EFILED
12/8/2021 12:24 PM
Paul Palazzolo
7th Judicial Circuit
Sangamon County, IL

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
SANGAMON COUNTY, ILLINOIS

MATTHEW ALLEN, as well as on behalf of all other educators similarly situated.	2021MR001616 2021-MR-_____
ROBYN GAUBATZ, JARVIA BRYANT, as well as on behalf of all other educators similarly situated.	
TRACI GORNICK, LYNETTE BAYER, RAECHEL MAYBERRY-REIDY, CHRISTINE DERKACY, PATRICIA POTOCKI, JOY SEPUT, REBECCA VANT, DORYL TOMAIN-O'LEAR, as well as on behalf of all other educators similarly situated.	
MERISSA PETERS, BETH WORMHOUDT, MICHELE FIGGINS, JANET BLADE, MICHELLE NEAL, as well as on behalf of all other educators similarly situated.	
DARLA MAHAFFEY, ALICIA MCCLURE, as well as on behalf of all other educators similarly situated.	
ALLYCIA HVEZDA, AMY ZACKARY, LAURA CLARK, DAWN SOMA, STEPHANIE MYERS, as well as on behalf of all other educators similarly situated.	
CARA BLEVINS, DEBORAH HALSTEAD, KELLIE REINKE, COURTNEY VOOGT as well as on behalf of all other educators similarly situated.	
BREANNA GOBER, CHRISTA WHETSTONE, MICAH ERZINGER, as well as on behalf of all other educators similarly situated.	
LISA M. FOSTER, as well as on behalf of all other educators similarly situated.	
STEPHANIE SCHWAPPACH, JEANETTE ADAMICK, LINDA BERG, as well as on behalf of all other educators similarly situated.	
SAMANTHA HELLRUNG, ZACHARY BONEBREAK, as well as on behalf of all other educators similarly situated.	
LENA CARRILLO, ASHLEY RAFALIN, YALILA ASSRIA-HERRERA, MARGARITA MAYAS, MARY	

KELLY, VANESSA RODRIGUEZ, as well as on behalf of all other educators similarly situated.

SARAH FRANCIS, ROXANNE PRICE, JENNIFER LINCOLN, GENE MITCHELL II, MELISSA TANNER, MICHELLE ROMAINE, LISA WOLFE, as well as on behalf of all other educators similarly situated.

KIMBERLY MAHER, ABRAM ZELLER, KELLI THOMPSON, KIMBERLY HALVERSON, as well as on behalf of all other educators similarly situated.

GERALD BERGER, as well as on behalf of all other educators similarly situated.

KATHERINE TOERING, BARBARA WERTZ, DEANNA HORTON, JENNIFER BAER, WILLIAM TROUTT, as well as on behalf of all other educators similarly situated.

NICOLE POTTHAST, as well as on behalf of all other educators similarly situated.

MICHAEL LINDEN, RENEE WELCH, KARI ACUFF, STEPHANIE MODAFF, BARBARA KENSEK, JEANNE PUSKARIC, AMY CLEVER, DESIREE RODRIQUEZ, as well as on behalf of all other educators similarly situated.

HEIDI KELLER, AMY SCHWAB, JULIE FOX, HEATHER NELSON, KATHERINE FELZ, COLLEEN CASHMORE, as well as on behalf of all other educators similarly situated.

STEFANI DONALDSON, TOM OLLER, FAITH ROBINSON, CHRIS STEVENS, STEPHANIE STOYANOFF, MELISSA TEBBE, as well as on behalf of all other educators similarly situated.

CHRISTINA BECKER, VICKI BRIDGES, JESSICA GREEN, AMBER STEVENS, as well as on behalf of all other educators similarly situated.

KIMBERLY SMOOT, RYAN JUGAN, KADENCE KOEN, ERICA THOMPSON, KEVIN SHAW, as well as on behalf of all other educators similarly situated.

Plaintiffs,

vs.

THE BOARD OF EDUCATION OF NORTH MAC COMMUNITY UNIT SCHOOL DISTRICT #34, a body politic and corporate.

THE BOARD OF EDUCATION OF WATERLOO COMMUNITY UNIT SCHOOL DISTRICT #5, a body politic and corporate.

THE BOARD OF EDUCATION OF PLAINFIELD SCHOOL DISTRICT #202, a body politic and corporate.

THE BOARD OF EDUCATION OF CUMBERLAND COMMUNITY UNIT SCHOOL DISTRICT #77, a body politic and corporate.

THE BOARD OF EDUCATION OF JASPER COUNTY COMMUNITY UNIT DISTRICT #1, a body politic and corporate.

THE BOARD OF EDUCATION OF BELVIDERE COMMUNITY UNIT SCHOOL DISTRICT #100, a body politic and corporate.

THE BOARD OF EDUCATION OF YORKVILLE COMMUNITY UNIT SCHOOL DISTRICT #115, a body politic and corporate.

THE BOARD OF EDUCATION OF MASCOUTAH COMMUNITY UNIT DISTRICT #19, a body politic and corporate.

THE BOARD OF EDUCATION OF DECATUR SCHOOL DISTRICT #61, a body politic and corporate.

THE BOARD OF EDUCATION OF HIGHLAND COMMUNITY UNIT SCHOOL DISTRICT #5, a body politic and corporate.

THE BOARD OF EDUCATION OF CITY OF CHICAGO SCHOOL DISTRICT #299, a body politic and corporate.

THE BOARD OF EDUCATION OF MARION COMMUNITY UNIT SCHOOL DISTRICT #2, a body politic and corporate.

THE BOARD OF EDUCATION OF ROANOKE BENSON COMMUNITY UNIT SCHOOL DISTRICT #60, a body politic and corporate.

THE BOARD OF EDUCATION OF ARLINGTON HEIGHTS SCHOOL DISTRICT #25, a body politic and corporate.

THE BOARD OF EDUCATION OF EUREKA COMMUNITY UNIT DISTRICT #140, a body politic and corporate.

THE BOARD OF EDUCATION OF STAUNTON COMMUNITY UNIT SCHOOL DISTRICT #6, a body politic and corporate.

THE BOARD OF EDUCATION OF COMMUNITY UNIT SCHOOL DISTRICT #308, a body politic and corporate.

THE BOARD OF EDUCATION OF CRYSTAL LAKE COMMUNITY CONSOLIDATED SCHOOL DISTRICT #47, a body politic and corporate.

THE BOARD OF EDUCATION OF TRIAD COMMUNITY UNIT SCHOOL DISTRICT #2, a body politic and corporate.

THE BOARD OF EDUCATION OF EDWARDSVILLE COMMUNITY UNIT SCHOOL DISTRICT #7, a body politic and corporate.

