and that the parks are closed

PACC (Operational Status)

- Events cancelled
- Offices open by appointment only
- Promoting small businesses for curb side pickup
- Interactive dining plans
- Facebook Pages "Plainfield Area Take-Out and Delivery Options amid COVID-19" and shop local businesses pages
- For Chamber members – trying to disseminate accurate information when possible
- Survey sent out and will send on to federal and state government

Banks schedule in VOP (Operational Status)

- Bank of America – 12612 S. Route 59
    - Lobby and drive thru open. Normal hours
- Oxford Bank – 13440 S. Route 59
    - Lobby and drive thru open. Normal hours. Sign posted encouraging people to use the drive thru
- PNC Bank – 13470 S. Route 59
    - Effective 3/20 – Lobby closed. Drive thru hours M-F 10 to 6, Sat 9 to 1
- Chase Bank – 13661 S. Route 59
    - Lobby and drive thru open. Reduced hours M-F 9 to 4, Sat 9 to 1
- Busey Bank – 14150 S. Route 30
    - Lobby closed. Drive thru hours stayed the same
- Heartland Bank – 14901 S. Route 59
    - Lobby closed. Drive thru hours stayed the same
- BMO Harris Bank – 15101 S. Route 59
    - Lobby closed. Drive thru M-F 930 to 4, Sat 9 to 12
- BMO Harris Bank – 15901 S. Route 59
    - Lobby closed. Drive thru hours M-F 930 to 4
- First Midwest Bank – 24509 W. Lockport Street
    - Lobby closed. Drive thru hours stayed the same

Plainfield Food Pantry (Operational Status)

- Distribution days 50-90 cars curbside pickup
- Still picking up donations
- Volunteers typical age is over 60

Plainfield Township (Operational Status)

- Admin offices closed to public
- Remote workers or staggering shifts
- Wellness checks on seniors
- Working with interfaith food pantry

Edwards Hospital Plainfield (Operational Status)

- Limiting visitors
- Screening patients for temperatures
- Masking upon arrival
- Heads up of people due to the phone hotline or physicians calling ahead

Chief Konopek

- Megasports and other businesses limiting number of people allowed inside
- Seniors in VOP
    - Letters or emails that senior care facilities can print out for residents
    - All facilities are limited access/no visitors
    - Contact PPD if anyone needs assistance
- Childcare
    - PPD set up connections with PEMA and staff, suggest other organizations see if they can do something within their own for the circumstances of children being out of school and parents may still be working
- Health and welfare of employees – watch out for your organizations
    - Social Media – try to connect with others if people are homebound
- Social Media – keep disseminating accurate information

IT

- Keep an eye out for scams

Next meeting scheduled:

Monday, March 23 at 1:00 p.m. Plainfield Police Department

Teleconference dial-in number will be sent by email

COVID19 Coronavirus Stakeholders Meeting Summary

Thursday, March 26, 2020 – 1:00 p.m.

Present: Chief Konopek (PPD), Chief Stratton (PFD), Rick Kaczanko (VOP), WESCOM, Mayor Michael Collins, Commander Ruggles (PPD), Commander Novak (PPD) Commander Zigterman (PPD), Brian Murphy (VOP), Joan Meyers (VOP), Amy De Boni (VOP), Traci Pleckham (VOP), Jenny Janis (PPD), Christina Edwards (District 202), Carlo Capalbo (Plainfield Park District), Chief Mike Veseling (Oswego FD), Lisa Pappas (Plainfield Library), Becky Marzetta (PPD), St. Mary's, Tasha Marsaglia (PACC), Allen Parsons (VOP), Lonnie Spires (VOP), Plainfield Township, Plainfield Food Pantry, Dick Wisdom (PPD Chaplain), State Representative Mark Batinick, Jake Melrose (VOP), YMCA

Chief Konopek

- Sending out daily VOP Critical Incident Situation Report
    - Severe weather possible Saturday – will update, make sure all disaster plans are up to date within your organizations
- Will Co. 50 cases, Kendall Co. 8 cases as of today.
    - 1 in Village of Plainfield – currently hospitalized
- Village Board of Trustees meeting tonight – discussing 30 days disaster proclamation – if approved, April 30th end date
- Situation of person impersonating police officers asking for papers for authorization of being out under the stay at home order, under investigation
- Social distancing
    - Spike in complaints, advising people to disperse if in large groups or at closed parks
    - Caution tape playground equipment
    - Remove swings, other removable equipment
    - Place signage
- New video for social media Monday, March 30th from Chief Konopek, Chief Stratton, Chief Veseling, Mayor Collins, will be answering questions
- Authorization not required to be out, residents cannot be stopped without probable cause
- St. Mary's food drive scheduled for (today) March 26th – Commander Ruggles overseeing, volunteers in PPE, PPD covering traffic control and crowd control
- Dealing with animals, situation of confirmed case in Plainfield were looking to place dog in boarding, most facilities are not open for boarding, working with Will Co. and Kendall Co. to see what can be done to limit contamination from animals.
    - Dog cleaning facility/gas station off Drauden Rd. to see if still available
    - Emailing/social media information on animal care during COVID19 crisis
- Scams from stimulus packages – PPD will release public safety notices

Jake Melrose (VOP)

- Gathering information and connecting with local businesses
    - Learning more about stimulus package
    - Small business loans and other grant programs
    - IL treasurer business investment program, require bank participation for businesses who may not qualify for loans
    - Disaster employment assistance, gathering more information about insurance, pay, etc.
- Connect with Tasha at Chamber off-line for information sharing

VOP (Operational Status)

- Fielding calls about businesses being open or closed

PPD (Operational Status)

- Reduced staffing, new schedules
- Positive posts for social media
    - Side-walk challenge
- Elderly service – 5 seniors homebound checking in on
- Nursing home and assisted living
    - Heritage woods requesting masks if anyone has any
- Will Co. EMA conference call today
- Courts open limiting hearings, Will Co. website for further information

PW (Operational Status)

- Alternating schedule working well
- Weather watch for severe weather
- Following up on internet outages around village today

PFD (Operational Status)

- Monitoring 5 employees

PSD 202 (Operational Status)

- Closed until April 8th
- Will Co. health department not testing anyone with mild symptoms, only testing ones in severe cases, assume it is widespread

St. Mary's (Operational Status)

- Closed until April 8th
- Food distribution event today

WESCOM (Operational Status)

- Reminder – dispatchers are asking additional medical questions

Plainfield Park District (Operational Status)

- Closed until April 8th
- Dog Park – not officially closed, sign restricting no more than 3 people at a time*, will now close and post new sign*
- Re-doing caution tape and signage

Oswegoland Park District (Operational Status)

- Closed until April 8th
- Golf courses closing
- Working on signage for closed parks

PACC (Operational Status)

- Offices closed, updating website regularly with important links for small businesses, etc.
- Office is drop off location for donation gift cards
- PACC member only Facebook page for information sharing for COVID19 crisis
- Commenting on video put out from Chiefs and Mayor Collins, very important, lots of positive feedback

Library (Operational Status)

- Closed until April 8th
- Focusing on social media

Plainfield Food Pantry (Operational Status)

- Still operational, looking for more volunteers

Plainfield Township (Operational Status)

- Admin offices closed to public
- Remote workers or staffing rotations
- No new changes

YMCA (Operational Status)

- Online resources for kids, families, spirituality, etc.

State Representative Mark Batinick

- Issues with Big Box stores, pushing for changes in regulations at grocery stores, should be required to wear masks
- Reach out to us for continued regulation issues

- Reach out to us for more volunteers

Chief Konopek

- PPE needed for all
- Child Care reminder
- Health and welfare of your employees within your organizations
- Elderly services reminder
- Suggest tracking all expenses
- Suggest tracking operations during this time, procedures that work well, procedures that failed
    - After this crisis, plan on recapping procedures for future improvements

Amy De Boni (Social Media)

- Social distancing including settlers park being closed
- Census 2020
- Waste Management issues/reminders
- PACE bus – offering free rides to any medical personnel for duration of Stay at Home Order
- Weekly e-news updates send information to Amy to post

Dick Wisdom

- Plan for holy week and Easter virtually
- Thank you for your leadership to Chief Konopek et al.

IT

- Comcast outage should be back up later today

Mayor Collins

- Disaster plan as organizations go through this crisis note procedures to improvement and procedures that worked well

Next meeting scheduled:

Monday, March 30 at 1:00 p.m. Plainfield Police Department

Teleconference dial-in number will be sent by email

Public Service Announcement

FEDERAL BUREAU OF INVESTIGATION

April 1, 2020

Alert Number
I-040120-PSA

Questions regarding this PSA should be directed to your local **FBI Field Office**.

Local Field Office Locations: www.fbi.gov/contact-us/field

Cyber Actors Take Advantage of COVID-19 Pandemic to Exploit Increased Use of Virtual Environments

The FBI anticipates cyber actors will exploit increased use of virtual environments by government agencies, the private sector, private organizations, and individuals as a result of the COVID-19 pandemic. Computer systems and virtual environments provide essential communication services for telework and education, in addition to conducting regular business. Cyber actors exploit vulnerabilities in these systems to steal sensitive information, target individuals and businesses performing financial transactions, and engage in extortion.

As of March 30, 2020, the FBI's Internet Crime Complaint Center (IC3) has received and reviewed more than 1,200 complaints related to COVID-19 scams. In recent weeks, cyber actors have engaged in phishing campaigns against first responders, launched DDoS attacks against government agencies, deployed ransomware at medical facilities, and created fake COVID-19 websites that quietly download malware to victim devices. Based on recent trends, the FBI assesses these same groups will target businesses and individuals working from home via telework software vulnerabilities, education technology platforms, and new Business Email Compromise schemes.

Telework Vulnerabilities

The FBI advises you to carefully consider the applications you or your organization uses for telework applications, including video conferencing software and voice over Internet Protocol (VOIP) conference call systems. Telework software comprises a variety of tools that enable users to remotely access organizational applications, resources, and shared files. The COVID-19 pandemic has led to a spike in businesses teleworking to communicate and share information over the internet. With this knowledge, malicious cyber actors are looking for ways to exploit telework software vulnerabilities in order to obtain sensitive information, eavesdrop on conference calls or virtual meetings, or conduct other malicious activities. While telework software provides individuals, businesses, and academic institutions with a mechanism to work remotely, users should consider the risks associated with them and apply cyber best practices to protect critical information, safeguard user privacy, and prevent eavesdropping. Cyber actors may use any of the below means to exploit telework applications.

Software from Untrusted Sources

- Malicious cyber actors may use legitimate-looking telework software–which may be offered for free or at a reduced price–to gain access to sensitive data or eavesdrop on conversations.
- Cyber actors may also use phishing links or malicious mobile applications that appear to come from legitimate telework software vendors.

Communication Tools

- Malicious cyber actors may target communication tools (VOIP phones, video conferencing equipment, and cloud-based communications systems) to overload services and take them offline, or eavesdrop on conference calls.
- Cyber actors have also used video-teleconferencing (VTC) hijacking to disrupt conferences by inserting pornographic images, hate images, or threatening language.

Remote Desktop Access

- Some telework software allows for remote desktop sharing, which is beneficial for collaboration and presentations; however, malicious cyber actors historically have compromised remote desktop applications and can use compromised systems to move into other shared applications.

Supply Chain

- As organizations seek to obtain equipment, such as laptops, to enable teleworking, some have turned to laptop rentals from foreign sources. Previously used, improperly sanitized equipment potentially carries preinstalled malware.

Education Technology Services and Platforms

Today's rapid incorporation of education technology (edtech) and online learning could have privacy and safety implications if students' online activity is not closely monitored. For example, in late 2017, cyber actors exploited school information technology (IT) systems by hacking into multiple school district servers across the United States. They accessed student contact information, education plans, homework assignments, medical records, and counselor reports, and then used that information to contact, extort, and threaten students with physical violence and release of their personal information. The actors sent text messages to parents and local law enforcement, publicized students' private information, posted student personally identifiable information on social media, and stated how the release of such information could help child predators identify new targets.

Additionally, parents and caretakers should be aware of new technology issued to children who do not already have a foundation for online safety. Children may not recognize the dangers of visiting unknown websites or communicating with strangers online.

Business Email Compromise (BEC)
BEC is a scam that targets both individuals and businesses who have the ability to send wire transfers, checks, and automated clearing house (ACH) transfers. In a typical BEC scheme, the victim receives an email purported to be from a company the victim normally conducts business with; however, the email requests money be sent to a new account, or for standard payment practices be altered. For example, during this pandemic, BEC fraudsters have impersonated vendors and asked for payment outside the normal course of business due to COVID-19. The FBI advises the public to be on the lookout for the following:

- The use of urgency and last-minute changes in wire instructions or recipient account information;
- Last-minute changes in established communication platforms or email account addresses;
- Communications only in email and refusal to communicate via telephone;
- Requests for advanced payment of services when not previously required; and
- Requests from employees to change direct deposit information.

TIPS TO PROTECT YOU AND YOUR ORGANIZATION

Teleworking Tips:
Do:

- Select trusted and reputable telework software vendors; conduct additional due diligence when selecting foreign-sourced vendors.
- Restrict access to remote meetings, conference calls, or virtual classrooms, including the use of passwords if possible.
- Beware of social engineering tactics aimed at revealing sensitive information. Make use of tools that block suspected phishing emails or allow users to report and quarantine them.
- Beware of advertisements or emails purporting to be from telework software vendors.
- Always verify the web address of legitimate websites or manually type it into the browser.

Don't:

- Share links to remote meetings, conference calls, or virtual classrooms on open websites or open social media profiles.
- Open attachments or click links within emails from senders you do not recognize.
- Enable remote desktop access functions like Remote Desktop Protocol (RDP) or Virtual Network Computing (VNC) unless absolutely needed.[1]

Education Technology Tips:
School districts across the United States are working to address a dynamically changing learning environment. The FBI acknowledges everyone is adjusting to these demands, but the FBI encourages parents and families to:

Do:

- Closely monitor children's use of edtech and online services.
- Research edtech service user agreements about data breach notifications, marketing, and/or selling of user data, data retention practices, and whether users and/or parents can elect to have student data deleted by request.
- Conduct regular internet searches of children's information to monitor the exposure and spread of their information on the internet.
- Consider credit or identity theft monitoring to check for any fraudulent use of their child's identity.
- Research parent coalition and information-sharing organizations available online for those looking for support and additional resources.
- Research school-related, edtech, and other related vendor cyber breaches, which can further inform families of student data and security vulnerabilities.

Don't:

- Provide exact information on children when creating user profiles (e.g., use initials instead of full names, avoid using exact dates of birth, avoid including photos, etc.)

BEC Tips:

Do:

- Check for last-minute changes in wiring instructions or recipient account information.
- Verify vendor information via the recipient's contact information on file—do not contact the vendor through the number provided in the email.
- Verify the email address used to send emails, especially when using a mobile or handheld device, by ensuring the sender's email address appears to match who it is coming from.
- If you discover you are the victim of a fraudulent incident, immediately contact your financial institution to request a recall of funds, and contact your employer to report irregularities with payroll deposits. As soon as possible, file a complaint with the FBI's Internet Crime Complaint Center at www.ic3.gov or, for BEC and/or email account compromise (EAC) victims, BEC.IC3.gov.

Cyber Crime Vulnerability Tips:

The following tips can help protect individuals and businesses from being victimized by cyber actors:

Do:

- Verify the web address of legitimate websites and manually type them into your browser.
- Change passwords for routers and smart devices from default setting to unique passwords.
- Check for misspelled domain names within a link (for example, confirm that addresses for government websites end in .gov).
- Report suspicious activity on work computers to your employer.

- Use multi-factor authentication (MFA) when accessing organizational sites, resources, and files.
- Practice good cyber security when accessing Wi-Fi networks, including use of strong passwords and Wi-Fi Protected Access (WPA) or WPA2 protocols.
- Ensure desktops, laptops, and mobile devices have anti-virus software installed and routine security updates are applied; this includes regularly updating web browsers, browser plugins, and document readers.

Don't:

- Open attachments or click links within emails received from senders you do not recognize.
- Provide usernames, passwords, birth dates, social security numbers, financial data, or other personal information in response to an email or phone call.
- Use public or non-secure Wi-Fi access points to access sensitive information.
- Use the same password for multiple accounts.

If private sector partners have additional questions, you can reach out to local FBI Field Office Private Sector Coordinators. If you have evidence your child's data may have been compromised, if you are the victim of an internet scam or cyber crime, or if you want to report suspicious activity, please visit the FBI's Internet Crime Complaint Center at www.ic3.gov.

Citations

[1] National Institute of Standards and Technology | Special Publication 800-46, Revision 2 | "Guide to Enterprise Telework, Remote Access, and Bring Your Own Device (BYOD) Security | July 2016 | http://dx.doi.org/10.6028/NIST.SP.800-46r2

Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- Regular Monitoring: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- Wear a Mask: The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- Social Distance: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- Disinfect and Clean work spaces: Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- Federal, state, & local law enforcement
- 911 call center employees
- Fusion Center employees
- Hazardous material responders from government and the private sector
- Janitorial staff and other custodial staff
- Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

ADDITIONAL CONSIDERATIONS

- Employees should not share headsets or other objects that are near mouth or nose.
- Employers should increase the frequency of cleaning commonly touched surfaces.
- Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- Employers should work with facility maintenance staff to increase air exchanges in room.
- Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.

CDC CISA CYBER+INFRASTRUCTURE

Governor's Office Daily COVID-19 Q & A

March 25, 2020

Helplines and Webpages

General Resources: visit coronavirus.illinois.gov

PPE Equipment:

- Donations: PPE.donations@Illinois.gov
- To Manufacture PPE in Illinois: ima@ima-net.org
- Procurement inquiries: Covid.procurement@illinois.gov
- To volunteer: visit serve.illinois.gov or email dph.serveillinois@illinois.gov

Business Assistance:

- Essential Business inquiries: contact 1-800-252-2923 or CEO.support@illinois.gov
- IL Small Business Assistance: email CEO.support@illinois.gov (DCEO) or **click here.**
- Federal Small Business loans visit: https://disasterloan.sba.gov.
- Business insurance coverage: contact the Department of Insurance (DOI) to file an online complaint: https://mc.insurance.illinois.gov/messagecenter.nsf.

Other Resources:

- IDFPR list of licensees and consumers impacted by COVID-19 visit: https://www.idfpr.com/COVID-19.asp
- Unemployment insurance eligibility and the application process call Claimant Services at (800) 244-5631.
- If you feel sick or are concerned about infection visit DPH website, **click here.**
- Resources for people with disabilities, please visit www.DDD.Illinois.gov.
- School related inquires visit https://www.isbe.net/covid19

Testing Kits/Equipment

Q: How many mobile testing facilities will be allowed statewide, and what are their current locations?

A: Currently there are 4 locations available for drive-thru testing: Harwood Heights/Chicago, Northlake, Joliet, and Bolingbrook. All four of the mobile testing sites operate under U.S. Health and Human Services criteria which prioritizes health care workers and first responders. As availability allows, testing criteria may be expanded beyond this initial pilot program.

Emergency Management (IEMA)

Q: Is there availability of state resources to provide for the housing or for payment to private facilities that have been directed by IEMA to arrange 25 beds of temporary housing?

A: IEMA asked the counties to identify alternative housing within their communities, and if the county cannot provide the 25-bed minimum, then they can indicate that on the template. FEMA has provided additional clarifying guidance for state/local governments about reimbursement for non-congregate facilities. Yes, 25 was the target number for local jurisdictions, and hotels were one of the options we provided.

IEMA and DHS have looked at state locations (parks, colleges, universities, etc.) to assist local jurisdictions. The following lodges meet the select listed criteria contained in the question, specifically, 25 beds of temporary housing, no circulating area, and individual bathrooms:

- Starved Rock – LaSalle
- White Pines Forest – Ogle
- IL Beach – Lake
- Carlyle Lake – Clinton
- Pere Marquette – Jersey
- Giant City - Union

Once the jurisdictions have turned in their updated plans, which are due 20 March 2020, the state can start to analyze remaining gaps and look at options for those jurisdictions such as state facilities or developing regional plans consolidating multi-county resources. Region 2 (Northwest Illinois) have already developed their own regional plan.

Healthcare Workers

Q: How do organizations, that bill DHS's Medicaid Community Mental Health Services program (Rule 132), access the difference in lost Medicaid revenue the Governor promised? What information do we need to provide?

A: The community mental health providers should continue to submit Fee-For-Service (FFS) billing information as normal. The Division of Mental Health will be comparing submitted billing information to the "average" monthly FFS billings for each providers and making a "retainer/keep the lights on" payment in addition to reimbursing for services provided.

Unemployment

Q: What if an employee leaves work because their child's school has temporarily closed, and have to stay home with their child?

A: Ordinarily, an individual who left work to address child care needs would be considered to have left work voluntarily and would generally be disqualified from receiving state unemployment benefits (UI), unless the reason for leaving was attributable to the employer. However, the fact that all schools statewide have temporarily closed in response to the COVID-19 virus presents a unique situation in which it is unlikely a parent whose child cannot stay home alone has a ready alternative to staying home with the child himself/herself. Under the current circumstances, someone who left work to care for the child could be considered as unemployed through no fault of his her own; in that case, to qualify for UI, the individual would still need to meet all other eligibility requirements, including the requirements that the individual be able and available for work, registered with the state employment service and

actively seeking work from the confines of his or her home. The individual would be considered able and available for work if there was some work that he or she could perform from home (e.g., transcribing, data entry, virtual assistant services) and there is a labor market for that work.

Q: How is IDES addressing the difficulties applicants are facing while using the website?

A: Due to the extremely high volume of traffic on the website and call center system, we are experiencing system-wide outages. IDES is actively working with DoIT, along with outside IT vendors to address this issue.

Q: Businesses who have declared themselves essential businesses have had employees who stated they will not come to work. Can they be terminated?

A: An individual who leaves work voluntarily without a good reason attributable to the employer is generally disqualified from receiving the state's unemployment benefits (UI). The eligibility of an individual in this situation will depend on whether the facts of his or her case demonstrate the individual had a good reason for quitting and that the reason was attributable to the employer. An individual generally has a duty to make a reasonable effort to work with his or her employer to resolve whatever issues have caused the individual to consider quitting.

Q: Will I qualify for unemployment benefits since my restaurant is closed?

A: The administration has worked to expand unemployment insurance to cover individuals who are unable to work due to COVID-19. For more information on unemployment insurance, go to the Illinois Department of Employment Security website.

Child care

Q: Can my employees' access child care?

A: On Friday, March 20, Governor Pritzker ordered the closure of all child care centers and homes in Illinois. Beginning Saturday, March 21:

- Child care homes may open to serve six or fewer children of essential workers.
- Child care centers may apply for an Emergency Child Care License to serve 10 or fewer children of essential workers per room.
- Schools and other license-exempt centers also may provide care to children in groups of 10 or fewer children of essential workers per room.

The latest information on Emergency Child Care for essential workers is available here.

Housing

Q: What is the plan for access to empty buildings to create more low-density shelters that can accommodate the recommended social distancing? Things like school gyms would be a great option because they already have showers and locker rooms.

A: The administration is looking at all possibilities in regard to expanding isolated rooms or rooms to assist the homelessness efforts.

Q: Why are we not using vacant public housing units to house at risk people or people experiencing homelessness?

A: Public housing units and funding are available through the Federal Department of Housing and Urban Development. Individuals/families must be approved by local public housing agencies before they can live in any one of these units.

Q: What is the status of a statewide moratorium on evictions and utility shutoffs for the duration of the pandemic, including suspension of all current court proceedings, evictions, and foreclosures?

A: Pursuant to the Governor's "Stay at Home" Executive Order 10, Section 2, all state, county, and local law enforcement officers in the State of Illinois are instructed to cease enforcement of orders of eviction for residential premises for the duration of the Gubernatorial Disaster Proclamation. No provision contained in the Executive Order 10 must be construed as relieving any individual of the obligation to pay rent, to make mortgage payments, or to comply with any other obligation that an individual may have under tenancy or mortgage.

The mortgage corporations Freddie Mac and Fannie Mae are offering lenders who have been impacted by COVID-19, some flexibility regarding their mortgage. People who experienced a reduction in their income may qualify for reduced payments. It is possible that other mortgage companies may also provide similar relief. Be sure to check with your individual lender for additional information and check whether you qualify. Do not stop making payments without speaking with your lender.

Utility companies have agreed to a moratorium on electricity and gas shutoffs for the duration of the state of emergency. The ICC is also directing utilities to suspend the imposition of late payment fees or penalties and implement temporary flexible credit and collections procedures. The Governor is committed to ensuring that customers remain connected to essential utility services during this time.

Q: Who is in charge of managing the response to COVID-19 and homelessness at the state and local level and how are they coordinating with DPH and other entities?

A: The administration and the Department of Human Services are working hard to provide assistance and come up with solutions for the homeless population.

Wildlife

Q: Will the Governor please reconsider the opening of the state parks if the shelter in place is extended beyond April 7th?

A: Social distancing and staying confined to one's home are absolutely necessary to slowing the progression of COVID-19. The Department of Natural Resources (IDNR) sees the closures of our state parks, fish and wildlife areas, recreational areas and historic sites as a necessary step in helping stem the spread of disease, protecting both the patrons who enjoy our state sites as well as our dedicated employees. IDNR is working closely with the Illinois Department of Public Health (IDPH) and the Governor's Office to monitor the situation and assess when we can safely reopen facilities.

Municipal Government

Q: Verizon reached out to Hinsdale to discuss 5G installation. How are they supposed to hold a public hearing when they are stopped by the Governor's Executive Order?

A: Pursuant to the Governor's Executive Order 5, Section 6, the provisions of the Open Meetings Act, 5 ILCS 120, requiring or relating to in-person attendance by members of a public body are suspended. For further guidance on the Open Meetings Act, please refer to the Attorney General's website here http://foia.ilattorneygeneral.net/pdf/OMA_FOIA_Guide.pdf.

Q: Some township officials have advised that unless the General Assembly acts, open meetings must be held. With the potential participants being greater than 10 in small venues , should these meetings be postponed?

A: Pursuant to During the Governor's Executive Order 5, Section 6, during the duration of the Gubernatorial Disaster Proclamation, the provisions of the Open Meetings Act, 5 ILCS 120, requiring or relating to in-person attendance by members of a public body are suspended. Specifically, (1) the requirement in 5 ILCS 120/2.01 that "members of a public body must be physically present" is suspended; and (2) the conditions in 5 ILCS 120/7 limiting when remote participation is permitted are suspended. Public bodies are encouraged to postpone

consideration of public business where possible. When a meeting is necessary, public bodies are encouraged to provide video, audio, and/or telephonic access to meetings to ensure members of the public may monitor the meeting, and to update their websites and social media feeds to keep the public fully apprised of any modifications to their meeting schedules or the format of their meetings due to COVID-19, as well their activities relating to COVID-19. For further guidance on the Open Meetings Act, please refer to the Attorney General's website here http://foia.ilattorneygeneral.net/pdf/OMA_FOIA_Guide.pdf.

Business Compliance

Q: Is the state working with delivery companies to set pricing?

A: No, delivery fees are determined by individual companies, but we are working closely with the companies to ensure their services are as accessible to small businesses as possible.

Q: How can I make sure my food delivery isn't contaminated?

A: Restaurants and their delivery partners should continue to follow best practices when it comes to transporting food including placing deliveries in secure, sealed containers. Patrons should double check their delivery is sealed upon arrival and report any opened packaging directly to the restaurant. Patrons should also be following CDC guidelines regarding thorough and regular handwashing, particularly before and after eating.

Q: Are coffee shops closed?

A: The same rules that apply to bars and restaurants also apply to coffee shops. However, for any inquires on whether a business is considered essential, please contact DCEO at 1-800-252-2923 or CEO.support@illinois.gov.

Safety Measure

Q: After testing becomes more widely available, what are the general next steps?

A: IDPH is working on obtaining more testing kits as well as setting up more sites.

Q: Why is law enforcement in Cook County not being supplied proper materials to keep themselves and the inmates safe?

A: Governor Pritzker has made the acquisition of PPE for law enforcement and other public safety in Illinois a top priority. Gov. Pritzker announced today that the state has executed contracts to purchase 2.5 million N95 masks, 1 million disposable surgical masks, 11,000 gloves and 10,000 personal protection kits. Specific to the Illinois State Police, all State Troopers are licensed and trained First Responders by the Illinois Department of Public Health. The Illinois State Police has issued PPE to State Troopers and applauds Governor Pritzker's efforts to acquire additional PPE. All law enforcement has been reminded to maintain safe distance and adhere to CDC guidelines.

Tax

Q: Will IL state income tax returns and payments still be due April 15 or will IL follow the Federal extension of July 15, 2020?

A: Following the federal government, the Governor announced today, March 24th, that income tax returns have been extended form April 15 to July 15, 2020.

Other

Q: If Donald Trump moves too quickly to drop social distancing, will you and your fellow governors stand up to him and stay the course (at the state level) on social distancing?

A: The Governor mentioned in his remarks on March 24th, that his decisions and actions will be based on science and that he is not willing to sacrifice any Illinoisan to COVID-19 for economic

interests. The Governor will continue to evaluate his options as the pandemic continues, to protect all residents of the state.

Q: What should Illinois residents do if their sticker for my car is set to expire soon, but the DMV is closed?

A: The Secretary of State has extended the expiration dates for licenses and vehicle registration stickers. The extension will last for the duration of Governor Pritzker's disaster proclamation and 3o days after. Law enforcement has been notified and encouraged to not write tickets.

Q: Will my credit be affected due to late or non-payments on bills?

A: The Governor has asked the three national credit bureaus to not to penalize individuals during this pandemic.

The mortgage corporations Freddie Mac and Fannie Mae are offering lenders who have been impacted by COVID-19, some flexibility regarding their mortgage. People who experienced a reduction in their income may qualify for reduced payments. It is possible that other mortgage companies may also provide similar relief. Be sure to check with your individual lender for additional information and check whether you qualify. Do not stop making payments without speaking with your lender.

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Darren Reisberg
Chair of the Board

Dr. Carmen I. Ayala
State Superintendent of Education

English Learners and English Learner Services During Remote Learning FAQ

ACCESS Assessment

1. **Will the ACCESS test be scored? (Updated 5/11/2020)**
   The Data Recognition Corp. (DRC) and the World-class Instructional Design and Assessment (WIDA) Consortium have stated that Illinois' ACCESS tests are fully scored and the Illinois State Board of Education (ISBE) should receive the electronic version score reports by July 31, 2020. ISBE is receiving regular updates from WIDA and DRC regarding ACCESS and scoring ACCESS. Minnesota, where DRC is located, recently instituted a shelter-in-place order, which may affect when official paper score reports are sent.

2. **When will we get ACCESS results? (Updated 5/11/2020)**
   The ACCESS correction window for Local Education Agencies (LEAs) will be from May 7 through May 27, 2020. Final electronic score reports are due to be posted in the WIDA Assessment Management System on July 17, 2020, with official scores expected to be posted in the Student Information System (SIS) on July 31, 2020.

3. **Will students who took the ACCESS test exit Transition Bilingual Education (TBE) if they scored a 4.8 since the testing window closed before in-person instruction was canceled? (Updated 5/11/2020)**
   Yes, the ACCESS English proficiency reclassification score is still 4.8. Students are allowed to exit English Learner (EL) services when ISBE receives the official scores. Please remember that placement decisions should not be made using the preliminary scores, which are due to be released May 7, 2020. We will inform districts in a timely manner if any changes occur.

Application and Grants

4. **Will the application deadline for the fiscal year 2021 Title III Language Instruction Educational Program (LIEP) and Immigrant Education Grant Applications be extended? (Updated 5/11/2020)**
   The Title IIII LIEP and Immigrant Education Grant Applications are not available yet, so we do not anticipate a need for extensions. As always, extensions can be granted on a case-by-case basis. A request for extension with a rationale must be emailed to Joanne Clyde at jclyde@isbe.net and carbon-copied to district's assigned consultant.

5. **Can schools that must provide additional interpreter/translation services during remote learning fund them through Title III? (Updated 5/11/2020)**

   Title III money may be used if a communication is specifically being sent only to EL parents. District funds must cover additional interpreter/translation services that are used for communication sent to all families.

6. **Can Title III money be used to pay for native language instructional support? (Updated 5/11/2020)**

   Title III money can be used only for supplemental purposes. Title III money can be used for classroom language support that is supplemental for EL/bilingual students. District funds must cover classroom language support for general instructional purposes.

7. **How can services that were originally considered supplemental, but which become essential due to remote learning demands, be addressed based on Title III funding restrictions? (Updated 5/11/2020)**

   Title III funds must be used for supplemental services. If something was supplemental before, then it is still supplemental.

8. **How should LEAs handle Title III money designated for activities that cannot be implemented through remote learning? (Updated 5/11/2020)**

   The district may not be able to implement all planned Title III activities before the end of FY 2020. Districts may either amend their grants or carry over funds to next year. In all cases, grant funds are required to support the specific student groups for which they are intended. Grantees must ensure that those funds are used to support those students in alignment with the intent of the grant program.

9. **Will FY 2020 funds carry over to FY 2021? (Updated 5/11/2020)**

   Unspent FY 2020 funds will be carried over to FY 2021.

10. **Should changes in grant activities due to remote learning be addressed through Grant Periodic Reports? (Updated 5/11/2020)**

    Grant Periodic Reports should reflect the activities carried out as described in the approved budget. Title III Grant Periodic Report deadlines have been extended for three months.

Evidence-Based Funding

11. **How will provisional identification of English Learners affect our Evidence-Based Funding (EBF) funding for next year? (Updated 5/11/2020)**

    EBF is calculated using data pulled on both October 1 and March 1 of each year. Remote learning did not start until March 31, so there will be no effect on EBF due to provisional identifications.

Identification-Assessment-Placement

12. What do we do when new families register during this remote learning time? (Updated 5/11/2020)

If the Home Language Surveys of new families that register during the remote learning period indicate that another language is spoken at home, then students should be provisionally screened to determine whether they may qualify for English Learner services. Please refer to Provisional Identification and Placement Procedures During Remote Learning Situations Pre-K to 12 for more information.

13. Do we still have the 30-day placement and notification deadline? (Updated 5/11/2020)

Yes. The 30-day placement and notification deadline is a federal deadline that has not been waived.

14. How do we screen children during suspension of in-person instruction? (Updated 5/11/2020)

Refer to Provisional Identification and Placement Procedures During Remote Learning Situations Pre-K to 12 for more information. Please note: This advice may change should the U.S. Department of Education issue further guidance.