THE BOARD OF EDUCATION OF SPRINGFIELD SCHOOL DISTRICT #186, a body politic and corporate.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH and DR. NGOZI EZIKE, in her official capacity as Director of the Illinois Department of Public Health.

ILLINOIS STATE BOARD OF EDUCATION and DR. CARMEN I. AYALA, in her Official Capacity as State Superintendent of Education.

Governor JAY ROBERT PRITZKER, in his official capacity.)
)
)
Defendants.)

VERIFIED COMPLAINT FOR DECLARATORY JUDGMENT AND INJUNCTIVE RELIEF

NOW COMES, Plaintiffs, (hereinafter collectively referred to as the "Educators"), on their own accord and on behalf of all other educators similarly situated, by and through their attorneys Thomas G. DeVore, Jeffrey A. Mollet and Erik D. Hyam, and the Silver Lake Group, Ltd., and for their Verified Complaint for Declaratory Judgment and Injunctive Relief against Defendants, and hereby alleges as follows:

PARTY PLAINTIFFS

1. MATTHEW ALLEN (hereinafter referred to as "NMCUSD#34 Educators") brings this action on his own behalf as an educator at North Mac Community Unit School District #34, as well as on behalf of all other educators at North Mac Community Unit School District #34 similarly situated.
2. ROBYN GAUBATZ, JARVIA BRYANT (hereinafter referred to as "WCUSD#5 Educators") bring this action on their own behalf as educators at Waterloo Community Unit School District #5, as well as on behalf of all other educators at Waterloo Community Unit School District #5 similarly situated.
3. TRACI GORNICK, LYNETTE BAYER, RAECHEL MAYBERRY-REIDY, CHRISTINE DERKACY, PATRICIA POTOCKI, JOY SEPUT, REBECCA VANT, DORYL TOMAIN-O'LEAR (hereinafter referred to as "PSD#202 Educators") bring this action on their own behalf as educators at Plainfield School District #202, as well as on behalf of all other educators at Plainfield School District #202 similarly situated.

4. MERISSA PETERS, BETH WORMHOUDT, MICHELE FIGGINS, JANET BLADE, MICHELLE NEAL (hereinafter referred to as "CCUSD#77 Educators") bring this action on their own behalf as educators at Cumberland Community Unit School District #77, as well as on behalf of all other educators at Cumberland Community Unit School District #77 similarly situated.
5. DARLA MAHAFFEY, ALICIA MCCLURE (hereinafter referred to as "JCCUD#1 Educators") bring this action on their own behalf as educators at Jasper County Community Unit District #1, as well as on behalf of all other educators at Jasper County Community Unit District #1 similarly situated.
6. ALLYCIA HVEZDA, AMY ZACKARY, LAURA CLARK, DAWN SOMA, STEPHANIE MYERS (hereinafter referred to as "BCUSD#100 Educators") bring this action on their own behalf as educators at Belvidere Community Unit School District #100, as well as on behalf of all other educators at Belvidere Community Unit School District #100 similarly situated.
7. CARLA BLEVINS, DEBORAH HALSTEAD, KELLIE REINKE, COURTNEY VOOGT (hereinafter referred to as "YCUSD#115 Educators") bring this action on their own behalf as educators at Yorkville Community Unit School District #115, as well as on behalf of all other educators at Yorkville Community Unit School District #115 similarly situated.
8. BREANNA GOBER, CHRISTA WHETSTONE, MICAH ERZINGER (hereinafter referred to as "MCUD#19 Educators") bring this action on their own behalf as educators at Mascoutah Community Unit District #19, as well as on behalf of all other educators at Mascoutah Community Unit District #19 similarly situated.
9. LISA M. FOSTER (hereinafter referred to as "DSD#61 Educators") brings this action on her own behalf as educator at Decatur School District #61, as well as on behalf of all other

educators at Decatur School District #61 similarly situated.

10. STEPHANIE SCHWAPPACH, JEANETTE ADAMICK, LINDA BERG (hereinafter referred to as "HCUSD#5 Educators") bring this action on their own behalf as educators at Highland Community Unit School District #5, as well as on behalf of all other educators at Highland Community Unit School District #5 similarly situated.
11. LENA CARRILLO, ASHLEY RAFALIN, YALILA ASSRIA-HERRERA, MARGARITA MAYAS, MARY KELLY, VANESSA RODRIGUEZ (hereinafter referred to as "CCSD#299 Educators") bring this action on their own behalf as educators at City of Chicago School District #299, as well as on behalf of all other educators at City of Chicago School District #299 similarly situated.
12. SARAH FRANCIS, ROXANNE PRICE, JENNIFER LINCOLN, GENE MITCHELL II, MELISSA TANNER, MICHELLE ROMAINE, LISA WOLFE (hereinafter referred to as "MCUSD#2") bring this action on their own behalf as educators at Marion Community Unit School District #2, as well as on behalf of all other educators at Marion Community Unit School District #2 similarly situated.
13. KIMBERLY MAHER, ABRAM ZELLER, KELLI THOMPSON, KIMBERLY HALVERSON (hereinafter referred to as "RBCUSD#60") bring this action on their own behalf as educators at Roanoke Benson Community Unit School District #60, as well as on behalf of all other educators at Roanoke Benson Community Unit School District #60 similarly situated.
14. GERALD BERGER (hereinafter referred to as "AHSD#25") bring this action on their own behalf as educators at Arlington Heights School District #25, as well as on behalf of all other educators at Arlington Heights School District #25 similarly situated.

15. KATHERINE TOERING, BARBARA WERTZ, DEANNA HORTON, JENNIFER BAER, WILLIAM TROUTT, (hereinafter referred to as "ECUD#140 Educators") bring this action on their own behalf as educators at Eureka Community Unit District #140, as well as on behalf of all other educators at Eureka Community Unit District #140 similarly situated.
16. NICOLE POTTHAST (hereinafter referred to as "SCUSD#6 Educators") brings this action on her own behalf as an educator at Staunton Community Unit School District #6, as well as on behalf of all other educators at Staunton Community Unit School District #6 similarly situated.
17. MICHAEL LINDEN, RENEE WELCH, KARI ACUFF, STEPHANIE MODAFF, BARBARA KENSEK, JEANNE PUSKARIC, AMY CLEVER, DESIREE RODRIQUEZ (hereinafter referred to as "CUSD#308 Educators") bring this action on their own behalf as educators at Community Unit School District #308, as well as on behalf of all other educators at Community Unit School District #308 similarly situated.
18. HEIDI KELLER, AMY SCHWAB, JULIE FOX, HEATHER NELSON, KATHERINE FELZ, COLLEEN CASHMORE (hereinafter referred to as "CLCCSD#47 Educators") bring this action on their own behalf as educators at Crystal Lake Community Consolidated School District #47, as well as on behalf of all other educators at Crystal Lake Community Consolidated School District #47 similarly situated.
19. STEFANI DONALDSON, TOM OLLER, FAITH ROBINSON, CHRIS STEVENS, STEPHANIE STOYANOFF, MELISSA TEBBE (hereinafter referred to as "ECUSD#7 Educators") bring this action on their own behalf as educators at Edwardsville Community Unit School District #7, as well as on behalf of all other educators at Edwardsville Community Unit School District #7 similarly situated.
20. CHRISTINA BECKER, VICKI BRIDGES, JESSICA GREEN, AMBER STEVENS

(hereinafter referred to as "TCUSD#2 Educators") bring this action on their own behalf as educators at Triad Community Unit School District #2, as well as on behalf of all other educators at Triad Community Unit School District #2 similarly situated.