15. Can we administer the WIDA™ Screener or WIDA ™ MODEL online? (Updated 5/11/2020)

No. The WIDA™ Screener or WIDA ™ MODEL should not be administered remotely. Please see Provisional Identification and Placement Procedures During Remote Learning Situations Pre-K to 12 for detailed information on how to screen students during remote learning.

16. Should parents be present for/participate in any Skype/Zoom/Virtual screening interview with the students? (Updated 5/11/2020)

It is recommended that a parent be present with the student during a virtual screening interview, but it is not a requirement.

17. What consent is necessary from parents if a student is provisionally determined to not be EL, but then there are concerns prior to formal screening? How does a school get written consent? (Updated 5/11/2020)

The district should contact the parents and rescreen the student if evidence shows that a student who initially identified as English proficient may be an EL. Parents who do not want the student to receive EL services may refuse services by sending an email or mailing a letter to the school or district.

18. Will ISBE provide a model provisional placement notification letter that districts can modify? (Updated 5/11/2020)

The district should revise its current notification letter and include the following statement along with a description of the services the student will receive:

> *Because in-person contact is not currently allowed, we conducted a provisional screening of your child's English language development. Based on this screening,*

your child is provisionally identified as an English Learner during the period of remote learning only. When schools open again, your child will be screened with the state English language development screener. The results of the state screener may be different from those of the provisional screening. The results of the state screener will determine if your child is identified as an English Learner.

A notification letter should be sent either via email or the Postal Service.

19. How do we handle refusal of EL services by parents during the time that districts offer remote learning? (Updated 5/11/2020)

Parents can send an email or a letter to refuse services for the duration of remote learning. Districts should handle this like any refusal. Districts are still obligated to monitor student growth and language proficiency during remote learning and when in-person instruction recommences.

20. What if provisional screening results show that a student is identified as an EL, but results from the WIDA screener show that they are not an EL and their parents disagree with the placement? (Updated 5/11/2020)

The formal screening process determines the child's EL status and placement once in-person instruction recommences. It is vital to communicate this information in the provisional notification form. The district must inform parents that a provisional screener was administered to their child, that their child will be screened again with the state WIDA assessment once school recommences, and that there may be a difference between the services offered during remote instruction and those offered once school returns to in person instruction.

21. Can the provisional screener be used to pre-screen pre-K students for next fall's kindergarten enrollment? (Updated 5/11/2020)

No. The provisional screener is only for those students who are enrolling in the current year during the remote learning period. It is not to be used on children who will enter kindergarten in the 2020-21 school year. We will provide additional guidance, as appropriate, as we get closer to the beginning of next school year.

Licensing

22. What options are available for individuals pursuing an ESL or bilingual endorsement who are unable to complete the fieldwork required for the endorsement or the test required for the bilingual endorsement? (Updated 5/11/2020)

Individuals who are currently licensed as a teacher (or are planning to concurrently receive initial licensure at the same time as completing ESL or bilingual endorsement requirements) are eligible for a short-term approval if they completed all coursework requirements for the endorsement but are unable to complete all required fieldwork experience or the required target language proficiency test (only applicable to the bilingual education endorsement). The short-term approval is valid for three fiscal years and is not renewable. The application fee for the approval is $50. During the three-year validity period, the individual must pass the target language proficiency test and/or complete three months of teaching experience in an ESL or bilingual setting (as applicable to the endorsement sought) to be eligible for the full endorsement. Please note that three months of teaching experience waives fieldwork

requirements. Prior to receiving the subsequent endorsement, the candidate must either be entitled by an institution of higher education with approved preparation programs or apply through ISBE. Once the entitlement is entered into ELIS or the candidate submits appropriate documentation, the candidate must apply for the endorsement through ELIS.

Parents/Community

23. How can we support our Bilingual Parent Advisory Councils (BPACs) digitally? (Updated 5/11/2020)

ISBE encourages districts to facilitate teleconferencing if the Rules of Procedure for BPACs allow for members to participate via video or phone conference to have a quorum. Many teleconferencing companies currently are offering free or reduced-price services. Open Meetings Act requirements must be followed.

24. Are districts required to hold BPAC meetings remotely? (Updated 5/11/2020)

No face-to-face in-person meetings are to occur during the shelter-in-place period. Districts are encouraged to move their BPAC meetings online, if possible.

25. How are EL students and families being protected using remote platforms that are not approved/secured by the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA)? (Updated 5/11/2020)

Refer to your district's protocols and media release forms. These forms should be available in other languages for language-minority parents. For federal guidance on HIPAA/FERPA, click here and here.

26. Where can EL parents/guardians direct questions related to bilingual supports during remote learning? (Updated 5/11/2020)

In addition to the remote learning guidance available in English, Spanish, Polish, and Arabic, the district should inform parents of how they can contact the teacher, the bilingual program director, and other school and district staff, as appropriate.

Program Instruction and Curriculum

27. What are expectations for instructional services for English Learners? (Updated 5/11/2020)

English Learners should still receive instructional services based on their needs. This will look different in each district depending on your remote learning plan. When planning remote learning tasks, classroom teachers should keep in mind the scaffolding and supports that English Learners need to meaningfully participate in the remote learning assignments that are provided to the entire class. In addition, targeted English language instruction should be provided to English Learners. English Learners should not be expected to spend more time receiving instruction than their non-EL peers. Please see the Remote Learning Recommendations document.

28. What resources are available to help us work with our English Learners? (Updated 5/11/2020)

Please click here for a non-inclusive list of e-learning websites for English Learners. Additionally, there are specific recommendations for English Learners in the Remote Learning Recommendations document.

29. How do we provide services to newcomer students? (Updated 5/11/2020)

Teachers can provide virtual instruction and differentiate instruction to meet the needs of individual students. See the resource web page for online resources for English Learners and the Remote Learning Recommendations document.

30. Can schools implement a change in program delivery models during remote learning (e.g., by replacing dual language with full-time TBE or going from full-time TBE to part-time TBE)? If so, how should it be processed in SIS? (Updated 5/11/2020)

We understand that program delivery models may need to be adapted during remote learning; however, we do not recommend changing from one model to another. Changes in SIS are not required at this time.

31. Can summer school be provided in lieu of regular bilingual services if bilingual services cannot be delivered through remote learning? (Updated 5/11/2020)

No. Summer school is supplemental. Supplemental services cannot replace general instruction. ELs must receive supports through remote learning. Please see the Remote Learning Recommendations document for additional information.

32. Will grades achieved during remote learning count toward final grades, GPA, etc.? (Updated 5/11/2020)

As discussed in the Remote Learning Recommendations document, "the emphasis for schoolwork assigned, reviewed, and completed during the remote learning period is on **learning**, not on compliance ... All students should have the opportunity to redo, make up, or try again to complete, show progress, or attempt to complete work assigned prior to the remote learning period in that time frame." Final grading, GPA, etc. decisions for English Learners should align with district decisions for grading.

33. How can paraprofessionals be utilized for bilingual supports during remote learning? (Updated 5/11/2020)

Districts should utilize paraprofessionals for bilingual support under the supervision of teachers endorsed for bilingual or English as a Second Language classes as identified in their remote learning plan.

34. How will bilingual services be delivered through remote learning in charter schools? (Updated 5/11/2020)

The requirements for bilingual services in charter schools are the same as those for other public schools.

35. How can LEAs involve private school students during remote learning? (Updated 5/11/2020)

Districts are reminded to reach out to their private school partners when reconsidering programs that cannot be completed.

Seal of Biliteracy

36. How can schools administer the STAMP 4S, the ACTFL Assessment of Performance toward Proficiency in Languages (AAPPL), the ACTFL Latin Interpretive Reading Assessment (ALIRA), or other language proficiency tests if we cannot meet in person? (Updated 5/11/2020)

In-person testing must not place during the COVID-19 stay-in-place order. Avant Assessment is offering its STAMP 4S tests online with virtual proctors. In addition, the American Council on the Teaching of Foreign Languages (ACTFL) tests (AAPPL and ALIRA) and home assessments were recently released. However, proctoring for ACTFL tests will be on the honor system. Parents and students must sign an assurance indicating that the student did not receive outside assistance while completing the exam. We recommend districts utilize these online assessments in place of in-person assessments for Seal of Biliteracy for 2020.

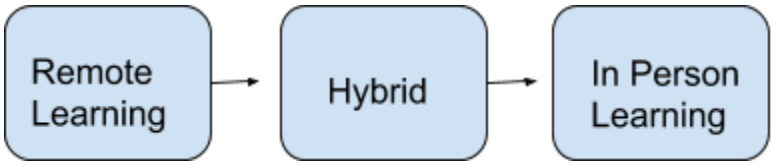
37. Are online Advanced Placement (AP) language assessments acceptable for the Seal of Biliteracy since they are different from the regular AP tests due to the COVID-19 pandemic? (Updated 5/11/2020)

Online AP assessments are acceptable as measures of languages other than English for the Seal of Biliteracy for FY 2020.

38. We understand that the SAT cut scores for the Seal of Biliteracy have been changed to 480. Have cut scores for ACCESS also been changed? (Updated 5/11/2020)

The acceptable SAT cut score for the Seal of Biliteracy was recently adjusted, but there is no change to the ACCESS cut score.

Guiding the Decision to Safely Resume In Person Learning



Phase 1: District Fully Remote	No Staff or Students In the Building
Phase 2: Remote For All	Some staff in buildings, related services provided to SPED students, sports and training allowable per IHSA guidelines. Individual programs and classes in attendance for partial days with Special Education, English Learners and the youngest learners prioritized to return soonest.
Phase 3: Hybrid & Remote By Choice	Students attend school in person on rotating days with smaller class sizes. No lunches or large gatherings. Students may remain in Remote By Choice per parent preference. Sports and training allowable per IHSA guidelines.
Phase 4: Full Reopening	All staff and students in person learning and activities resumed.

- Movement between phases is informed by several areas: Area Health Metrics, PPE Availability, Staffing Availability, and Revised Guidance from Health Authorities.
- When the district is required to move to an alternative phase it will remain in that phase until the metrics permit movement, but no less than 14 calendar days.
- In addition to phase movement, there could be temporary adaptive pauses within certain classes, student groups or schools that would not impact the entire district.

I. Guidance

As the district seeks to transition from the Remote For All learning plan to a hybrid model that integrates opportunities for in-person learning, the guidance from state and local health and education authorities should be followed. Several key documents from such authorities include:

- Illinois State Board of Education (ISBE) and Illinois Department of Public Health (IDPH) Joint Guidance (June 23, 2020)
- ISBE Fall Learning Recommendations (July 23, 2020)
- ISBE Frequently Asked Questions (last updated August 17, 2020)
- IDPH COVID-19 Exclusion Guide (last updated September 10, 2020)
- IDPH Frequently Asked Questions for Schools (last updated September 9, 2020)
- Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs for Addressing COVID-19 (August 17, 2020)
- Illinois Regional COVID-19 Resurgence Criteria (updated daily)
- COVID-19 County & School Metrics (updated weekly)
- Kendall County Health Department Guidance to Support Local School Administration
- IDPH Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments (August 17, 2020)
- Covid Dashboard by zip code, Northwestern University (updated daily)

From the Illinois State Board of Education (ISBE) and Illinois Department of Public Health (IDPH) Joint Guidance (June 23, 2020):

In-person instruction may resume as regions transition to Phase 4. Districts must follow IDPH guidelines, which provide the following:

• Require use of appropriate personal protective equipment (PPE), including face coverings;
• Prohibit more than 50 individuals from gathering in one space;
• Require social distancing be observed, as much as possible;
• Require that schools conduct symptom screenings and temperature checks or require that individuals self-certify that they are free of symptoms before entering school buildings; and,
• Require an increase in schoolwide cleaning and disinfection.

From the ISBE Fall Learning Recommendations (July 23, 2020):

While both the Illinois State Board of Education (ISBE) and Illinois Department of Public Health (IDPH) agree that in-person learning is the goal, it may not be safe or feasible to fully resume in person learning in every school community. ISBE strongly recommends in-person learning but understands that during this unmitigated crisis intermittent closures may be unavoidable.

All districts need to plan for the possibility that some or all students may need to transition quickly from in-person to remote learning due to individual coronavirus exposure or local community outbreaks. It is also important that all districts have plans for students who many need to receive full-time remote instruction due to a caregiver request, pre-existing health conditions, or living with individuals with pre-existing health conditions that deem them high-risk

for COVID-19-related complications, even if the district is officially back to in-person learning. We respect and support each district and caregiver in determining what is best for each student.

From IDPH Adaptive Pause Metrics

Decisions about implementing school-based strategies (e.g., pivot to remote learning, event or extracurricular cancellations, other social distancing measures) should be made locally, in collaboration with local health officials, who can help determine the level of transmission in the community, and in conformity with ISBE/IDPH Joint Guidance. This document acknowledges that school resources, social determinants impacting the school population, and feasibility in achieving optimal educational goals must be considered when implementing the best strategy to reduce disease transmission and keep community members healthy. Implemented strategies should aim to balance educational needs and the reduction of COVID-19 transmission.
Potential school-based strategies include, but are not limited to:
1. Isolation/quarantine measures for affected populations (e.g. affected classroom, teammates, etc.);
2. Limiting classroom capacity and/or cancelling events or activities, such as extracurriculars;
3. Pivot to remote learning (duration to be determined on a case-by-case basis) in a particular classroom, school, school district/area or region; or
4. Making return to school optional and providing parents a choice of remote learning.

II. Metrics

Health Metrics by Zip Code

7934 students in 60543 (Oswego)
3812 students in 60538 (Montgomery/Boulder Hill)
3741 students in 60503 (Aurora)
1385 students in 60585 (Plainfield)

Based upon rates within the district's primary zip codes, the following rates will be measured as and reported weekly to accurately reflect the area trend. Movement between phases may occur when increases in these metrics exceed the threshold of the current phase; any movement between phases will be done in consultation with local health authorities.

- Weekly New Cases Per 100,000 Population
- Positivity Rate **calculated as a 7 day rolling average*
    - Phase 1:
        - Weekly New Cases per 100,000 Population > 175
        - Positivity Rate (7 day rolling average) >8%
    - Phase 2:
        - Weekly New Cases per 100,000 Population 70-174
        - Positivity Rate (7 day rolling average) 7-7.99%
    - Phase 3:

    - Weekly New Cases per 100,000 Population 7-69
    - Positivity Rate (7 day rolling average) 5-6.99%
- Phase 4:
    - Weekly New Cases per 100,000 Population <7
    - Positivity Rate (7 day rolling average) 5-6.99%

Health Metrics by County

Recognizing that our district has students and staff from other zip codes, a wider county-wide view of metrics is measured and could initiate conversation with the Kendall County Health Department if significant increases occur in any of the following areas:
COVID-19 County Level School Metrics.

Calculated and posted by IDPH. All metrics will be updated weekly, based on the previous week (i.e., previous Sunday through Saturday).

1. **Weekly New Case Rate per 100,000 people**
   Calculated as a rate = [County case count for 7 days] / [County population] x100,000

   If there are fewer than 10 new cases for 7 days, the rate is not calculated and the exact count is used, due to instability in the rate.

   Minimal: Case count is fewer than 10 or the rate is < 50 cases per 100,000 people
   Moderate: Case rate is > 50 cases per 100,000 people or < 100 cases per 100,000
   Substantial: Case rate is greater than 100 cases per 100,000 people
   Weekly Count of New cases increase

2. **The total count of new cases reported during the 7 days is measured for the change from week to week for two consecutive weeks**

   Minimal: Case number increases for 2 weeks, by > 5% each week and <10%
   Moderate: Case number increases for 2 weeks, by > 10% each week and <20%
   Substantial: Case number increases for 2 weeks, by > 20% each week

3. **Weekly Count of New Youth Cases increase**
   The total count of new cases that are Under 20 years old, reported during the 7 days is measured for the change from week to week for two consecutive weeks

   Minimal: Case number increases for 2 weeks, by > 5% each week and <10%
   Moderate: Case number increases for 2 weeks, by > 10% each week and <20%
   Substantial: Case number increases for 2 weeks, by > 20% each week

4. **Test Positivity**

The testing data represents data reported to IDPH through Electronic Laboratory Reporting (ELR) only. It is based on the date results are reported into the ELR. It excludes testing data that are received from sites that have not implemented ELR. This excludes 3-5% of test data.

Weekly test positivity = [County positive tests for 7 days] / [County total tests for same 7 days] x 100

Minimal: Test positivity is <5%
Moderate: Test positivity is >5% and <8%
Substantial: Test positivity is >8%

A county level metric color change should prompt a discussion by the school authorities and local health department to determine if increased community transmission warrants an adaptive pause to implement strategies to further mitigate transmission.
•Blue indicates that the county is experiencing overall stable COVID-19 metrics.

•Orange indicates there are warning signs of increased COVID-19 transmission in the county.

All metrics are updated weekly, based on the previous week.
County Level COVID-19 Risk Metrics: https://www.dph.illinois.gov/countymetrics

III. PPE Availability

The district have adequate stock and availability to obtain the following necessary Personal Protective Equipment (PPE):

- Disposable paper masks
- Gloves
- Gowns
- Fitted N95 Mask
- Fit testing supplies
- Hand Sanitizer
- Disinfectant Spray and/or Wipes
- Face Shields
- Sneeze guards/Barriers for students not wearing masks

The adequate supply of PPE is essential for in person instruction. The absence of necessary PPE can affect the phase the district is in. The minimum supply within the district is outlined below:

- Phase 1: 1 week supply or less

- Phase 2: 2 weeks of supply
- Phase 3: 1 month of supply
- Phase 4: 2 or more months of supply

IV. Staff Availability

It is necessary to have adequate staff in the buildings to perform their duties with the presence of students at school. The minimum percentage of staff that can be present in the building is outlined for each phase and is measured by Certified Staff and Non-Certified Staff.

- % of Staff that can be present in person (calculated independently for Certified and Non-Certified Staff)
    - Phase 1: less than 76% of staff
    - Phase 2: 77-82% of staff
    - Phase 3: 83-87 % of staff
    - Phase 4: 88% or greater staff

IV. Daily Health Certification and Temperature/Symptom Screenings

ISBE Guidance:

- Schools and districts must conduct temperature and symptom screenings or require self certification and verification for all staff, students, and visitors entering school buildings.
- Schools not requiring self-certification should check for a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius and currently known symptoms of COVID-19:
    - Fever (100.4°F or higher)
    - New onset of moderate to severe headache
    - Shortness of breath
    - New cough
    - Sore throat
    - Vomiting
    - Diarrhea
    - Abdominal pain from unknown cause
    - New congestion/runny nose
    - New loss of sense of taste or smell
    - Nausea
    - Fatigue from unknown cause
    - Muscle or body aches

- Individuals who have a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or one known symptom may not enter buildings. Individuals who exhibit symptoms should be sent home and referred to a medical provider for evaluation and treatment and be given information about when they can return to school.
- Schools and districts can require individuals to self-certify that they are fever- and symptom free before entering a school building each day, in lieu of conducting symptom and temperature checks at the school building. Self-certification could consist of a simple electronic form that an individual must complete each day. A self-certification may not be completed at the beginning of the year for the entire year.
- Any staff member may perform in-person temperature checks and symptom screenings. It is not required that a certified school nurse perform these checks and screenings. If schools have established a self-certification process, parents, guardians, or other individuals can perform the temperature and symptom checks.
- Legally emancipated students under the age of 18 may self-certify. For students who are not legally emancipated, parents/guardians or the individual who enrolled the student may certify on behalf of the student.

1. Daily Certification Notice
    a. Prior to the start of in-person learning, parents (or students 18 and over or legally emancipated) will be notified of the option to daily self-screen their student(s) (including temperature and COVID symptoms).
    b. They acknowledge that in the absence of a completed certification form, a student may be screened at school.
2. Daily Certification Form
    a. A daily survey will be pushed to all parents for completion prior to the start of the school day. The survey will be visible in the Tyler SIS.
    b. The survey can be completed through the Tyler app or by logging into the portal online. It will automatically be generated daily and show completed after it has been submitted.
    c. A reminder email will be generated no later than 60 minutes after the start of the school day to the parents who did not complete the online certification for their student(s).
    d. The form should be completed on any scheduled school day, even if a student is absent.
3. At-school Screenings

a. By no later than 90 minutes after the start of the school day, the nurse and/or medical assistant will begin contacting students who are missing certifications, to conduct a temperature screen and question them for the presence of any COVID symptoms. The students will be prioritized by those with the longest absence of a certification or screening. Any student identified as symptomatic will be isolated and a parent contacted to send them home and abide by the required quarantine.
b. For parents who wish NOT to complete the certification for their student, those students will enter the building in a designated area to have their temperature and symptom screening completed prior to the start of classes.
c. Failure to comply with the certification form for more than 2 consecutive days could result in the student being opted out and required to complete the screening in person upon arrival.
d. The results of the screening will be recorded by the staff member on the student's certification form.

V. Exclusions

Staff and students may be required to complete quarantine procedures for 10-24 days depending on the situation. The exclusion guidance chart linked below from IDPH covers several scenarios.
Each symptomatic individual, positive case or exposure is reported internally using the SD 308 Internal COVID-19 Tracking Form. The form is reviewed by health personnel and guidance is provided to the employee and/or supervisor, and then all necessary notifications, cleaning procedures, and reporting requirements will be conducted.

Summary:

- Symptomatic individuals are restricted from coming into school, or sent home if already there. Symptomatic individuals need to quarantine, or get an alternative diagnosis from a medical professional or provide a negative COVID-19 test result in order to return to school.
- Household members of a positive or symptomatic individual will be required to isolate while test results are pending.
- When returning from a quarantine, individuals must have improved symptoms, and no presence of fever at or above 100.4 degrees without the use of fever-reducing medicine for 24 hours prior.

- Individuals returning from international travel must stay home for two weeks prior to attending school/work.

[IDPH Exclusion Guidance]

Phase 1: District Fully Remote	No Staff or Students In the Building	Weekly New Cases per 100,000 Population > 175	Positivity Rate (7 day rolling average) >8%	PPE Stock < 1 week	Staff Availability < 76%
Phase 2: Remote For All	Some staff in buildings, related services provided to students, sports and training allowable per IHSA guidelines. Individual programs and classes in attendance for partial days with Special Education, English Learners and the youngest learners prioritized to return soonest.	Weekly New Cases per 100,000 Population 70-174	Positivity Rate (7 day rolling average) 7-7.99%	PPE Stock 2 weeks	Staff Availability 77-82%
Phase 3: Hybrid & Remote By Choice	Students attend school in person on rotating days with smaller class sizes. All staff in buildings. No lunches or large gatherings. Students may remain in Remote By Choice per parent preference. Sports and training allowable per IHSA guidelines.	Weekly New Cases per 100,000 Population 7-69	Positivity Rate (7 day rolling average) 5-6.99%	PPE Stock 1 Month	Staff Availability 83-87%
Phase 4: Full Reopening	All staff and students in person learning and activities resumed.	Weekly New Cases per 100,000 Population <7	Positivity Rate <5% (7 day rolling average)	PPE Stock 2 Months or More	Staff Availability 88% +

KENDALL COUNTY HEALTH DEPARTMENT
A Caring Place

Health Department Guidance to Support Local School Administration

Kendall County Health Department is honored to work collaboratively with school administration to slow the spread of disease, protect vulnerable students and staff, and ensure that students have a safe ad healthy learning environment. Furthermore, the Health Department is available for consultation to vet proposed school-based strategies and interventions.

It is our hope that decisions about implementing school-based strategies (e.g., pivot to remote learning, event or extracurricular cancellations, other social distancing measures) will be made locally, in collaboration with the Kendall County Health Department, who can help determine the level and type of transmission in the community, and in conformity with ISBE/IDPH Joint Guidance. By means of collaboration, implemented strategies will aim to balance educational needs **and** the reduction of COVID-19 outbreaks and community transmission.

Community transmission exists when a case is identified without a clear source of the infection in a community, i.e. when you can no longer identify how someone was infected. Specifically, an infected person does not know where or how they were infected and did not travel out of the community during their incubation period. A county level metric color change for Kendall County should prompt a discussion by school administration and the Health Department to determine if increased community transmission or the prevalence of one or more outbreaks warrants an adaptive pause to implement strategies to further mitigate transmission.

An Adaptive Pause is a strategy that allows for movement into any level of remote learning to prevent disease transmission during a pandemic. An Adaptive Pause may result in delayed reopening at the start of a specific school term or a pivot to remote learning once the school year is underway, allowing time for school administration to plan for next steps with parents, teachers, and staff. An Adaptive Pause may also include a pivot to remote learning for a classroom, a grade level, a wing, a building or school- or district-wide remote learning.

Several Adaptive Pauses may be needed until COVID-19 transmission is controlled and an effective vaccine is available. However, the goal of implementing the suggested interventions is to reduce the frequency of these interruptions and allowing for in-person learning when feasible.

Considerations for an Adaptive Pause include, but may not be limited to:

A. Health Department and school administration consider internal epidemiological conditions, such as:

- School COVID-19 outbreak that is Epi-linked (person, place, time) and is spreading rather than contained
- Poor student adherence to use of face coverings, social distancing, or contact tracing whether within an entire school or just by grade or classroom

B. A change from ***blue*** (stable) to ***orange*** (increased COVID-19 risk) in Kendall County's COVID-19 Risk Metric of transmission and whether the change is associated with a school setting.

C. If community transmission occurs but is controlled (containment without further spread), consideration should be given to keeping the school open but shutting down communal places, sporting activities, band/choir or other activities. However, community transmission that is uncontrolled may lead to a pivot to remote learning.

D. Schools draw students or staff from different localities and so the Health Department and school administration must be cognizant of regional activity. This includes relevant county test positivity, case rates, and qualitative information such as significant outbreaks.

E. Kendall County Health Department will work with school administration to encourage the reporting of trends in illness-related absenteeism and other indicators of disease transmission to further inform our collaboration.

Interim Metrics for Adaptive Pause

- Schools should consider to first transition to hybrid learning from virtual learning before transitioning to full in-person learning.
- Schools should consider to be in the previous phase for at least ten days before advancing to the next phase.

COVID-19 County and School Metrics

Metrics for the below indicators are to be updated weekly by the Illinois Department of Public Health http://www.dph.illinois.gov/countyschool?county=Kendall based on the previous week (i.e., previous Sunday through Saturday).

RATINGS KEY

Minimal may contribute to **In-Person Learning** (All learning can occur in-person)

Moderate may contribute to **Hybrid Learning** (Some learning can occur in-person)

Substantial may contribute to **Virtual Learning** (All learning is remote for all learners)

The following indicators can be taken into account individually and collectively when considering an Adaptive Pause:

INDICATORS

Weekly New Case Rate per 100,000 People

Calculated as a rate = [County case count for 7 days] / [County population] x 100,000

If there are fewer than 10 new cases for 7 days, the rate is not calculated and the exact count is used, due to instability in the rate.

- **Minimal**: Case count is fewer than 10 or the rate is ≤ 50 cases per 100,000 people
- **Moderate**: Case rate is > 50 cases per 100,000 people or ≤ 100 cases per 100,000
- **Substantial**: Case rate is greater than 100 cases per 100,000 people

Weekly Count of New Cases Increase

The total count of new cases reported during the 7 days is measured for the change from week to week for two consecutive weeks

- **Minimal**: Case number increases for 2 weeks, by > 5% each week and ≤10%
- **Moderate**: Case number increases for 2 weeks, by > 10% each week and ≤20%
- **Substantial**: Case number increases for 2 weeks, by > 20% each week

Weekly Count of New Youth Cases Increase

The total count of new cases that are Under 20 years old, reported during the 7 days is measured for the change from week to week for two consecutive weeks

- **Minimal**: Case number increases for 2 weeks, by > 5% each week and ≤10%
- **Moderate**: Case number increases for 2 weeks, by > 10% each week and ≤20%
- **Substantial**: Case number increases for 2 weeks, by > 20% each week

Test Positivity

The testing data represents data reported to IDPH through Electronic Laboratory Reporting (ELR) **only**. It is based on the date results are reported into the ELR. It excludes testing data that are received from sites that have not implemented ELR. This excludes 3-5% of test data.

Weekly test positivity = [County positive tests for 7 days] / [County total tests for same 7 days] x 100

- **Minimal**: Test positivity is ≤5%
- **Moderate**: Test positivity is >5% and ≤8%
- **Substantial**: Test positivity is >8%

*To be considered along with other relevant epidemiological factors (i.e., sudden increase in confirmed-positive cases indicative of point-source outbreak: significant shift in demographics of confirmed-positive cases (i.e., specific age group); Regional activity (i.e., metrics from adjacent counties)

*Subject to change with changing guidance from the Illinois Department of Public Health

Source: Illinois Department of Public Health, August 27, 2020

NEW High School Schedule

SD308 COMMUNITY UNIT SCHOOL DISTRICT
World-Class Schools Serving Caring Communities

Group A is half the school by alphabet (A-K)
Group B is half the school by alphabet (L-Z)
Group C is Remote by Choice

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Groups A, B, C (Go Live) **Period 1: 7:30 - 8:05** **Period 2: 8:10 - 8:45** **Period 3: 8:50 - 9:25** **Period 4: 9:30 - 10:05**	**Groups A, B, C (Go Live)** **Period 8: 7:30 - 8:05** **Period 7: 8:10 - 8:45** **Period 6: 8:50 - 9:25** **Period 5: 9:30 - 10:05**	**Google Classroom Learning Activities** **Teacher collaboration, team meetings, curriculum work, and professional development**	**Groups A, B, C (Go Live)** **Period 1: 7:30 - 8:05** **Period 2: 8:10 - 8:45** **Period 3: 8:50 - 9:25** **Period 4: 9:30 - 10:05**	**Groups A, B, C (Go Live)** **Period 8: 7:30 - 8:05** **Period 7: 8:10 - 8:45** **Period 6: 8:50 - 9:25** **Period 5: 9:30 - 10:05**
Group A (In-Person) **Group B, C (Stream)** **Period 5: 11:00 - 11:40** **Period 6: 11:45 - 12:25** **Period 7: 12:30 - 1:10** **Period 8: 1:15 - 1:55** **SSP: 2:00 - 2:30**	**Group A (In-Person)** **Group B, C (Stream)** **Period 4: 11:00 - 11:40** **Period 3: 11:45 - 12:25** **Period 2: 12:30 - 1:10** **Period 1: 1:15 - 1:55** **SSP: 2:00 - 2:30**		**Group B (In-Person)** **Group A, C (Stream)** **Period 5: 11:00 - 11:40** **Period 6: 11:45 - 12:25** **Period 7: 12:30 - 1:10** **Period 8: 1:15 - 1:55** **SSP: 2:00 - 2:30**	**Group B (In-Person)** **Group A, C (Stream)** **Period 4: 11:00 -11:40** **Period 3: 11:45 - 12:25** **Period 2: 12:30 - 1:10** **Period 1: 1:15 - 1:55** **SSP: 2:00 - 2:30**

COVID-19 INTERIM EXCLUSION GUIDANCE[1]

Decision Tree for Symptomatic Individuals in Pre-K, K-12 Schools and Day Care Programs

IDPH Illinois Department of Public Health

Send home or deny entry (and provide remote instruction) if **ANY** of the following symptoms[2] are present: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, abdominal pain from unknown cause, new congestion/runny nose, new loss of sense of taste or smell, nausea, fatigue from unknown cause, muscle or body aches.

Medical Evaluation and Testing are Strongly Recommended for ALL Persons with COVID-Like Symptoms.

Status	A. COVID-19 diagnostic test Positive (confirmed case) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case)	B. Symptomatic individual with a negative COVID-19 diagnostic test *Negative COVID-19 diagnostic tests are valid only for the date on which they are collected; specimens collected 48 hours prior to symptom onset, after symptom onset, or while symptoms are present are acceptable for determining school exclusion status.*	C. Symptomatic individual with an alternative diagnosis without negative COVID-19 diagnostic test	D. Symptomatic individual without diagnostic testing or clinical evaluation *Individuals may move to Columns A, B, or C based on results of diagnostic testing and/or clinical evaluation.*	E. Asymptomatic individual who is a close contact[6] to a confirmed or probable COVID-19 case
Evaluated by Healthcare Provider	YES / NO	YES / NO	YES	NO	NA
Return to School Guidance	Stay home at least ten[3] calendar days from onset of symptoms **AND** for 24 hours with no fever (without fever-reducing medication) **AND** improvement of symptoms.	Stay home until symptoms have improved/resolved per return-to-school criteria for diagnosed condition[4]. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools.	Stay home until symptoms have improved/resolved per return-to-school criteria for diagnosed condition[4]. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools.	Stay home at least ten[3] calendar days from onset of symptoms **AND** for 24 hours with no fever (without fever-reducing medication) **AND** improvement of symptoms.	Stay home for 14 calendar days after last exposure to the COVID-19 case. *If COVID-19 illness develops, use the ten-day isolation period[3] guidance for a COVID-19 case from the onset date. Testing is recommended.*
Quarantine for Close Contacts?	YES	NO	NO	Household Member (e.g., Siblings, Parent)[5]	NA
Documentation Required to Return to School	Release from Isolation letter (if received from their LHD) provided by the parent/guardian or staff person, notification via phone, secure email or fax from the LHD to the school, OR other process implemented by your LHD	If staff/student is a close contact to a confirmed case, the school is experiencing an outbreak, or the LHD is requiring validation due to community transmission levels, documentation of a negative RT-PCR COVID-19 test result is needed. In other situations, a negative rapid molecular (rapid PCR) or negative antigen test is acceptable.	If testing is not performed due to the clinical judgment of the healthcare provider, a medical note is needed to return to school/day care documenting that there is no clinical suspicion for COVID-19 infection and indicate an alternative diagnosis with exclusion consistent with this diagnosis	After the ten-day exclusion, a note from parent/guardian documenting that the ill student and/or household contacts are afebrile without fever-reducing medication and symptoms have improved	Release from Quarantine letter (if received from their LHD) provided by the parent/guardian or staff member, LHD notification via phone, secure email or fax to the school OR other process implemented by your LHD

1 Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart should be used in conjunction with the Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs1 for Addressing COVID-19.

2 New onset of a symptom not attributed to allergies or a pre-existing condition.

3 Severely immunocompromised or severely ill: may need to isolate for 20 days as per guidance from the individual's infectious disease physician.

4 If the individual has been identified by public health for quarantine or knows they are a close contact to a case, the 14-calendar-day quarantine must be completed.

5 Consider quarantine for other close contacts if there was poor adherence to social distancing or use of face coverings.

6 Contacts to close contacts of a case do not need to be excluded unless the close contact becomes a confirmed or probable case.