21. KIMBERLY SMOOT, RYAN JUGAN, KADENCE KOEN, ERICA THOMPSON, KEVIN SHAW (hereinafter referred to as "SSD#186 Educators") bring this action on their own behalf as educators at Springfield School District #186, as well as on behalf of all other educators at Springfield School District #186 similarly situated.

22. All individually name plaintiffs shall hereinafter collectively be referred to as the "Educators".

PARTY DEFENDANTS

23. North Mac Community Unit School District #34, (hereinafter referred to as "NMCUSD#34") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Girard IL, created to perform governmental functions related to the education of approximately 1,255 children, and in doing so employees approximately 86 educators, and has only such powers as are expressly conferred by the Illinois legislature.

24. Waterloo Community Unit School District #5, (hereinafter referred to as "WCUSD#5") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Waterloo, IL, created to perform governmental functions related to the education of approximately 2,712 children, and in doing so employees approximately 160 educators, and has only such powers as are expressly conferred by the Illinois legislature.

25. Plainfield School District #202, (hereinafter referred to as "PSD#202") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Plainfield, IL, created to perform governmental functions related to the education of approximately 26,022 children, and in doing so employees approximately 1,624 educators, and

has only such powers as are expressly conferred by the Illinois legislature.

26. Cumberland Community Unit School District #77, (hereinafter referred to as "CCUSD#77") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Toledo, IL, created to perform governmental functions related to the education of approximately 1,037 children, and in doing so employees approximately 65 educators, and has only such powers as are expressly conferred by the Illinois legislature.
27. Jasper County Community Unit District #1, (hereinafter referred to as "JCCUD#1") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Newton, IL, created to perform governmental functions related to the education of approximately 1,225 children, and in doing so employees approximately 71 educators, and has only such powers as are expressly conferred by the Illinois legislature.
28. Belvidere Community Unit School District #100, (hereinafter referred to as "BCUSD#100") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Belvidere IL, created to perform governmental functions related to the education of approximately 7,681 children, and in doing so employees approximately 544 educators, and has only such powers as are expressly conferred by the Illinois legislature.
29. Yorkville Community Unit School District #115, (hereinafter referred to as "YCUSD#115") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Yorkville IL, created to perform governmental functions related to the education of approximately 6,245 children, and in doing so employees approximately 412 educators, and has only such powers as are expressly conferred by the Illinois legislature.
30. Mascoutah Community Unit District #19, (hereinafter referred to as "MCUD#19") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office

is located in Mascoutah IL, created to perform governmental functions related to the education of approximately 4,143 children, and in doing so employees approximately 250 educators, and has only such powers as are expressly conferred by the Illinois legislature.

31. Decatur School District #61, (hereinafter referred to as "DSD#61") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Decatur IL, created to perform governmental functions related to the education of approximately 20,586 children, and in doing so employees approximately 461 educators, and has only such powers as are expressly conferred by the Illinois legislature.

32. Highland Community Unit School District #5, (hereinafter referred to as "HCUSD#5") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Highland, IL, created to perform governmental functions related to the education of approximately 2,857 children, and in doing so employees approximately190 educators, and has only such powers as are expressly conferred by the Illinois legislature.

33. City of Chicago School District #299, (hereinafter referred to as "CCSD#299") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Chicago IL, created to perform governmental functions related to the education of approximately 347,476 children, and in doing so employees approximately 21,115 educators, and has only such powers as are expressly conferred by the Illinois legislature.

34. Marion Community Unit School District #2, (hereinafter referred to as "MCUSD#2") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Marion IL, created to perform governmental functions related to the education of approximately 3,986 children, and in doing so employees approximately 278 educators, and has only such powers as are expressly conferred by the Illinois legislature.

35. Roanoke Benson Community Unit School District #60, (hereinafter referred to as "RBCUSD#60") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Roanoke IL, created to perform governmental functions related to the education of approximately 487 children, and in doing so employees approximately 41 educators, and has only such powers as are expressly conferred by the Illinois legislature.

36. Arlington Heights School District #25, (hereinafter referred to as "AHSD#25") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Arlington Heights IL, created to perform governmental functions related to the education of approximately 5,527 children, and in doing so employees approximately 391 educators, and has only such powers as are expressly conferred by the Illinois legislature.

37. Eureka Community Unit District #140, (hereinafter referred to as "ECUD#140") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Eureka, IL, created to perform governmental functions related to the education of approximately 1,558 children, and in doing so employees approximately 99 educators, and has only such powers as are expressly conferred by the Illinois legislature.

38. Staunton Community Unit School District #6, (hereinafter referred to as "SCUSD#6") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Staunton, IL, created to perform governmental functions related to the education of approximately 1,288 children, and in doing so employees approximately 77 educators, and has only such powers as are expressly conferred by the Illinois legislature.

39. Community Unit School District #308, (hereinafter referred to as "CUSD#308") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office

is located in Oswego, IL, created to perform governmental functions related to the education of approximately 17,632 children, and in doing so employees approximately 1,118 educators, and has only such powers as are expressly conferred by the Illinois legislature.

40. Crystal Lake Community Consolidated School District #47, (hereinafter referred to as "CLCCSD#47") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Crystal Lake IL, created to perform governmental functions related to the education of approximately 7,316 children, and in doing so employees approximately 545 educators, and has only such powers as are expressly conferred by the Illinois legislature.

41. Edwardsville Community Unit School District #7, (hereinafter referred to as "ECUSD#7") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Edwardsville, IL, created to perform governmental functions related to the education of approximately 7,548 children, and in doing so employees approximately 427 educators, and has only such powers as are expressly conferred by the Illinois legislature.

42. Triad Community Unit School District #2, (hereinafter referred to as "TCUSD#2") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Troy, IL, created to perform governmental functions related to the education of approximately 3,929 children, and in doing so employees approximately 236 educators, and has only such powers as are expressly conferred by the Illinois legislature.

43. Springfield School District #186, (hereinafter referred to as "SSD#186") is a body politic and corporate, organized under the laws of the State of Illinois, whose corporate office is located in Springfield, IL, created to perform governmental functions related to the education of approximately 13,244 children, and in doing so employees approximately 1,011 educators, and

has only such powers as are expressly conferred by the Illinois legislature.

44. All 21 individual school districts shall be collectively referred to as "School Districts".

45. Defendant, Illinois Department of Public Health ("IDPH"), is a state executive agency created by the Illinois Legislature pursuant to the Illinois Department of Public Health Act ("IDPHA"). See *20 ILCS 2305 et seq.*

46. Defendant, Dr. Ngozi Ezike ("Ezike") is the Director of the Department who is tasked with administering, overseeing, and executing all the duties and functions of the Department.

47. Illinois State Board of Education ("ISBE") is established pursuant to Article X, § 2 of the Illinois Constitution to set educational policies and guidelines for public and nonpublic preschool through twelfth grade schools in Illinois. Ill. Const. 1970. art. X, § 2.

48. Dr. Carmen Ayala ("Ayala") is the State Superintendent of Education.

49. Jay Robert Pritzker ("Pritzker") is the duly elected Governor of the State of Illinois.

50. The School Districts, IDPH, Ezike, ISBE, Ayala and Pritzker shall be collective known as "The Defendants."

CLASS DEFINTION

51. Each of the named plaintiffs seeks to represent a class of other educators who teach within their respective School Districts.

52. Because the proposed class includes all educators within the School Districts, the number of putative class plaintiffs in each School District is so numerous that joinder of all members is impracticable.

53. Whether Educators can be required to wear a mask while on the property of the School Districts, or be required to either be vaccinated or submit to testing, are common questions to all putative class plaintiffs within each of the School Districts.

54. These common questions control the outcome of this matter and, therefore, predominate over any questions affecting only the individual educators named specifically herein.

55. The representative parties are educators who teach at one of the schools operating within the School Districts.

56. Plaintiffs have retained qualified counsel to pursue their rights under the laws of this State.

57. As such, the representative plaintiffs will fairly and adequately protect the interests of the class within each of the School Districts.

58. Moreover, no class member within any of the School Districts will be prejudiced in this cause as each educator can merely choose to voluntarily wear a mask and/or agree to submit to vaccination or testing to allegedly prevent the spread of an infectious disease.

59. The class action is an appropriate method for the fair and efficient adjudication of the controversy, as the outcome will be controlled by central legal questions common to all putative class members.

RELEVANT LEGAL FRAMEWORK

60. IDPH has general supervision of the interests of the health and lives of the people of the State. (See 20 ILCS 2305(2)(a)).

61. Except as provided in this Section, no person or group of persons may be ordered to be quarantined or isolated, and no place may be ordered to be closed and made off limits to the public, except with the consent of the person or owner of the place or upon the prior order of a court of competent jurisdiction. (See 20 ILCS 2305(2)(c)).

62. IDPH may, however, order a person or a group of persons to be quarantined or isolated, or may order a place to be closed and made off limits to the public, on an immediate basis without prior consent or court order if, in the reasonable judgment of IDPH, immediate

action is required to protect the public from a dangerously contagious or infectious disease. *Id.*

63. In the event of an immediate order issued without prior consent or court order, IDPH shall, as soon as practical, within 48 hours after issuing the order, obtain the consent of the person or owner or file a petition requesting a court order authorizing the isolation or quarantine or closure. *Id.*

64. To obtain a court order, IDPH, by clear and convincing evidence, must prove that the public's health and welfare are significantly endangered by a person that is suspected of having, that has been exposed to, or that is reasonably believed to have been exposed to, a dangerously contagious or infectious disease. *Id.*

65. IDPH may order the administration of vaccines or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease. (See 20 ILCS 2305(2)(e)).

66. Dr. Ezike, as the Director of IDPH, has proclaimed that vaccinations and masks are equally effective treatments to prevent the spread of COVID-19.[1]

67. Under Illinois law, an individual may refuse to receive vaccines, medications, or other treatments. *Id.* (Emphasis Added)

68. Pursuant to statute, an individual shall be given a written notice that shall include notice of the following: (i) that the individual may refuse to consent to vaccines, medications, or other treatments; (ii) that if the individual refuses to receive vaccines, medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions

[1] https://www.wjbc.com/2021/09/01/dr-ezike-on-masks-and-vaccines/ ; https://www.foxnews.com/us/illinois-health-dept-director-masks-vaccines

of subsection (c) of this Section; and (iii) that if the individual refuses to receive vaccines, medications, or other treatments and becomes subject to isolation or quarantine as provided in this subsection (e), he or she shall have the right to counsel pursuant to the provisions of subsection (c) of this Section. *Id.*

69. The Department may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease. (See 20 ILCS 2305(2)(d)).

70. An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens. *Id.* (Emphasis Added)

71. Pursuant to statute, an individual shall be given a written notice that shall include notice of the following: (i) that the individual may refuse to consent to a physical examination, test, or collection of laboratory specimens; (ii) that if the individual refuses to consent to a physical examination, test, or collection of laboratory specimens, the individual may be subject to isolation or quarantine pursuant to the provisions of subsection (c) of this Section; and (iii) that if the individual refuses to consent to a physical examination, test, or collection of laboratory specimens and becomes subject to isolation or quarantine as provided in this subsection (e), he or she shall have the right to counsel pursuant to the provisions of subsection (c) of this Section. *Id.*

72. In accordance with Section 2310-15 of the Department of Public Health Powers and Duties Law, IDPH has the general authority to delegate to a certified local health department, for the purpose of local administration and enforcement, the duties that IDPH is authorized to enforce. Due to the need for immediate action to respond to a threat of a dangerously contagious or infectious disease, IDPH delegates its powers to issue orders for isolation,

quarantine or closure; physical examinations and tests; collection of specimens; administration of vaccines, medications and treatments; and observation and monitoring and to issue and enforce orders to certified local health departments within the State of Illinois. (See 20 ILCS 2310/2310-15)

73. As with most all administrative bodies, ISBE is authorized to make rules in accordance with the Illinois Administrative Procedure Act that are necessary to carry into efficient and uniform effect all laws for establishing and maintaining free schools in the State. (*See* 105 ILCS 5/2-3.6)

74. ISBE may not adopt any rule or policy that alters the intent of the authorizing law or that supersedes federal or State law. *Id.*

75. ISBE may not make policies affecting school districts that have the effect of rules without following the procedures of the Illinois Administrative Procedure Act. *Id.*