Supplemental Guidance: Considerations for School Nurses and Healthcare Providers

IDPH Illinois Department of Public Health

10/21/2020 Interim Guidance, Subject to updates

Box A. Assessment of Symptomatic Persons

Consider the following when assessing symptomatic students/staff:

Are symptoms new to the student/staff person or are they a change in baseline for that individual?

Does the symptomatic individual have any of the following potential exposure risks?

- Did the student/staff have an exposure to a suspected or confirmed COVID-19 case in the past 14 days?
- Is there a household or other close contact with similar symptoms who has not been yet classified as a confirmed or probable case?
- Is there a household member or other close contact with high-exposure risk occupation or activities (e.g. HCW, correctional worker, other congregate living setting worker or visitor)?
- Did the student/staff member have potential exposure due to out-of-school activities (private parties, playing with friend groups, etc.) or have poor compliance with mask wearing and social distancing?
- Do they live in an area of moderate or high community transmission? (as defined in the Adaptive Pause Metrics guidance[1])
- Do they have a history of travel to an area of high transmission in previous 14 days?
- Is there an outbreak in the school or has there been another known case of COVID-19 in the school building in the last 14 days or are there other students or staff in the classroom or cohort currently out with COVID-19 symptoms?

Box B. Clinical Evaluation for Children with Symptoms of COVID-19

(https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html)

Consider the individual's risk of exposure. See Box A.

No Exposure Risk Identified & resides in County with Minimal County Transmission[1]

If no known close contact to COVID-19 case and no other exposure risks, testing and exclusion for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Alternate diagnoses should be considered, and exclusions based on usual practice. (Isolate until at least 24 hours fever-free without fever-reducing medicine)

Has Exposure Risk and/or Clinical Suspicion for COVID-19

Isolation
COVID-19 Testing Recommended

TESTING

PCR or antigen (Ag) testing is acceptable.

- If an Ag detection test is negative and there is a high clinical suspicion of COVID-19, confirm with PCR) (see Column B, pg. 1), ideally within 2 days of the initial Ag test.
- If RT-PCR testing is not available, clinical discretion can be used to recommend isolation.

Test result is only valid for the day of specimen collection.

[1] Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments. Available at https://www.isbe.net/Documents/IDPH-Adaptive-Pause-Metrics.pdf and CDC Indicators for Dynamic School Decision-Making available at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html#thresholds

Resources:

- COVID-19 Testing Overview https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html
- Isolation and Quarantine: CDC https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html

Frequently Asked Questions (FAQ) for Schools

Additional Guidance as of October 27, 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 10/27/2020)**

   - All students and staff sent home with COVID-like symptoms should be diagnostically tested. Students 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. Individuals who have been cleared by the LHD for release from isolation may return to school even if other household members are in isolation or quarantine in the home.

   - 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 medications **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 healthcare 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 are 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 10/27/2020)**

   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[2] to known case), the local health department (LHD) conducting contact tracing will place household contacts, including siblings, in **quarantine for**

14 calendar days. (Note that cases are to isolate for a minimum of 10 calendar days or if symptoms persist, when released by the LHD, while contacts are to quarantine for 14 calendar days. This is because the incubation period--the time they might develop symptoms after an exposure—is 14 calendar days, while the infectious period when a case can transmit illness is approximately 10 calendar days.) The health department also will provide guidance on how to safely quarantine and isolate within the household.

3. **How many symptoms does a person need to have to be considered a suspect COVID-19 case? (Updated 10/27/2020)**

   Students and staff exhibiting one or more COVID-like symptoms are considered suspect cases and should be immediately isolated, and evaluated. Schools should evaluate each symptomatic 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? (Updated 10/27/2020)**

   For consistency with CDC and Illinois Joint Guidance for Schools, it is recommended that schools use 100.4°F or greater 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? (Updated 10/27/2020)**

   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. Each episode of new symptom onset should be evaluated. Diagnostic testing is strongly encouraged whenever an individual experiences COVID-like symptoms; 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. **What are the recommendations for someone who has previously tested positive for COVID-19? (Updated 10/27/2020)**

   For those who have had prior diagnoses of COVID-19 confirmed by viral testing within 3 months, isolation and quarantine may not be needed. The table below describes various scenarios that may occur. Schools are encouraged to discuss these situations with their LHDs for clear guidance.

Status of Previous COVID-Positive Individual	Less than 90 days (3 months) from last Positive Test	Greater than 90 days (3 months) from last Positive Test
Refer for clinical evaluation if COVID-like symptoms are present?	YES	YES
Repeat COVID-19 test if COVID-like symptoms are present?	NOT Recommended Healthcare Provider may decide to test based on clinical assessment.	YES

Exclude from school if COVID-like symptoms are present?	Refer to **Column C** in Exclusion Guidance Decision Tree.	If COVID test **positive**: Refer to **Column A** in Exclusion Guidance Decision Tree. If COVID test **negative**: Refer to **Column B** in Exclusion Guidance Decision Tree.
Place in quarantine (for 14 calendar days) if named as a close contact to a known case of COVID-19?	NO	YES

7. **A student is identified as a close contact to a confirmed case. Upon further discussion with the parent, we are told the student was previously determined to be a case after exposure to another case in the household a few months ago. The student was never tested but was diagnosed based on symptoms and close contact and was isolated for 10 days. Subsequent antibody testing was positive, indicating the student had COVID-19. Does this student now need to undergo quarantine after being identified as a close contact to a confirmed case? (Updated 10/27/2020)**

   Yes. Probable cases who were classified by symptom and epi-link criteria only (without COVID-19 testing) and who later become close contacts to a COVID-19 case should be managed as per guidance for close contacts, including quarantine and monitoring for symptoms.

Contacts to Cases

8. **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.

9. **Who is a close contact? (Updated 10/27/2020)**

   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 a cumulative total of ~~at least~~ 15 minutes or more over a 24-hour period during the infectious period. Repeated exposures result in an increased amount of time of exposure; the longer a person is exposed to an infected person, the higher the risk of exposure/transmission. The infectious 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.

10. **Who will do contact tracing?**

    Contact tracing will be performed by the Local Health Department (LHD), sometimes in partnership with IDPH 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).

11. Is contact tracing only performed when a positive test is received? (Updated 10/27/2020)

Contact tracing is performed for a confirmed case (~~laboratory confirmed~~ positive PCR test) or a probable case (positive antigen test OR person with clinically compatible COVID-like symptoms and epidemiologically linked[2] via known exposure to a confirmed case. ~~or testing positive by an antigen test).~~

12. 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? (Updated 10/27/2020)

Exposure in a classroom should be limited to everyone with whom the confirmed or probable COVID case had close contact, within 6 feet, for a cumulative total of at least 15 minutes throughout the course of a ~~day~~ 24-hour period. 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.

13. 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.

14. 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 10/27/2020)

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. Documentation to return to school includes a Release from Quarantine letter (if received from their LHD) provided by the parent/guardian OR notification via phone, secure email, or fax from the LHD to the school, OR via another process implemented by the LHD. ~~from the LHD to the school.~~

15. 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[2] (by known exposure) 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.

16. **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, are their household members and close contacts also required to be in quarantine? (Updated 10/27/2020)**

    No. Contacts of a person who is a close contact to a COVID-19 case (i.e., contacts to contacts) 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

17. **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.

18. **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? (Updated 10/27/2020)**

    All persons playing instruments in orchestra, band, or general music settings, singing in choir or other lessons, dancing, participating in color guard, or teaching should wear a washable or disposable, multi-layered face covering or mask. Students who play wind instruments are able to use face coverings with a slit. Face coverings may only be removed while outdoors when social distance is maintained. Whenever possible, hold music classes outside. When possible, music classes held indoors should occur in well-ventilated spaces and if possible, with windows open. A minimum distance between singers and/or instrumentalists of 6 feet side-to-side should be maintained. For trombones, a minimum distance of 9 feet front-to-back is recommended. 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. For additional guidance on music classes, please see IDPH Interim COVID-19 Music Guidance.

19. 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 students[3]. 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.

20. 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.

21. 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

22. 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.

23. 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 of 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.

24. 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)

25. What PPE is required to work in or attend school? (Updated 10/27/2020)

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. The face covering should have two or more layers to stop the spread of COVID-19, and should be worn over the nose and mouth, secured under the chin, and should fit snugly against the sides of the face without gaps.

Masks intended for healthcare workers, such as N95 respirators, should not be worn. There are also masks available with exhalation valves or vents. These are not recommended for source control of COVID-19 and should NOT be worn.

See additional guidance as follows regarding safe and effective use of face coverings.

26. What is the primary purpose of a face covering? (Updated 10/27/2020)

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. 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.

27. 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.

28. When should a face covering be changed?

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

29. 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.

30. 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.

31. 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.

32. What PPE is required by school nurses who are assessing a student or staff member reporting COVID-like symptoms? (Updated 10/27/2020)

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.[4] 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. If a fit-tested N95 respirator is not available, the next safest levels of respiratory protection include, in the following order: a non-fit-tested N95 respirator, a KN95 respirator on the FDA-approved list[5], or a surgical mask.

33. If a nurse or staff member was wearing full PPE as recommended and was in the same room as a student or staff member later determined to be a probable or confirmed COVID-19 case, is that nurse or staff member required to quarantine? (Updated 10/27/2020)

If wearing the recommended PPE appropriately, the nurse evaluating the 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. The nurse should continue to follow all recommended infection prevention and control practices, including wearing a facemask 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.

34. 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 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.

35. 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.

36. 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.

37. Can ~~athletic face coverings, e.g.,~~ neck warmers be used as a substitute for cloth face coverings? (Updated 10/27/2020)

~~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 (e.g., 'gaitors'/neck warmers as a substitute for cloth face coverings.

38. Can you provide recommendation on cleaning? (Updated 10/27/2020)

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.

39. 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.

40. 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

41. If there is a confirmed or probable case of COVID-19 within a school, what are the recommendations for school closure? (Updated 10/27/2020)

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.

Please reference the IDPH Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments (dated August 17, 2020) for additional guidance to inform decisions about implementing school-based strategies (e.g., pivot to remote learning, event or extracurricular cancellations, other social distancing measures). As stated above, these decisions should be made locally, in collaboration with local health officials, who can help determine the level of transmission in the community, and in conformity with ISBE/IDPH Joint Guidance. This IDPH guidance is consistent with the September 15, 2020 guidance released from CDC on Indicators for Dynamic School Decision-Making. The CDC's guidance also encourages schools to self-assess implementation of key mitigation strategies as part of the decision-making process.

42. Are there alternative strategies to school closure that may be considered or employed? (Updated 10/27/2020)

In consultation with the Local Health Department, alternative strategies, less drastic than closure, a school may implement 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

43. 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).

44. 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.

45. 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).

46. 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 mission [6,7].

47. 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.

48. 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

49. Are there any current domestic or international travel restrictions for which we should be monitoring and excluding students and staff? (Updated 10/27/2020)

There is widespread, ongoing transmission of novel coronavirus worldwide. Anyone who has traveled internationally or domestically where COVID-19 transmission is high or increasing should stay home and monitor their health for 14 calendar days. 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

50. 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.

51. 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.

Miscellaneous

52. Can space heaters and fan be used in the school environment (e.g., classrooms, offices, gyms, locker rooms)? (Updated 10/27/2020)

The use of oil or water-filled radiators, ceramic, or infrared heaters wouldn't be expected to increase the risk for COVID-19 transmission. However, fan-forced heaters could present an issue. We recommend that schools consult with their building engineer before using fan-forced heaters, as well as floor fans and ceiling fans, because changing airflow patterns can limit the ability of aerosols (COVID-19 can be exhaled in droplets and aerosols) and air contaminants to enter the HVAC system.

Additional considerations related to space heater safety include the following:

- Space heaters should bear the seal of a nationally recognized testing laboratory (NRTLs), such as Underwriters Laboratories. A Current List of NRTLs is available from OSHA.
- Place space heaters at least 3 ft. from people and anything that can burn.
- Purchase a unit with overheat protection.
- Turn it off and unplug it after use.

We recommend the school develop a policy or guidelines for heaters used at their school. More information is available from the Office of the Illinois State Fire Marshal's Portable Heater Safety webpage.

Resources

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

[2] A "case with an epidemiological link" is a case that has either been exposed to a confirmed case or has had the same exposure as a confirmed case.

[3] https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/

https://issma.net/covidresources.php (Indiana guidance may vary from Illinois)

[4] OSHA: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

[5] https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html

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

[6]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

[7]https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

Maintaining Healthy Environments https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

Schools may consider implementing several strategies to maintain healthy environments.

- **Cleaning and Disinfection**
  - Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between use as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
  - If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.
  - Develop a schedule for increased, routine cleaning and disinfection.
  - Ensure safe and correct use and storage of cleaning and disinfection productsexternal icon, including storing products securely away from children. Use products that meet EPA disinfection criteriaexternal icon.
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

- **Shared Objects**
  - Discourage sharing of items that are difficult to clean or disinfect.
  - Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
  - Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
  - Avoid sharing electronic devices, toys, books, and other games or learning aids.

- **Ventilation**
  - Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

- **Water Systems**
  - To minimize the risk of Legionnaire's disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

- **Modified Layouts**
  - Space seating/desks at least 6 feet apart when feasible.
  - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
  - Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.

- **Physical Barriers and Guides**
  - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one way routes" in hallways).

- **Communal Spaces**
  - Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and clean and disinfect between use.
  - Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.

- **Food Service**
  - Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.pdf icon
  - Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
  - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.pdf icon

Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

- **Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19**
  - Offer options for staff at higher risk for severe illness that limit their exposure risk (e.g., telework, modified job responsibilities).
  - Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities).
  - Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

- **Regulatory Awareness**
  - Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

- **Gatherings, Visitors, and Field Trips**
  - Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
  - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
  - Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
  - Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

- **Identifying Small Groups and Keeping Them Together (Cohorting)**
  - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - Limit mixing between groups if possible.

- **Staggered Scheduling**
  - Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
  - When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

- **Designated COVID-19 Point of Contact**
  - Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse). All school staff and families should know who this person is and how to contact them.

- **Participation in Community Response Efforts**
  - Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

- **Communication Systems**
  - Put systems in place for:
    - Consistent with applicable law and privacy policies, having staff and families self-report to the school if they or their student have symptoms of

COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19external icon (e.g. see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick section below**) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).
        - Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Leave (Time Off) Policies and Excused Absence Policies**
    - Implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick.
        - Examine and revise policies for leave, telework, and employee compensation.
        - Leave policies should be flexible and not punish people for taking time off, and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
    - Develop policies for return-to-school after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies.

- **Back-Up Staffing Plan**
    - Monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff.

- **Staff Training**
    - Train staff on all safety protocols.
    - Conduct training virtually or ensure that social distancing is maintained during training.

- **Recognize Signs and Symptoms**
    - If feasible, conduct daily health checks (e.g., temperature screening and/or or symptom checking) of staff and students.
    - Health checks should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations. School administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.

- **Sharing Facilities**
    - Encourage any organizations that share or use the school facilities to also follow these considerations.

- **Support Coping and Resilience**
    - Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
    - Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
    - Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
    - Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746

Guidance to Public Bodies on the Open Meetings Act and the Freedom of Information Act during the COVID-19 Pandemic

As public bodies across the State are taking action to curb the spread of COVID-19, this document is intended to serve as guidance from the Public Access Counselor ("PAC") based on the current status of the law and, where applicable, the Governor's Executive Orders issued as a result of the COVID-19 pandemic. As the situation is rapidly evolving, the PAC will update this guidance as necessary. If you have questions about the Open Meetings Act and/or the Freedom of Information Act, please contact the PAC at the following number: 1-877-299-3642 or by email at publicaccess@atg.state.il.us.

The Open Meetings Act

Of the many ways governments are responding to the COVID-19 pandemic, public bodies are addressing the important responsibility to limit circumstances that might allow for the spread of the COVID-19 virus while fulfilling their obligation to comply with the transparency and openness requirements of the Open Meetings Act ("OMA").

The Governor's Executive Order 2020-07, issued on March 16, 2020, suspends the Open Meetings Act provisions relating to in-person attendance by members of a public body. Specifically, the Governor's Order: (1) suspends the requirement in Section 2.01 that "members of a public body must be physically present;" and (2) suspends the limitations in Section 7 on when remote participation is allowed. This Executive Order is effective the duration of the Gubernatorial Disaster proclamation, which is 30 days from its issuance on March 9, 2020.

Postponing or Cancellation of Public Meetings

Public bodies may choose to postpone or cancel public meetings. The Executive Order 2020-07 encourages public bodies to postpone public business when possible. Where a public body does not have critical issues that must be addressed because time is of the essence, cancelling or postponing public meetings may be prudent during the COVID-19 outbreak, rather than holding meetings that could pose a risk of danger to the public. If a public body chooses to cancel a meeting after it has already posted the notice and agenda in accordance with the OMA's 48-hours' notice requirement, the public body shall place the cancellation notice on its website, at the principal office of the public body, and at the meeting location.

PAC is often asked whether cancelling a meeting or changing a meeting date requires 10 days' notice of the change by publication in a newspaper. The answer is no; this requirement applies only to a change in the **schedule of regular meetings,** for example, changing the regular meeting

dates from Mondays to Thursdays. This specific notice and publication requirement does not apply to cancelling a single meeting.