76. By statute, if any agency finds that an emergency exists that requires adoption of a rule upon fewer days than is required by Section 5-40, and states in writing its reasons for that finding, the agency may adopt an emergency rule without prior notice or hearing upon filing a notice of emergency rulemaking with the Secretary of State under Section 5-70. (See 5 ILCS 100/5-45)

77. The General Assembly finds and declares that people and organizations hold different beliefs about whether certain health care services are morally acceptable. It is the public policy of the State of Illinois to respect and protect the right of conscience of all persons who refuse to obtain, receive or accept, or who are engaged in, the delivery of, arrangement for, or payment of health care services and medical care whether acting individually, corporately, or in association with other persons; and to prohibit all forms of discrimination, disqualification,

coercion, disability or imposition of liability upon such persons or entities by reason of their refusing to act contrary to their conscience or conscientious convictions in providing, paying for, or refusing to obtain, receive, accept, deliver, pay for, or arrange for the payment of health care services and medical care. It is also the public policy of the State of Illinois to ensure that patients receive timely access to information and medically appropriate care. (See 745 ILCS 70/2)

78. It shall be unlawful for any person, public or private institution, or public official to discriminate against any person in any manner, including but not limited to, licensing, hiring, promotion, transfer, staff appointment, hospital, managed care entity, or any other privileges, because of such person's conscientious refusal to receive, obtain, accept, perform, assist, counsel, suggest, recommend, refer or participate in any way in any particular form of health care services contrary to his or her conscience. (See 745 ILCS 70/5)

79. It shall be unlawful for any public or private employer, entity, agency, institution, official or person, including but not limited to, a medical, nursing or other medical training institution, to deny admission because of, to place any reference in its application form concerning, to orally question about, to impose any burdens in terms or conditions of employment on, or to otherwise discriminate against, any applicant, in terms of employment, admission to or participation in any programs for which the applicant is eligible, or to discriminate in relation thereto, in any other manner, on account of the applicant's refusal to receive, obtain, accept, perform, counsel, suggest, recommend, refer, assist or participate in any way in any forms of health care services contrary to his or her conscience. (See 745 ILCS 70/7)

FACTUAL BASIS

80. The Educators are all employed by one of the School Districts.

81. Each of the School Districts currently have the following policies in place which are alleged to limit the spread of an infectious disease:

a) The Educators must submit to either being vaccinated for COVID-19 or to undergo weekly testing for COVID-19, and if he or she refuses, is subject to disciplinary measures up to and including termination of employment.

b) The Educators must submit to wearing a mask while on school property, and if he or she refuses, is subject to disciplinary measures up to and including termination of employment.

82. At all times relevant, the Educators are involuntarily wearing masks while on the School Districts' premises and have been provided no due process rights to object to the same.

83. At all times relevant, the Educators are involuntarily submitting to weekly testing for COVID-19 in order to prevent being terminated from their employment and have been provided no due process rights to object to the same.

84. At all times relevant, the Educators are not currently positive for COVID.

85. At all times relevant, the Educators are not exhibiting symptoms consistent with COVID.

86. At all times relevant none of the Educators have been determined by the certified local health department to be a public health risk in regard to spreading an infectious disease.

COUNT I
DECLARATORY JUDGMENT
THE DISTRICTS CANNOT REQUIRE MASKS AS A TYPE OF TREATMENT WITHOUT CONSENT OR A LAWFUL ORDER OF QUARANTINE

87. Plaintiffs incorporate paragraphs 1 through 86 as if each had been specifically plead herein.

88. The Educators have a right to insist he or she not be subjected to any type of treatment to prevent the spread of an infectious disease except as provided by law.

89. Dr. Ezike, the Director of IDPH, has proclaimed that vaccinations and masks are equally effective treatments to prevent the spread of COVID-19.[2]

90. At all times relevant, the certified local health departments of the counties wherein the Educators reside have taken no action averring that any of them have, or may have been, exposed to any contagious disease and as such risk spreading it to others.

91. There can be no doubt the Defendants are attempting to compel the Educators to comply with their directives as to the use of a mask as a treatment intended to limit the spread of the COVID-19 virus.

92. None of the Defendants have any lawful authority to compel the Educators to utilize a mask as a treatment to allegedly prevent the spread of an infectious disease.[3]

93. The Illinois legislature vested IDPH with authority on matters of public health and has further granted IDPH the ability to delegate that authority to certified local health departments which IDPH has in fact done.

94. The Defendants are not the certified local health department.

95. Should the certified local health department desire mask wearing as a treatment to limit disease transmission, this could only be accomplished by such certified local health department following procedural and substantive due process under 20 ILCS 2305 *et seq.* as well as 77 Ill. Adm. Code 690 *et seq.* which are not otherwise inconsistent with the under 20 ILCS 2305 *et*

---

[2] https://www.wjbc.com/2021/09/01/dr-ezike-on-masks-and-vaccines/ ; https://www.foxnews.com/us/illinois-health-dept-director-masks-vaccines

[3] The local health department, which has been delegated the supreme authority over these matters, doesn't even have the authority to compel a perfectly healthy person to use a mask as a treatment which purports to limit the spread of an infectious disease under the laws of this state as they currently exist, so it goes without saying the Defendants do not have this authority. Should one of the Educators refuse to undertake any treatment insisted upon by the certified local health department, isolation or quarantine is the only lawful remedy available to the health department, and not threats of termination of employment. Whether or not the legislature could grant such broad authority devoid of due process to any state agency or unit of government is not a question currently in front of the Court, but we can be certain the legislature has not yet even attempted to do so.

seq.

96. It would be an absurd proposition for the Defendants to suggest the certified local health department are required to obtain consent, or a court order, yet the Defendants somehow can disregard this same procedural and substantive due process to force a treatment upon the Educators to limit the spread of an infectious disease.

97. Neither Pritzker, IDPH or ISBE can expand the powers of the School Districts such that the due process provisions of 20 ILCS 2305 *et seq.* can be effectively nullified and the power of the certified local health department be usurped.

98. An actual controversy exists between the parties in regard to the authority of the Defendants to compel the Educators to wear a mask as a treatment to prevent the spread of an infectious disease.

99. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all other Educators similarly situated, herein request that this court enter an Order:

A. Declaring under 20 ILCS 2305(2)(e), the State Department of Health has been vested with the authority to order citizens to undertake treatments to prevent the spread of an infectious disease, which authority IDPH delegated to the certified local health department;

B. Declaring under 20 ILCS 2305(2)(e), the Educators have a due process right under Illinois Law to refuse any such treatment which is alleged to limit the spread of an infectious disease;

C. Declaring a mask is a type of treatment which use is intended to limit the spread of an infectious disease;

D. Declaring, absent consent of the Educators, the Defendants must have in their possession a lawful court order issued on behalf of the certified local health department before an Educators can be compelled to any treatment which use is purported to limit the spread of an infectious disease, while on school property.