Requirement for a Physical Presence Quorum for Members of a Public Body

OMA requires that a quorum of members of the public body be physically present at the meeting location and allows for limited circumstances in which remote access is acceptable. Executive Order 2020-07 suspends the in-person presence requirements and eliminates the limitation on remote access. If a meeting is necessary, public bodies are encouraged to utilize remote access as allowed by the Executive Order.

Open and Convenient Meetings

OMA requires public meetings to be "open and convenient" for members of the public. To that end, OMA sets forth several transparency requirements that may pose challenges for holding public meetings during this public health emergency. Public gatherings can hasten the spread of COVID-19 throughout communities. In addition, members of a public body and their staffs may become exposed or infected with COVID-19, which could require quarantine or isolation. To that end, Executive Order 2020-07 prohibits all public and private gatherings of 50 or more people beginning on March 18, 2020. With this directive, public bodies are encouraged to cancel any public meetings in which they expect more than 50 people to attend.

For a public body that determines it must hold a meeting during the COVID-19 pandemic, the Executive Order 2020-07 suspends the in-person attendance requirement for members of the public body and allows for remote participation. If a meeting is necessary, public bodies are encouraged to provide video, audio, and/or telephonic access to maintain openness and transparency to members of the public. Public bodies determining whether to hold meetings at this time should exercise good judgment and discretion and utilize the availability of remote participation to help curb the spread of COVID-19. If a public body determines it must hold a public meeting, consider the following actions to recognize and address the serious public health issues involved with COVID-19:

- Hold your public meeting in a larger room than normal. For example, instead of a conference room, hold a meeting in an auditorium, a gymnasium, or other large space in order to facilitate social distancing.
- You may consider having a separate room for the public that is video or audio linked to the room where the public body is meeting. This arrangement can promote social distancing by utilizing large rooms while still allowing for open meetings.

- You may consider recording the entire meeting, open portions as well as any closed sessions. Post the open session recording on your public body's website as soon after the meeting as is practical.
- Be sure to clearly mark a location of a meeting in the notice and posting required under OMA. It is encouraged to place additional signage in the area of a public meeting so the public is aware of where a meeting is being held, especially if meetings are being held in places where staffing is minimal and there may limited personnel to assist the public in locating a public meeting.

Public Comment

OMA requires public bodies to allow for public comment. The public may not be able to attend an open meeting because of compliance with quarantine or isolation orders or general efforts to remain at home during the pandemic. Public bodies are urged to provide remote access to members of the public and to update their websites and social media with the goal of openness and transparency during this time. Further, public bodies should consider taking public comment by email or written submission and reading those public comments at the public meeting. If members of the public attend meetings in-person, social distancing is essential as outlined above. In addition, during public comment periods, have commenters approach a microphone one at a time instead of gathering in close proximity.

If public bodies are convening via electronic means, such as by conference call or by web-assisted meetings, the public body should ensure that the public has a means to both observe and comment during these meetings. This can be achieved by sharing conference call or other log-in information in the notice of the public meeting.

Public bodies may consider using resources that provide free conference call-in lines or other virtual meeting programs to host their meetings during the COVID-19 pandemic. If using a web-based conference call service, public bodies should thoroughly review all terms and conditions of use, including any provisions related to data collection and users' privacy.

The Freedom of Information Act

While public bodies across the State are taking steps to protect their employees and the public by reducing staff and partially or fully closing public offices they are also attempting to comply with the requirements of the Freedom of Information Act ("FOIA"). Public bodies should continue to comply with FOIA and respond to each request promptly, to the extent they are able to, given the limitation on staff and resources during the COVID-19 pandemic.

Response Time Requirements

FOIA requires each public body to promptly respond to a request for public records, either by complying or denying the request, within 5 business days after the public body has received the request. The public body may extend the time to respond for an additional 5 business days from the original due date, if: (1) the requested records are stored in a different location; (2) the request requires the collection of a substantial number of specified records; (3) the request requires an extensive search; (4) additional efforts must be made to locate the records; (5) the records require analysis by specific personnel to determine if any exception to the disclosure applies; (6) the response cannot be compiled within the requisite time limits without unduly burdening the public body's operations; and (7) the public body needs to consult with another public body that has a substantial interest in the request.

Due to the COVID-19 pandemic and preventative measures taken in attempt to control the spread of the virus, various public bodies are operating with limited staff and resources. Many public bodies have chosen to allow their employees to work remotely, while other public bodies have partially or completely closed their offices. In addition, as more and more individuals become ill or come into contact with someone infected with COVID-19 and are isolated or quarantined, public employees may be unable to report to work. In such circumstances, public bodies may assert an exception listed above, particularly if responding to the request is unduly burdensome in the circumstances, requires review by an unavailable staff member, or requires resources to obtain records located off-site. If a public body seeks to utilize the 5-day extension, it must notify the requester of the reasons for the delay and the date on which the public body will respond to the request.

Given that the length of the pandemic remains unknown, it may be difficult to respond to the request even with a 5-day extension. Both requesters and public bodies should keep in mind that FOIA allows the public body and the requester to come to a mutually agreeable response period to comply with a FOIA request. Members of the public and media are asked to keep these considerations in mind and are strongly encouraged to work with public bodies to agree on reasonable and appropriate response times in light of the public health concerns that we all face.

Plano Area Alliance Supporting Student Success (P.A.A.S.S.S.)
June 19, 2020
10:30 am – 12:30 pm
Zoom virtual meeting

Members in Attendance

Brittany Pezold, Plano CUSD #88
Samantha Hoover, Mutual Ground
Laurel Mateyka, Plano CUSD #88
Karla Santillan, SPARK
Kathy Omsberg, SPARK
Rebecca Kroiss, CCRR
Stacy Randall, Waubonsee Comm. College
Pat Penfold, Northern IL Food Bank
Cory Mehnert, Yorkville CUSD #115
Rosaura Realegeno, Family Focus
Amy Schultz, Fox Valley Family YMCA
Ilene Smit, Plano Community Library
Liz Schaffer, CFC4, Early Intervention
Maria Aguilar, Family Focus
David Quiroz, CUSD #88

Meeting Minutes

Welcome, Introductions and Norms

Laurel Mateyka welcomed the group and stated that she wanted to check in with the group and get member updates on how everyone is dealing with COVID19 and where they are at with serving the community. Rosaura Realegano volunteered to be the Timekeeper. Members in attendance introduced themselves and indicated the organization that they represented.

Leadership Team Update

Laurel Mateyka gave a summary for new members. Laurel reviewed the PAASSS mission with the group. She described that the leadership team first discussed the Charter Agreement last June and we had been working on it since then. The leadership team had been working on the charter agreement, defined the leadership structure and established and assigned roles. Laurel introduced the staff with their roles: Laurel Mateyka, Chair; Samantha Hoover, Vice Chair; Amy Schultz, Secretary with Terri Olsen as back up; David Quiroz, Relationship Manager/Historian; Karla Santillan, Process Checker/Observer. Other members of the leadership team include Rosaura Realegeno and Liz Shaffer. The leadership team decided that under the current circumstances with COVID19, that the leadership team would continue on for an additional year as it would be difficult to change positions during this time. Samantha Hoover added that our charter agreement states that we can have 7 -12 organizations representing the leadership team, with currently 7 organizations being represented, that if anyone is interested in joining,

to let the leadership team know. Rebecca Kroiss from Child Care Resource and Referral will be joining the leadership team. In March, we began work on the Strategic Plan with Stacy Randall from Waubonsee Community College. Stacy has assisting in developing our strategic plan, free of charge, which has been of great value to our organization. Our initial conversations were looking at the charter agreement, discussing how each of us personally became involved and why we wanted to begin PAASSS in the first place. Then we developed strategic pillars that would guide us moving forward – things that we want to preserve, avoid and eliminate. We also discussed how we would like to break the full PAASSS into work groups so that we can define our organizational goals and then educate the community of the importance of early childhood education with events, etc. Once we have the Strategic Plan, we will be able to go out and present to others and engage the community. Samantha Hoover encouraged the group to be at the September meeting to have their voices heard and determine what they would be interested in working on. David Quiroz has been doing a good job on working on a PAASSS logo with a friend. He presented the final product at this meeting. Feedback on the logo was positive.

Member Updates

Karla Santillan from SPARK discussed that the Fox Valley United Way is posting videos for their Play Learn Connect series. Send Karla an email if you would like to learn more or if you would want your video featured with what you do in your program. Check out videos on Fox Valley United Way Facebook and Instagram pages. Kathy Omsberg, SPARK intern, reiterated about the videos and stated that she was looking forward to being a part of the PAASSS team

Maria Aguilar from Family Focus/Healthy Families Program stated that they are starting to transition back into the office. They are continuing to hold virtual conferences and still enrolling families.

Cory Mehnert from Yorkville School District said that they have been very busy working on planning for the school year. They will begin screening children on July 1st and are looking forward to face to face time with families.

Rosaura Realegano from Family Focus/Healthy Families Program stated that they have been providing children's clothing, shoes, groceries, gift cards and rent assistance during the pandemic.

Pat Penfold from the Northern Illinois Food Bank stated that food bank use has increased 60-70%. They now have pop up markets. There has been a huge change in SNAP applications that removes barriers for others. With pandemic EBT, families can go on aid website and receive credit.

Ilene Smit stated the staff at the Plano Public Library went back to work on June 1. They've been doing curbside pickup. They have called to reconnect with families but have no plans to restart program for kids at this time. They are continuing their Summer Reading Program with

online registration. Ilene asked the PAASSS group to put the word out to bilingual families that they have books in Spanish at the library. They need a library card, but not necessarily from Plano library.

David Quiroz stated that at the Plano School District, he has been working on a Parent Education piece, which is a hub of info for families. Laurel added that the pandemic has forced them to find products to make us more efficient and to get more thorough info. She is noticing a larger participation from families in a remote setting. The Plano School District will offer the David Ramsey Financial University to help parents learn to budget and manage money. Brittany Pezold added that they are using a new app for parents to fill out ASQ before milestone visits. Screening dates are Aug 3 and Aug 10.

Samantha Hoover from Mutual Ground said that they are back and working in the office. They have 19 people in shelter now, with 31 total beds. They are trying to preserve space in case they need to be able to quarantine, but will take more families as needed. They are continuing virtual meetings and telephone counseling. She stated that if anyone is interested in information regarding an in-person training to become a certified Domestic Violence provider, to contact her. Also, Mutual Ground is hiring for 3 positions.

Stacy Randall from Waubonsee Community College stated that they are looking at ways to be as virtual as possible, but still be able to build a sense of community.

Amy Schultz reported that the Fox Valley YMCA Early Learning Academy has been open during the pandemic as an emergency child care center for essential workers. She stated that after a positive COVID19 test among staff, the center had to close for a week. After working closely with the health department, we have been able to open again under stricter restrictions.

Rebecca Kroiss stated that Child Care Resource and Referral remains closed. She has been reaching out to programs each week to see how they are doing and if they have any questions.

Liz Shaffer from Child and Family Connections said that they are continuing virtual meetings. Half of their families have been doing live virtual visits and they are noticing children making huge progress because families are more involved in therapy process. Liz asked to pass along the following information: Governor Pritzker and the IL Dept. of Commerce and Economic Opportunity have launched a new initiative to help IL families' access and afford home energy assistance and other essential services during COVID-19. Building on the Illinois' Low Income Home Energy Assistance Program (LIHEAP) and the Community Services Block Grant (CSBG) program, the state's fiscal year 2021 budget authorizes an expansion of the LIHEAP and CSBG programs for eligible Illinoisans seeking emergency assistance to cover costs of utility bills, rent, temporary shelter, food and other household necessities. Effective immediately, this initiative (named Help Illinois Families) is available for all qualifying low-income households regardless of how they may be affected by COVID-19. All applications are reviewed on a first come, first served basis. For more information on the remote application process, go to https://www2.illinois.gov/dceo/CommunityServices/HomeWeatherization/CommunityActionAgencies/Pages/HelpIllinoisFamilies.aspx

Brooks Publishing is offering a 45-minute webinar to offer suggestions for ways home visitors can conduct Ages & Stages developmental screenings with families in a virtual environment. This webinar is free and available at any time. How Providers and Parents Partner Together to Use ASQ-3 in a Virtual Environment.

Review/Preview

Karla Santillan asked each person to say one word that describes how they are feeling after today's meeting.

Future Meeting dates and locations

Plano Community Library, September 11, 2020, 10:30 – 12:30

KENDALL COUNTY HEALTH DEPARTMENT

811 W. John Street, Yorkville, IL 60560-9249 630/553-9100

Public Service Announcement

WWW.KENDALLHEALTH.ORG

Date: 05.05.2020

Contact: RaeAnn VanGundy
630.553.8064

Coronavirus Disease Update for Kendall County

The Kendall County Health Department (KCHD) is reporting 354 cases of coronavirus disease (COVID19) and 175 in-recovery.

Kendall County Health Department COVID-19 Data Dashboard
Kendall County Health Department COVID-19 Information Page

When Someone in Your Household is Sick

Here are some ways to help reduce the spread of COVID-19 when someone in your household is sick:

- Provide a separate sleeping space
- Whenever possible, provide a separate bathroom
- Keep other household members separated from the sick family member
- Attend to the sick family member, while maintaining social distance as much as possible
- Household members should not occupy the same room as the sick family member
- Never share a cell phone, remote, or utensils with the sick family member
- The sick family member should not prepare food for the household
- The sick family member should not share dining space with the household
- Keep bathroom and frequently touched surfaces disinfected, frequently wash hands with soap and water
- If you have a sick family member, do not move about the community, instead have necessary items delivered to the house

For more information on how to stay healthy when living in close quarters, such as a small apartment or for people who live in the same household with large or extended families, please click here.

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KENDALL COUNTY HEALTH DEPARTMENT

811 W. John Street, Yorkville, IL 60560-9249 630/553-9100

Public Health
Prevent. Promote. Protect.

Public Service Announcement

WWW.KENDALLHEALTH.ORG

Date: 06.29.2020

Contact: RaeAnn VanGundy
630.553.8064

Coronavirus Disease Update for Kendall County

The Kendall County Health Department (KCHD) is reporting 1001 cases of coronavirus (COVID19), 695 in-recovery and deaths remain at 23.

Kendall County Health Department COVID-19 Data Dashboard
Kendall County Health Department COVID-19 Information Page

CDC Recommendations for Traveling Overnight

Check the hotel's COVID-19 prevention practices before you go

- Utilize online reservation and check-in, mobile room key, and contactless payment
- Ensure all staff are wearing cloth face coverings at work
- Look for prevention practices being implemented by the hotel, such as plexiglass barriers at check-in counters, and physical distancing signs in the lobby
- Ask about cleaning and disinfecting or removing frequently touched surfaces and items (such as pens, room keys, tables, phones, doorknobs, light switches, elevator buttons, water fountains, ATMs/card payment stations, business center computers and printers, ice/vending machines, and remote controls)

Wear cloth face coverings and limit close contact with others

- Wear a cloth face covering in the lobby or other common areas
- Do not share evelator with anyone outside of your household
- Consider taking the stairs
- Minimize use of areas that may lead to close contact (within 6 feet) with other people

Wear a cloth face covering in the lobby or other common areas

Protect yourself and others when you travel away your community

- For more information about safely planning travel during the COVID-19 outbreak, visit CDC's Considerations for Travel in the US.

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KENDALL COUNTY HEALTH DEPARTMENT

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Public Service Announcement

WWW.KENDALLHEALTH.ORG

Date 11.9.2020 Contact: Arissa Hunt

Coronavirus Disease Update

Coronavirus Disease 2019 (COVID-19) Case Counts* in Kendall County
Total Cases in Residents: 3373
New Cases: 176**
Total Cases of Residents In-Recovery: 2345
Total Deaths: 29

***Case Counts are provisional as of 4:00 pm on 11.9.2020 and subject to change.**
****New cases are included in total case number.**

When Someone in Your Household is Sick

Here are some ways to help reduce the spread of COVID-19 when someone in your household is sick:

- Provide a separate sleeping space
- Whenever possible, provide a separate bathroom
- Keep other household members separated from the sick family member
- Attend to the sick family member, while maintaining social distance as much as possible
- Household members should not occupy the same room as the sick family member
- Never share a cell phone, remote, or utensils with the sick family member
- The sick family member should not prepare food for the household
- The sick family member should not share dining space with the household
- Keep bathroom and frequently touched surfaces disinfected, frequently wash hands with soap and water
- If you have a sick family member, do not move about the community, instead have necessary items delivered to the house

For more information on how to stay healthy when living in close quarters, such as a small apartment or for people who live in the same household with large or extended families, please click here.

For more information on COVID-19, please visit our Kendall County Health Department COVID-19 information page.

RESTORE ILLINOIS

A Public Health Approach To Safely Reopen Our State

Office of the Governor
JB Pritzker

May 5, 2020

RESTORE ILLINOIS

A Public Health Approach To Safely Reopen Our State

Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Illinois Restored
Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open. Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.	Non-essential retail stores reopen for curb-side pickup and delivery. Illinoisans are directed to wear a face covering when outside the home and can begin enjoying additional outdoor activities like golf, boating & fishing while practicing social distancing.	Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions. Gatherings of 10 people or fewer are allowed. Face coverings and social distancing are the norm.	Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the Illinois Department of Public Health. Face coverings and social distancing are the norm.	The economy fully reopens with safety precautions continuing. Conventions, festivals and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures.