E. Granting such other and further relief as is just and proper.

COUNT II
DECLARATORY JUDGMENT
THE DISTRICTS CANNOT REQUIRE MASKS AS TYPE OF MODIFED QUARANTINE TO LIMIT THE SPREAD OF AN INFECTIOUS DISEASE WITHOUT CONSENT OR A LAWFUL ORDER OF QUARANTINE

100. Plaintiffs incorporate paragraphs 1 through 99 as if each had been specifically plead herein.

101. The Educators have a right to insist he or she not be subjected to any type of quarantine to prevent the spread of an infectious disease except as provided by law.

102. IDPH has long proclaimed by rule the utilization of a device intended to limit the spread of an infectious disease is a type of modified quarantine. (See Title 77, Ill. Adm. Code. §690.10) (Exhibit A contains the definitions within the rules before the unlawful September 17, 2021 attempted change of the rule)

103. As argued in Count III, which claim is incorporated herein by reference, the emergency rule attempting to vitiate the definition of modified quarantine from the rules is invalid and as such the definition of modified quarantine is still in full force and effect.

104. A mask is a device which use is intended to limit the spread of an infectious disease.

105. At present, the certified local health departments of the counties wherein the Educators reside have taken no action averring any of them have, or may have been, exposed to any contagious disease and as such must wear a mask as a type of modified quarantine to limit the spread of an infectious disease.

106. There can be no doubt the Defendants are attempting to compel the Educators to comply with their directives as to the use of a mask is a type of modified quarantine to limit the spread of an infectious disease.

107. The Defendants have no lawful authority to compel the Educators to utilize a mask as a type of modified quarantine to allegedly prevent the spread of an infectious disease.

108. The Illinois legislature vested IDPH with authority on matters of public health, and has further granted to IDPH the ability to delegate that authority to only certified local health departments, which IDPH has in fact done.

109. The Defendants are not the certified local health department.

110. Neither Pritzker, IDPH, or ISBE can expand the powers of the School Districts such that the due process provisions of 20 ILCS 2305 *et seq.* can be effectively nullified and the power of the certified local health department usurped.

111. Should the certified local health department desire mask wearing as a type of modified quarantine to limit disease transmission, this could only be accomplished by the certified local health department following procedural and substantive due process under 20 ILCS 2305 *et seq.* as well as 77 Ill. Adm. Code 690 *et seq* which are not otherwise inconsistent with 20 ILCS 2305 *et seq.*

112. It would be an absurd proposition for the Defendants to suggest the certified local health departments are required to obtain consent of the Educators, or a court order, yet the Defendants somehow can disregard this same procedural and substantive due process to force a modified quarantine upon the Educators to limit the spread of an infectious disease.

113. An actual controversy exists between the parties in regard to the authority of the Defendants to compel the Educators to wear a mask as a type of modified quarantine to prevent the spread of an infectious disease.

114. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Declaring, under 20 ILCS 2305(2)(c), the State Department of Health has been vested with the authority to order a modified quarantine against the Educators to prevent the spread of an infectious disease, which authority IDPH delegated to the certified local health department;

B. Declaring a mask is a type of modified quarantine in that it is a device intended to limit disease transmission.

C. Declaring under 20 ILCS 2305(c), the Educators have a due process right to refuse a modified quarantine which is alleged to limit the spread of an infectious disease;

D. Declaring absent consent of the Educators, the Defendants must have in their possession a lawful court order issued on behalf of the certified local health department before the Educators can be compelled to utilize a mask as a type of modified quarantine, which use is purported to limit the spread of an infectious disease, while on school property.

E. Granting such other and further relief as is just and proper.

COUNT III
DECLARATORY JUDGMENT
IDPH EMERGENCY RULE IS NOT LAWFUL AUTHORITY FOR WHICH THE SCHOOL DISTRICTS CAN BASE THEIR MASK, EXCLUSION, VACCINATION AND TESTING POLICIES

115. Plaintiffs incorporate paragraphs 1 through 114 as if each had been specifically plead herein.

116. The Plaintiffs have a right to insist any emergency rule making by IDPH be accomplished only as provided by Illinois law. (See, 5 ILCS 100/5-45.)

117. On or about September 17, 2021, IDPH issued an Emergency Rule which stripped the complete definition of modified quarantine from Title 77 of the Illinois Administrative code for at least 150 days. (Compare Exhibit A with Exhibit B)

118. Additionally, the Emergency Rule creates a new section of Title 77 and goes as far as to proclaim the wearing of masks, vaccination and testing shall not be considered a type of quarantine under the law. (See Exhibit B, Title 23 Ill. Adm. Code § 690.361.) [4]

119. Nowhere within the Emergency Rule is there any statement of reasons for the finding of an emergency existing on September 17, 2021 which necessitated the Emergency Rule being adopted.

120. The purpose of the Emergency Rule in stripping modified quarantine from the definitions, and further proclaiming the wearing of a mask, vaccination and testing shall not constitute a quarantine, was for the sole purpose of attempting to vitiate the court's oversight of the Defendants overreach which was find to have occurred by numerous courts.

121. IDPH's use of emergency rulemaking was beyond its delegated authority as no emergency existed which required the procedural use of the emergency rulemaking process.

122. Not only did no emergency exist, IDPH failed to even provide any type of notice within

[4] IDPH added this emergency provision after numerous courts ruled masks and exclusion from school, at least as it related to students, violated 20 ILCS 2305(2)(c) based upon the definition of quarantine in the rules; however, the administrative agency cannot play games with the rules to the point which they disregard the express provisions of 20 ILCS 2305(2)(d) and 20 ILCS 2305(2)(e) which have independent protections regarding masks as a treatment as well as vaccination and testing. Vaccination and testing are not types of quarantine or modified quarantine as each has its own independent statutory provision.

the published rule proclaiming what such alleged emergency even existed.

123. The COVID-19 virus has been in existence for over 1 ½ years, and as such the existence of this infectious disease could never be a sufficient basis for which to invoke the emergency rulemaking power of the Illinois Administrative Code.

124. The Emergency Rule of IDPH is invalid as it violates procedural due process of the Illinois Administrative Code in that no emergency existed to support the use of the emergency provisions, and moreover IDPH failed to even adduce any facts supporting the existence of any such alleged emergency.

125. To the extent the Emergency Rule might somehow pass procedural muster, it is still nonetheless invalid to the extent it attempts to vitiate the due process rights of the Educators as provided under 20 ILCS 2305(2)(d) and 20 ILCS 2305(2)(e). [5]

126. Finally, the Emergency Rule can vest no authority in the School Districts as Illinois law limits their ability to delegate their authority only to certified local health departments and not to some other body of government.

127. IDPH can only vest whatever authority has been delegated to them on certified local health departments and can under no circumstances place any authority with a school district. (See 20 ILCS 2310/2310-15)

128. An actual controversy exists between the parties in regard to the authority of IDPH to promulgate the Emergency Rule and to otherwise delegate any authority to the School Districts.

[5] Sections (D) and (E) of 20 ILCS 2305 contain clear procedural and substantive due process rights for citizens and an administrative agency cannot strip those rights by passing a rule or regulations in direct contravention. While IDPH may be able to play games with the definition of a quarantine, this gamesmanship only potentially applies to applicability of section (C) of 20 ILCS 2305. The law is the law and IDPH cannot change it.

129. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Declaring the Emergency Rule is invalid for failure to comply with notice provisions of 5 ILCS 100/5-45;

B. Declaring the Emergency Rule is invalid as no emergency exits as required under 5 ILCS 100/5-45;

C. Declaring the Emergency Rule is invalid to the extent it attempts to vitiate the due process protection provided under 20 ILCS 2305(2)(d) and 20 ILCS 2305(2)(e);

D. Declaring the §690.361 of the Emergency Rule is invalid to the extent is attempts to delegate authority to the School Districts in violation of Illinois Law;

E. Granting such other and further relief as is just and proper.

COUNT IV
DECLARATORY JUDGMENT
ISBE EMERGENCY RULE IS NOT LAWFUL AUTHORITY FOR WHICH THE SCHOOL DISTRICTS CAN BASE THEIR VACCINATION AND TESTING POLICIES

130. Plaintiffs incorporate paragraphs 1 through 129 as if each had been specifically plead herein.

131. The Plaintiffs have a right to insist any emergency rule making by ISBE be accomplished only as provided by Illinois law. (See, 5 ILCS 100/5-45.)

132. On or about September 19, 2021, ISBE issued an Emergency Rule which purports to mandate vaccination or testing for COVID-19 allegedly to prevent the spread of an infectious disease. (See Exhibit C)

133. Nowhere within the Emergency Rule is there any statement of reasons for the finding of an emergency existing on September 19, 2021 which necessitated the Emergency Rule being adopted.

134. ISBE's use of emergency rulemaking was beyond its delegated authority as no emergency existed which required the procedural use of the emergency rulemaking process.

135. Not only did no emergency exist, ISBE failed to even provide any type of notice within the published rule proclaiming what such alleged emergency even existed.

136. The COVID-19 virus has been in existence for over 1 ½ years, and as such the existence of this infectious disease could never be a sufficient basis for which to invoke the emergency rulemaking power of the Illinois Administrative Code.

137. The Emergency Rule of ISBE is invalid as it violates procedural due process of the Illinois Administrative Code in that no emergency existed to support the use of the emergency provisions, and moreover ISBE failed to even adduce any facts supporting the existence of any such alleged emergency.

138. To the extent the Emergency Rule might somehow pass procedural muster, it is still nonetheless invalid to the extent it attempts to vitiate the due process rights of the Educators as provided under 20 ILCS 2305(2)(d) and 20 ILCS 2305(2)(e).

139. 20 ILCS 2305(2)(d) and 20 ILCS 2305(2)(e) are crystal clear that the Educators, and all citizens for that matter, have procedural and substantive due process rights to refuse to submit their bodies to a vaccine or test for the purpose of limiting the spread of an infectious disease.

140. None of the Defendants can disregard these provisions of the law.

141. An actual controversy exists between the parties in regard to the authority of ISBE to promulgate the Emergency Rule regarding vaccination and testing of Educators.

142. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Declaring the Emergency Rule is invalid for failure to comply with notice provisions of 5 ILCS 100/5-45;

B. Declaring the Emergency Rule is invalid as no emergency exits as required under 5 ILCS 100/5-45;

C. Declaring the Emergency Rule is invalid to the extent it attempts to vitiate the due process protection provided under 20 ILCS 2305(2)(d) and 20 ILCS 2305(2)(e);

D. Granting such other and further relief as is just and proper.

COUNT V
DECLARATORY JUDGMENT
ISBE GUIDANCE IS NOT LAWFUL AUTHORITY
FOR WHICH THE SCHOOL DISTRICTS CAN BASE THEIR
MASK AND VACCINATION/TESTING POLICIES

143. Plaintiffs incorporate paragraphs 1 through 142 as if each had been specifically plead herein.

144. At Pritzker's request, ISBE issued its Revised Guidance. (See Exhibit D)

145. The Revised Guidance mandates the School Districts require mask use as well as implement a vaccination or testing policy.

146. The Revised Guidance was not adopted pursuant to any procedures within the Illinois Administrative Code.

147. ISBE may not make policies affecting school districts that have the effect of rules without following the procedures of the Illinois Administrative Procedure Act. (*See* 105 ILCS 5/2-

3.6)

148. While the Revised Guidance is a policy issued by ISBE, it does not have the effect of rule.[6]

149. An actual controversy exists between the parties in regard to the authority of ISBE to promulgate guidance which has the effect of vesting authority or obligations upon the School Districts.

150. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Declaring the Revised Guidance does not have the effect of Rule as it was not adopted following the procedures of the Illinois Administrative Procedures Act;

B. Declaring the School Districts cannot rely upon the Revised Guidance as lawful authority to compel mask wearing or vaccination or testing policies;

C. Granting such other and further relief as is just and proper.

COUNT VI
DELCARATORY JUDGMENT
VACCINATION OR TESTING PROGRAM
VIOLATES THE HEALTH CARE RIGHT
OF CONSCIOUS ACT

151. Plaintiff restates and incorporate by reference Paragraphs 1 through 150 as though fully set forth herein.

152. The Educators have a statutory right to object to being subjected to health care services.

[6] While it is also true the substance of the guidance would be unlawful to the extent it attempts to vitiate state law, as it relates to this particular issue, the Court does not even need to go there because guidance is not enforceable and the law is clear in that regard.

153. The Educators object to the vaccination and testing of the Coronavirus as both health care services violate their moral conscience.

154. Health care means any phase of patient care rendered by a physician or physicians, nurses, paraprofessionals or health care facility, intended for the physical, emotional, and mental well-being of a person. (See 745 ILCS 70/3)

155. Should the Educators object to these proposed health care services, the law prohibits the Defendants from discriminating against them. (See 745 ILCS 70/5)

156. The School Districts are prohibited from placing any burden on the Educators on their employment for refusing the vaccination or testing of the coronavirus. (See 745 ILCS 70/7)

157. The School Districts are threatening imminent termination of employment towards the Educators for refusing to accept health care services that contradict with their moral conscience.