New case growth slows

Surge hospital capacity

10,000 tests per day statewide

Testing for any symptomatic health care workers and first responders

Case positivity rate and hospital capacity benchmarks met

Testing for patients, health care workers and at-risk residents

Begin contact tracing and monitoring within 24 hours of diagnosis

Case positivity rate and hospital capacity benchmarks met

Testing available regardless of symptoms or risk factors

Contact tracing within 24 hours of diagnosis for more than 90% of cases

Post-pandemic:

Vaccine, effective and widely available treatment, or the elimination of new cases over a sustained period of time through herd immunity or other factors

An Introduction

From the beginning of the new coronavirus pandemic, Illinois' response has been guided by data, science, and public health experts. As community spread rapidly increased, Governor Pritzker moved quickly to issue a Disaster Proclamation on March 9, restrict visitors to nursing homes on March 11, close bars and restaurants for on-site consumption on March 16, move schools to remote learning on March 17, and issue a Stay at Home order on March 21. This virus has caused painful, cascading consequences for everyone in Illinois, but the science has been clear: in the face of a new coronavirus with unknown characteristics and in the absence of widespread testing availability and contact tracing, mitigation and maintaining a 6-foot social distance have been the only options to reduce the spread and save as many lives as possible.

Millions of Illinoisans working together by staying at home and following experts' recommendations have proven these mitigation and social distancing measures effective so far. The result has been a lower infection rate, fewer hospitalizations, and lower number of fatalities than projected without these measures. Our curve has begun to flatten. Nevertheless, the risk of spread remains, and modeling and data point to a rapid surge in new cases if all mitigation measures were to be immediately lifted.

Now that Illinois is bending the curve, it is vitally important that we follow a safe and deliberate path forward to get our Illinois economy moving. That path forward is not what everyone wants or hopes for, but it will keep Illinoisans as safe as possible from this virus as our economy is reopening.

Restore Illinois is about saving lives and livelihoods. This five-phased plan will reopen our state, guided by health metrics and with distinct business, education, and recreation activities characterizing each phase. This is an initial framework that will likely be updated as research and science develop and as the potential for treatments or vaccines is realized. The plan is based upon regional healthcare availability, and it recognizes the distinct impact COVID-19 has had on different regions of our state as well as regional variations in hospital capacity. The Illinois Department of Public Health (IDPH) has 11 Emergency Medical Services Regions that have traditionally guided its statewide public health work and will continue to inform this reopening plan. For the purposes of this plan, from those 11, four health regions are established, each with the ability to independently move through a phased approach: Northeast Illinois; North-Central Illinois; Central Illinois; and Southern Illinois.

The five phases for each health region are as follows:

Phase 1 – Rapid Spread: The rate of infection among those tested and the number of patients admitted to the hospital is high or rapidly increasing. Strict stay at home and social distancing guidelines are put in place and only essential businesses remain open. Every region has experienced this phase once already, and could return to it if mitigation efforts are unsuccessful.

Phase 2 – Flattening: The rate of infection among those tested and the number of patients admitted to the hospital beds and ICU beds increases at an ever slower rate, moving toward a flat and even a downward trajectory. Non-essential retail stores reopen for curb-side pickup and delivery. Illinoisans are directed to wear a face covering when outside the home and can begin enjoying additional outdoor activities like golf, boating and fishing while practicing social distancing. To varying degrees, every region is experiencing flattening as of early May.

Phase 3 – Recovery: The rate of infection among those surveillance tested, the number of patients admitted to the hospital, and the number of patients needing ICU beds is stable or declining. Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions. Gatherings limited to 10 people or fewer are allowed. Face coverings and social distancing are the norm.

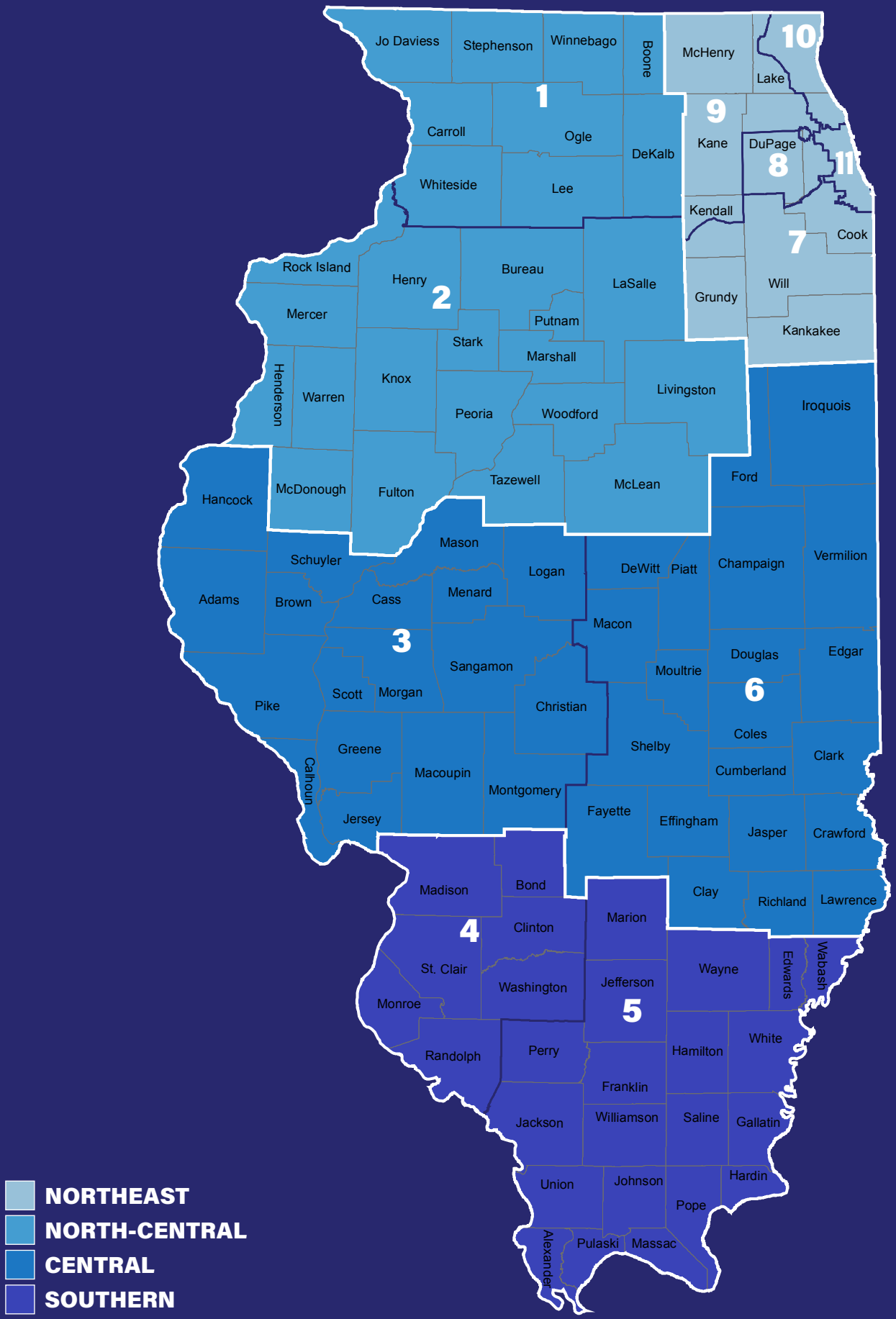
Phase 4 – Revitalization: The rate of infection among those surveillance tested and the number of patients admitted to the hospital continues to decline. Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the Illinois Department of Public Health. Face coverings and social distancing are the norm.

Phase 5 – Illinois Restored: With a vaccine or highly effective treatment widely available or the elimination of any new cases over a sustained period, the economy fully reopens with safety precautions continuing. Conventions, festivals and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures in place reflecting the lessons learned during the COVID-19 pandemic.

Until COVID-19 is defeated, this plan also recognizes that just as health metrics will tell us it is safe to move forward, health metrics may also tell us to return to a prior phase. With a vaccine or highly effective treatment not yet available, IDPH will be closely monitoring key metrics to immediately identify trends in cases and hospitalizations to determine whether a return to a prior phase may become necessary.

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data.

RESTORE ILLINOIS HEALTH REGIONS



- NORTHEAST
- NORTH-CENTRAL
- CENTRAL
- SOUTHERN

Phase 1: Rapid Spread

WHAT THIS PHASE LOOKS LIKE

COVID-19 is rapidly spreading. The number of COVID-19 positive patients in the hospital, in ICU beds, and on ventilators is increasing. The public health response relies on dramatic mitigation measures, like stay at home orders and social distancing, to slow the spread of the virus and prevent a surge that overwhelms the health care system. With a Stay at Home order in place, only essential businesses are in operation and activities outside of the home are limited to essentials, like grocery shopping.

WHAT'S OPEN?

Gatherings: Essential gatherings, such as religious services, of 10 or fewer allowed; No non-essential gatherings of any size

Travel: Non-essential travel discouraged

Health care: Emergency procedures and COVID-19 care only

Education and child care: Remote learning in P-12 schools and higher education; Child care in groups of 10 or fewer for essential workers

Outdoor recreation: Walking, hiking and biking permitted; State parks closed

Businesses:

- **Manufacturing:** Essential manufacturing only
- **"Non-essential" businesses:** Employees of "non-essential" businesses are required to work from home except for Minimum Basic Operations
- **Bars and restaurants:** Open for delivery, pickup and drive-through only
- **Entertainment:** Closed
- **Personal care services and health clubs:** Closed
- **Retail:** Essential stores are open with strict restrictions; Non-essential stores are closed

HOW WE MOVE TO THE NEXT PHASE

Cases and Capacity:

- Slowing of new case growth
- Availability of surge capacity in adult medical and surgical beds, ICU beds, and ventilators

Testing:

- Ability to perform 10,000 tests per day statewide
- Testing available in region for any symptomatic health care workers and first responders

Phase 2: Flattening

WHAT THIS PHASE LOOKS LIKE

The rise in the rate of infection is beginning to slow and stabilize. Hospitalizations and ICU bed usage continue to increase but are flattening, and hospital capacity remains stable. Face coverings must always be worn when social distancing is not possible. Testing capacity increases and tracing programs are put in place to contain outbreaks and limit the spread.

WHAT'S OPEN

Gatherings: Essential gatherings, such as religious services, of 10 or fewer allowed; No non-essential gatherings

Travel: Non-essential travel discouraged

Health care: Emergency and COVID-19 care continue; Elective procedures allowed once IDPH criteria met

Education and child care: Remote learning in P-12 schools and higher education; Child care in groups of 10 or fewer for essential workers

Outdoor recreation: Walking, hiking, and biking permitted; Select state parks open; Boating and fishing permitted; Golf courses open; All with IDPH approved safety guidance

Businesses:

- **Manufacturing:** Essential manufacturing only
- **"Non-essential" businesses:** Employees of "non-essential" businesses are required to work from home except for Minimum Basic Operations
- **Bars and restaurants:** Open for delivery, pickup, and drive through only
- **Personal care services and health clubs:** Closed
- **Retail:** Essential stores are open with restrictions; Non-essential stores open for delivery and curbside pickup

HOW WE MOVE TO THE NEXT PHASE

Cases and Capacity: The determination of moving from Phase 2 to Phase 3 will be driven by the COVID-19 positivity rate in each region and measures of maintaining regional hospital surge capacity. This data will be tracked from the time a region enters Phase 2, onwards.

- At or under a 20 percent positivity rate and increasing no more than 10 percentage points over a 14-day period, AND
- No overall increase (i.e. stability or decrease) in hospital admissions for COVID-19-like illness for 28 days, AND
- Available surge capacity of at least 14 percent of ICU beds, medical and surgical beds, and ventilators

Testing: Testing available for all patients, health care workers, first responders, people with underlying conditions, and residents and staff in congregate living facilities

Tracing: Begin contact tracing and monitoring within 24 hours of diagnosis

WHAT COULD CAUSE US TO MOVE BACK

IDPH will closely monitor data and receive on-the-ground feedback from local health departments and regional healthcare councils and will recommend moving back to the previous phase based on the following factors:

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region

Phase 3: Recovery

WHAT THIS PHASE LOOKS LIKE

The rate of infection among those surveillance tested is stable or declining. COVID-19-related hospitalizations and ICU capacity remains stable or is decreasing. Face coverings in public continue to be required. Gatherings of 10 people or fewer for any reason can resume. Select industries can begin returning to workplaces with social distancing and sanitization practices in place. Retail establishments reopen with limited capacity, and select categories of personal care establishments can also begin to reopen with social distancing guidelines and personal protective equipment. Robust testing is available along with contact tracing to limit spread and closely monitor the trend of new cases.

WHAT'S OPEN

Gatherings: All gatherings of 10 people or fewer are allowed with this limit subject to change based on latest data & guidance

Travel: Travel should follow IDPH and CDC approved guidance

Health Care: All health care providers are open with DPH approved safety guidance

Education and child care: Remote learning in P-12 schools and higher education; Limited child care and summer programs open with IDPH approved safety guidance

Outdoor recreation: State parks open; Activities permitted in groups of 10 or fewer with social distancing

Businesses:

- **Manufacturing:** Non-essential manufacturing that can safely operate with social distancing can reopen with IDPH approved safety guidance
- **"Non-essential" businesses:** Employees of "non-essential" businesses are allowed to return to work with IDPH approved safety guidance depending upon risk level, tele-work strongly encouraged wherever possible; Employers are encouraged to provide accommodations for COVID-19-vulnerable employees
- **Bars and restaurants:** Open for delivery, pickup, and drive through only
- **Personal care services and health clubs:** Barbershops and salons open with IDPH approved safety guidance; Health and fitness clubs can provide outdoor classes and one-on-one personal training with IDPH approved safety guidance
- **Retail:** Open with capacity limits and IDPH approved safety guidance, including face coverings

HOW WE MOVE TO THE NEXT PHASE

Cases and Capacity: The determination of moving from Phase 3 to Phase 4 will be driven by the COVID-19 positivity rate in each region and measures of maintaining regional hospital surge capacity. This data will be tracked from the time a region enters Phase 3, onwards.

- At or under a 20 percent positivity rate and increasing no more than 10 percentage points over a 14-day period, AND
- No overall increase (i.e. stability or decrease) in hospital admissions for COVID-19-like illness for 28 days, AND
- Available surge capacity of at least 14 percent of ICU beds, medical and surgical beds, and ventilators

Testing: Testing available in region regardless of symptoms or risk factors

Tracing: Begin contact tracing and monitoring within 24 hours of diagnosis for more than 90% of cases in region

WHAT COULD CAUSE US TO MOVE BACK

IDPH will closely monitor data and receive on-the-ground feedback from local health departments and regional healthcare councils and will recommend moving back to the previous phase based on the following factors:

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region

Phase 4: Revitalization

WHAT THIS PHASE LOOKS LIKE

There is a continued decline in the rate of infection in new COVID-19 cases. Hospitals have capacity and can quickly adapt for a surge of new cases in their communities. Additional measures can be carefully lifted allowing for schools and child care programs to reopen with social distancing policies in place. Restaurants can open with limited capacity and following strict public health procedures, including personal protective equipment for employees. Gatherings with 50 people or fewer will be permitted. Testing is widely available, and tracing is commonplace.

WHAT'S OPEN

Gatherings: Gatherings of 50 people or fewer are allowed with this limit subject to change based on latest data and guidance

Travel: Travel should follow IDPH and CDC approved guidance

Health care: All health care providers are open

Education and child care: P-12 schools, higher education, all summer programs, and child care open with IDPH approved safety guidance

Outdoor Recreation: All outdoor recreation allowed

Businesses:

- **Manufacturing:** All manufacturing open with IDPH approved safety guidance
- **"Non-essential" businesses:** All employees return to work with IDPH approved safety guidance; Employers are encouraged to provide accommodations for COVID-19-vulnerable employees
- **Bars and restaurants:** Open with capacity limits and IDPH approved safety guidance
- **Personal care services and health clubs:** All barbershops, salons, spas and health and fitness clubs open with capacity limits and IDPH approved safety guidance
- **Entertainment:** Cinema and theaters open with capacity limits and IDPH approved safety guidance
- **Retail:** Open with capacity limits and IDPH approved safety guidance

HOW WE MOVE TO THE NEXT PHASE

Post-pandemic: Vaccine, effective and widely available treatment, or the elimination of new cases over a sustained period of time through herd immunity or other factors.

WHAT COULD CAUSE US TO MOVE BACK

IDPH will closely monitor data and receive on-the-ground feedback from local health departments and regional healthcare councils and will recommend moving back to the previous phase based on the following factors:

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region

Phase 5: Illinois Restored

WHAT THIS PHASE LOOKS LIKE

Testing, tracing and treatment are widely available throughout the state. Either a vaccine is developed to prevent additional spread of COVID-19, a treatment option is readily available that ensures health care capacity is no longer a concern, or there are no new cases over a sustained period. All sectors of the economy reopen with new health and hygiene practices permanently in place. Large gatherings of all sizes can resume. Public health experts focus on lessons learned and building out the public health infrastructure needed to meet and overcome future challenges. Heath care equity is made a priority to improve health outcomes and ensure vulnerable communities receive the quality care they deserve.

WHAT'S OPEN

- All sectors of the economy reopen with businesses, schools, and recreation resuming normal operations with new safety guidance and procedures.
- Conventions, festivals, and large events can take place.

RESTORE ILLINOIS

A Public Health Approach To Safely Reopen Our State

From the beginning of the novel coronavirus pandemic, Illinois' response has been guided by data, science, and public health experts. Relying on the experts, Governor Pritzker took decisive action to slow the spread of COVID-19 and save as many lives as possible including:

- Issuing a Disaster Proclamation on March 9
- Putting enhanced health and safety measures in place at nursing homes on March 11, after issuing initial guidance on March 3
- Closing bars and restaurants for on-site consumption on March 16
- Moving all schools to remote learning on March 17
- Issuing a Stay at Home Order, the second announced in the country, on March 21

Millions of Illinoisans working together by staying at home and following experts' recommendations have proven these mitigation and social distancing measures effective so far, but modeling projects a rapid surge in new cases if all of these measures are immediately lifted.

We must follow a safe and deliberate path forward to reopen our economy, guided by public health and data, to keep Illinoisans as safe as possible.

Restore Illinois is a five-phase regional plan to reopen the state's economy on a regional basis in accordance with key public health metrics.

- **Clear Phases:** Restore Illinois lays out five phases that regions will move through together, ensuring we move forward in a safe and deliberate manner while providing businesses and families more clarity on our next steps.
- **Health Metrics:** The plan is based on key health metrics, like positive test rates and hospital capacity and admissions, that the Illinois Department of Public Health will assess to determine when it is safe for a region to move forward.
- **Regional Approach:** Restore Illinois recognizes the distinct impact COVID-19 has had on different regions of the state. Using the long-existing Emergency Medical Services Networks, the plan uses four regions – Northeast Illinois, North-Central Illinois, Central Illinois, and Southern Illinois – that will move through each phase together.
- **Safe Reopening:** As health metrics tell us it is safe to move forward, regions will gradually reopen non-essential businesses, allow employees to begin returning to work, expand outdoor recreation, and increase gathering sizes.

Until we have a vaccine, treatment, or no new cases over a sustained period of time, this plan recognizes that just as health metrics will tell us it is safe to move forward, health metrics may also tell us to return to a prior phase. The Illinois Department of Public Health will be closely monitoring key metrics to immediately identify new growth in cases and hospitalizations to determine whether a return to a prior phase is needed.

As research and data on this novel coronavirus continue to develop, the Illinois Department of Public Health may update this plan to ensure it reflects the latest science.

What can open? What stays closed

Here is a breakdown of changes, phase by phase:

Health care

Phase 1: COVID-19 health care and emergency health care procedures only

Phase 2: Elective health care procedures, with IDPH approval

Phase 3: Health care providers open, with IDPH approval

Phase 4: All open

Phase 5: All open

Gatherings

Phase 1: Essential gatherings must be 10 or fewer. No nonessential gatherings

Phase 2: Essential gatherings must be 10 or fewer. No nonessential gatherings

Phase 3: All gatherings of 10 or fewer allowed

Phase 4: Gatherings of 50 people or fewer allowed, following CDC guidelines

Phase 5: Large gatherings of all sizes can resume

Schools

Phase 1: Remote learning. Schools, universities closed.

Phase 2: Remote learning. Schools, universities closed.

Phase 3: Remote learning. Schools closed.

Phase 4: All schools, universities can open

Phase 5: All schools, universities can open

Child care

Phase 1: Must be 10 or fewer and for essential workers

Phase 2: Must be 10 or fewer and for essential workers

Phase 3: Limited child care and summer youth activities can open

Phase 4: Child care can open with guidance

Phase 5: All open

Restaurants

Phase 1: Open for drive-thru, pickup and delivery

Phase 2: Open for drive-thru, pickup and delivery

Phase 3: Open for drive-thru, pickup and delivery

Phase 4: Open with capacity limits

Phase 5: All open

Nonessential businesses

Phase 1: Nonessential businesses are operating from home

Phase 2: Nonessential businesses are operating from home

Phase 3: Employees can return to work

Phase 4: Employees can return to work

Phase 5: All open

Essential retail

Phase 1: Open with restrictions

Phase 2: Open with restrictions

Phase 3: Open with restrictions

Phase 4: Open with restrictions

Phase 5: All open

Nonessential retail

Phase 1: Closed

Phase 2: Open for delivery and curbside pickup

Phase 3: Open with capacity limits

Phase 4: Open with capacity limits

Phase 5: All open

Manufacturing

Phase 1: Essential only

Phase 2: Essential only

Phase 3: Nonessential with distancing

Phase 4: All open with distance

Phase 5: All open

Health clubs

Phase 1: Closed

Phase 2: Closed

Phase 3: Can provide limited training and activities

Phase 4: Open with capacity limits

Phase 5: All open

Personal care

Phase 1: Closed

Phase 2: Closed

Phase 3: Allowed with guidance

Phase 4: Open with capacity limits

Phase 5: All open

Outdoor activities

Phase 1: Distanced outdoor activities

Phase 2: Some state parks; outdoor activities like boating, fishing, and golf allowed

Phase 3: State parks open, activities with 10 or fewer allowed

Phase 4: All allowed

Phase 5: All allowed

Entertainment venues

Phase 1: Closed

Phase 2: Closed

Phase 3: Closed

Phase 4: Movies and theaters can open with capacity limits

Phase 5: Large events and festivals can resume

Travel

Phase 1: Emergency travel and nonessential travel allowed but discouraged

Phase 2: Emergency travel and nonessential travel allowed but discouraged

Phase 3: All allowed, following CDC guidance

Phase 4: All allowed, following CDC guidance

Phase 5: All allowed, following CDC guidance

Hybrid In -Person and Remote By Choice Calendar: January 2021

Early Childhood & Elementary
Jr. High School
High School

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Jan. 18 **NO SCHOOL** **District Closed**	**Jan. 19** **Group A Attends** NO SCHOOL - Planning Day NO SCHOOL- Planning Day	**Jan. 20**	**Jan. 21** **Group B Attends**	**Jan. 22** **Group B Attends**
Jan. 25 **Group A Attends**	**Jan. 26** **Group A Attends**	**Jan. 27**	**Jan. 28** **Group B Attends** **Group B Attends** **Group B Attends** **All levels now in Hybrid In-Person and Remote By Choice Model until Feb. 15.**	**Jan. 29** **Group B Attends** **Group B Attends** **Group B Attends**

Secondary Students Follow Remote Schedule

Secondary Students Follow Hybrid Schedule

6th & 9th Grade Orientation
(Date Assigned by Group)

Phase 2 will begin Feb. 16th. Phase 2 will include more in-person time at school. Parents will have the opportunity to choose between in-person and remote the first week of February.
As details are finalized more information will be released.

Dedicated to YOUR Wellbeing

Kendall County Health Department

VOLUME 5, ISSUE 2 SUMMER EDITION, 2020

For the latest news, follow us at:

@kendallhealth

KendallHealth.org

INSIDE THIS ISSUE:

Pure Gratefulness

We would like to extend a special THANK YOU to Oswego School District #308 nurses for volunteering to assist with the critical task of tracking and tracing COVID-19 cases throughout this pandemic . We have been truly blessed by your continued kindness and unwavering dedication. In addition, we would like to thank all of our *Long Term Care* facilities for following the Illinois Department of Public Health recommendations, in keeping our elderly safe and healthy. Our local Daycare facilities did an amazing job assisting our front line health care workers, through protecting and serving our younger generations. Three area Hospitals have gone above and beyond to assist families within our communities along with our Ambulance, Police, and Fire Departments. Our local businesses continue to be proactive with infection control. The Health Department is truly grateful for all of its partners working together to prevent the further spread of the COVID 19 virus.

As businesses begin to open, be reminded that the pandemic is not over. We continue to urge our communities to wear your mask while in close proximity, keeping 6 feet apart. If you are ill stay home, and isolate yourself or seek medical attention as needed. For the newest updates on COVID 19, please visit our webpage at www.kendallhealth.org.

Thank you and stay well.

Trusted Links:

- www.kendallhealth.org
- IL Department of Public Health
- CDC -Coronavirus
- Global Cases by Johns Hopkins real time map

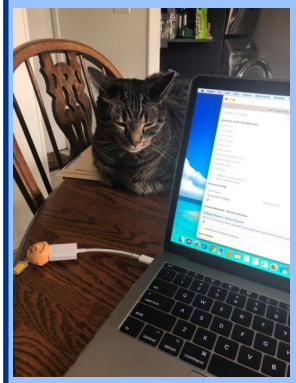
WIC Available During COVID-19

The Kendall County Health Department has been hard at work providing the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) during the COVID 19 pandemic via remote support and on-site services. Our intake staff, nutritionists, and nurses have been hard at work providing the nutrition services. WIC provides; nutrition counseling, breastfeeding education and support, and referral to other essential programs in the community. Providing curbside check delivery to our clients, through our drive- up system provides essential program services while clients remain safe in their cars at all times. Our staff insures that protective wear is utilized to reduce the possibility of infection of staff and those we serve. Face to face contact is kept to an absolute minimum. The WIC team continues to strive to provide the highest standards of nutrition education. Program services continue to move forward amidst this crisis. We recognize these are financially difficult times for many. The WIC program has been and will remain open to serve our community in the days ahead. The WIC team is proud to announce that our WIC tickets will be changing to an EBT Debit Card soon.
If you need assistance of want to learn more about WIC, please call us at (630)553-9100 or click here for more information. WIC is an equal opportunity provider.

Need Help with Utilities?

Helping People. Changing Lives. Community Action PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK

The last couple of months have brought about many changes to our daily lives. As a nation and more specifically as a community, we are seeing higher rates of unemployment, increased levels of stress, and fear caused by these uncertain times. In light of covid-19, Kendall-Grundy Community Action is proud to announce that we have not stopped assisting our residents of Kendall and Grundy counties. We are still here for you, it just looks a little different. The LIHEAP will be starting our 2021 LIHEAP program year early. Residents will be able to apply at the end of July without priority. Kendall County residents can call (630) 553-9100 and Grundy County residents can call (815) 941-3262 for more information.



Telehealth Services for Behavioral Health

The COVID-19 global pandemic required Behavioral Health to move to telehealth web and phone based modalities in order to ensure the uninterrupted continuation of all mental health and substance use treatment services. Through careful planning and our amazing staff, all treatment and psychiatric appointments have been conducted as scheduled. During this unprecedented time, we have been engaging an increasing number of community members finding themselves in the grips of anxiety, depression, and substance misuse. In fact, we have provided well over 1,000 remote treatment sessions since the shelter-in-place order went into effect. We have continued to complete new admissions, with our standard of offering an appointment within 24 business hours to any person being released from an inpatient setting or facility (i.e. hospital, treatment center, incarceration).

Over
1000
Remote Treatment Sessions

We continue to see increasing demand for our outpatient behavioral health treatment services. This includes integrated mental health and substance use treatment and access psychiatric treatment as needed. To ensure quick access to psychiatric care, we are very happy to have both a Psychiatrist and a Nurse Practitioner on staff for medication management. Please call us at (630)553-9100 if you have any questions about our behavioral health services – **we are always here to help**.

ENVIRONMENTAL HEALTH RESPONSE DURING COVID

At the start of the Covid-19 pandemic, Environmental Health (EH) staff shut down their food inspection program and started working remotely. Many staff saw their role and responsibilities change. While the EH team was not directly involved in the clinical/patient side of the COVID response, they provided support in other ways. Inspection staff communicated with their food facilities, providing guidance while those facilities also changed their own operations. Staff even helped promote food service businesses on the Department's social media pages.

EH also delivered care packages of personal protective equipment to Covid-19 positive clients and dropped off door hangers to help connect clients to our nursing staff. Other members of the team answered questions about Executive Orders, essential business, reopening guidelines and responded to Covid-19 related complaints. They also served to connect people with CDC and Illinois Department of Public Health guidance.

Through the pandemic, traditional EH programs continued. Wells and septic installations were inspected, nuisance complaints were investigated and plan reviews and pre-opening inspections for new restaurants occurred.

BOARD OF HEALTH MEMBERS

John Palmer, M.D. , President	**Christina Cooper**
Joseph Gruber, III D.D.S	**Tony Giles**
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Mission Statement

The mission of the Kendall County Health Department is to promote physical health, mental health, environmental health, protect the community's health, prevent disease, and promote family economic self-sufficiency through both person based services and population based services.

Looking for something? Click here to see the Resource Directory.

State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor

Ngozi O. Ezike, MD, Director

6/8/2020

What is COVID-19?

COVID-19 is a respiratory disease that spreads easily from person-to-person. People over 60 years of age and with underlying medical conditions are at higher risk of serious illness.

Range of Symptoms

Repeated shaking with chills	**Cough**	Headache
Muscle pain	**Difficulty Breathing**	Sore throat
	Fever	New loss of taste or smell
	Chills	

Symptoms may appear 2-14 days after exposure to the virus.

If you have ANY symptoms, practice social distancing and frequent handwashing to help stop the spread of the virus. If you experience trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face, please call 911 or seek immediate medical attention.

How can I protect myself, my crew, friends and family from COVID-19?

WASH YOUR HANDS with soap and water for at least 20 seconds prior to eating, during breaks, when you return home from work. Wash hands throughout the day when convenient.

COVER YOUR MOUTH when you cough or sneeze at the elbow, with your sleeve or a disposable tissue.

USE A MASK at work and in public if social distancing of 6 feet or more can't be maintained. When at home, use a mask if you share housing with others and cannot maintain 6 feet (2 meters) of distance. Do not touch the front of the mask. Wash a cloth mask each day after using it.

DO NOT TOUCH YOUR FACE. Avoid touching your eyes, nose, or mouth if you have not washed your hands.

MAINTAIN YOUR DISTANCE (2 meters or 6 feet). Avoid close contact with people at work and in public, and at home if you live in shared housing.

STAY HOME. Only go out for essential needs, such as to buy food or go to work.

WASH SURFACES YOU TOUCH Using soap and water or disinfectant, frequently wash door handles, light switches, tables, television remotes, bathrooms and showers. Wash your cell phone daily. Wash commonly touched surfaces daily, especially if you live in shared housing.

I have symptoms of COVID-19, what should I do?

CALL A HEALTHCARE PROVIDER and **NOTIFY YOUR SUPERVISOR.**

You can get COVID-19 diagnostic testing and testing-related services free of charge[(1)].

CONTACT A HEALTH CARE PROVIDER

You can get a free COVID-19 testing and testing-related services from the clinics listed below. You can have a telehealth appointment, which will be a phone call with a nurse or doctor, or you can go to the clinic and see a nurse or doctor in person.

SOUTHERN ILLINOIS SHAWNEE HEALTH SERVICE Telephone: **(618) 519-9200**
Locations: Carbondale, Carterville, Marion, Murphysboro

NORTH/CENTRAL ILLINOIS COMMUNITY HEALTH PARTNERSHIP OF ILLINOIS
Locations:

Aurora (630) 859-0015	Harvard (815) 943-4339	Kankakee (815) 932-6045
Mendota (815) 539-6124	Princeville (309) 363-5089	Champaign (217) 893-3052

If you do not live near these clinics, they will help you find a Federally Qualified Health Center.

Who else can help me get medical assistance? If you can't, contact these facilities:

- Call your **local public health department**
- **Call 911 if you have a medical emergency**

If you feel sick:

NOTIFY YOUR SUPERVISOR. They should have a policy about who needs to stay at home, and they may direct you for care.

STOP WORKING. If you are sick, you should rest. You should get tested. And you should not infect your co-workers or others at home.

ISOLATE YOURSELF. This means you should stay separated from people you live with and from co-workers. After you get tested for COVID-19, you will get advice about how to stay healthy and lower your risk.

REST UNTIL YOU FEEL BETTER.

(1) Illinois Health Care and Family Services (IHFS) https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200518a.aspx

RETURN TO SCHOOL/WORK FLOWCHART FOLLOWING A COVID-19 RELATED ABSENCE

Revised July 31, 2020

Individual Had Close Contact* with Someone Who Tested Positive or is Suspected of Having COVID-19

May Return After 14-Day Quarantine Period from Date of Last Contact with Individual

Individual Tested Positive or is Suspected of Having COVID-19 AND Had Symptoms

Symptom-Based Strategy
May Return After:
(1) At Least 10 Days Have Passed Since Symptom Onset;
and
(2) At Least 48 Hours Since Resolution of Fever and Improvement of Other Symptoms

OR

Test-Based Strategy**
May Return After Two Negative COVID-19 Tests in a Row, With Testing Done At Least 24 Hours Apart

Individual Tested Positive for COVID-19, But Had NO Symptoms

Time-Based Strategy
May Return After At Least 10 Days Have Passed Since Date of First Positive COVID-19 Test

OR

Test-Based Strategy**
May Return After Two Negative COVID-19 Tests in a Row, With Testing Done At Least 24 Hours Apart

Individual Exhibits One or More Symptoms of COVID-19, But is Not Suspected of Having COVID-19

Some Examples: Seasonal Allergies, Ear Infection, Seasonal Flu, Strep Throat, Migraine, Etc.

May Be Possible to Return in Fewer than 10 Days After Onset of Symptoms and 48 Hours Fever Free

Recommend: Evidence of Alternative Reason for Symptoms and/or Release to Return to School/Work

Individual Returns from International Travel

May Return After 14-Day Quarantine from Date of Return from Trip

For All of the Above: Return Based on Release from Health Care Provider Would Also Apply
Subject to Change: Follow Any Updated Guidance From CDC, IDPH or Local Health Department

**Per CDC and IDPH, this is no longer recommended in the majority of cases except for severely immunocompromised individuals or to discontinue isolation protocols sooner than under the symptom or test-based strategies. Consult with local health department.

Robbins Schwartz