158. An actual controversy exists between the parties in regard to the Educators right to object to health care services being compelled upon them in violation of their moral conscience.

159. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A) Declaring the Educators have a right under the Health Care Right of Conscience Act to object to being compelled to accept vaccination and testing as a form of health care services as it violates their moral conscience; and

B) Declaring the School Districts cannot discriminate against the Educators for refusing to accept vaccination and testing of COVID-19 as a form of health care service as it violates their moral conscience; and

C) That the Court grant such other and further relief as is just and proper.

COUNT VI
DECLARATORY JUDGMENT
EXECUTIVE ORDERS OF PRITZKER REGARDING MASKING AND VACCINATION AND TESTING ARE ULTRA VIRES

160. Plaintiffs incorporate paragraphs 1 through 159 as if each had been specifically plead herein.

161. Executive Order 2021-18 issued by Pritzker proclaims to empower IDPH, ISBE and the School Districts with the authority to compel the Educators to wear a mask for the purpose of allegedly preventing the spread of an infectious disease. (See Exhibit E)

162. Executive Order 2021-20 issued by Pritzker proclaims to empower IDPH, ISBE and the School Districts with the authority to compel the Educators to be vaccinated or tested for the purpose of allegedly preventing the spread of an infectious disease. (See Exhibit F)

163. Pritzker relies upon various enumerated provision of the Illinois Emergency Management Agency Act ("IEMAA") as delegated authority for these three executive orders. (See 20 ILCS 3305 *et seq.*)

164. Specifically, Sections (7)(1), (7)(2), (7)(3), (7)(8), and Section (19).

165. Section (7) of the IEMAA contains the emergency powers which have been delegated to the Governor during times of an emergency.

166. None of these enumerated provisions authorize Pritzker to expand the powers of the School Districts, ISBE, or IDPH, in regard to matters of vaccination, testing, treatment and/or quarantine of citizens, in order to allegedly limit the spread of an infectious disease, beyond those powers delegated to each of such body politic by the legislature.

167. Additionally, the executive orders issued by Pritzker are in direct contravention to the due

process protections of the Educators as provided them under 20 ILCS 2035 *et seq.* as well as 745 ILCS 70 *et seq.* and as such invalid.

168. An actual controversy exists between the parties in regard to the authority of Pritzker to promulgate an executive order which expands the power of the School Districts, ISBE, or IDPH or to otherwise compel the use of masks and the undertaking of vaccination or testing by the Educators.

169. An immediate and definitive determination is necessary to clarify the rights and interests of all parties affected.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Declaring Executive Order 2021-18 is invalid to the extent it seeks to expand the power of the School Districts, ISBE, or IDPH to mandate masks as a treatment or a type of quarantine or modified quarantine to allegedly prevent the spread of an infectious disease;

B. Declaring Executive Order 2021-20 is invalid to the extent it seeks to expand the power of the School Districts, ISBE, or IDPH to mandate vaccination or testing of the Educators to allegedly prevent the spread of an infectious disease.

C. Declaring Executive Order 2021-18 and Executive Order 2021-20 are invalid to the extent each attempts to vitiate the procedural and substantive due process rights afforded the Educators under 20 ILCS 2035 *et seq.* as well as 745 ILCS 70 *et seq.*

D. Granting such other and further relief as is just and proper.

COUNT VII
REQUEST FOR AN INJUNCTION
ENJOINING MASKS BEING COMPELLED BY SCHOOL DISTRICTS

170. Plaintiffs incorporate paragraphs 1 through 169 as if each had been specifically plead herein.

171. The Educators have a right to insist he or she not be compelled to use a mask, or any other treatment or modified quarantine, which is purported to limit the spread of an infectious disease, unless first being afforded their procedural and substantive due process rights as provided under Illinois law.

172. There can be no doubt the Defendants are attempting to compel masks be worn by the Educators in an attempt to allegedly prevent the spread of an infectious disease.

173. If the Educators do not comply, they are subjected to disciplinary measures up to and including termination by the School Districts.

174. The Illinois legislature has delegated to IDPH authority on these matters, and IDPH in turn delegated the authority to certified local health departments.

175. The School Districts have all adopted their mask policy to allegedly prevent the spread of an infectious disease.

176. None of the Defendants have any lawful authority to demand or require any type of treatment or modified quarantine upon the Educators to allegedly prevent the spread of an infectious disease, and certainly not without having first provided the clear due process provided by Illinois law.

177. The Defendants are not the certified local health department acting pursuant to its lawful authority under 20 ILCS 2305 *et seq.*

178. Even if the certified local health department desires to seek such compliance from the Educators, the same can only be accomplished by providing procedural and substantive due process as provided by law.

179. At no time, has any relevant certified local health department taken any action against the Educators in regard to mask wearing by seeking consent or a lawful order of court.

180. Quite simply, the Defendants are infringing upon the lawful right of the Educators, to be free to choose for themselves whether mask wearing as a treatment, or type of modified quarantine, for the purpose of limiting the spread of an infectious disease, absent a court order, and the Defendants are using as a sword, direct and unabashed threats to the Educators employment if they refuse to comply.

181. The Plaintiffs have no adequate remedy at law in which to seek relief from the irreparable harm caused by the Defendants for every day the Educators, who are otherwise perfectly healthy, are contrary to all express Illinois procedural and substantive due process of law, being forced to wear a mask allegedly to prevent the spread of an infectious disease, with such impending threat to their employment being used to coerce action not otherwise require by law. [7]

182. The Plaintiffs have proven the Defendants all lack authority to demand any type of treatment or modified quarantine upon the Educators to allegedly prevent the spread of an infectious disease without providing due process.

183. If the Educators are in fact a danger to the public health such that they should be wearing a mask as a treatment, or be subject to a modified quarantine, all to allegedly prevent the spread of an infectious disease, the certified local health department can follow the procedural and substantive due process rights provided the Educators under Illinois law.

184. For all these reasons, balancing the equities in this cause bodes completely in favor of

[7] The law is clear that a citizen can refuse to partake in any type of treatment intended to limit the spread of an infectious disease and the only potential consequences are isolation or quarantine. The Defendants coercive tactics are unlawful and violate due process.

granting the Educators their requested relief.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Finding the Educators, as well as all other educators similarly situated, have a right to insist their procedural and substantive due process rights be afforded them before being forced to undergo any medical treatment, or to be subjected to a quarantine or modified quarantine.

B. Finding the Defendants, under the facts presented herein, are not lawfully authorized to compel mask wearing as a treatment, or a type of modified quarantine, by the Educators, as well as all other educators similarly situated, to limit the spread of an infectious disease while present on school property absent consent of the Educator, without a lawful order issued in favor of the certified local health department pursuant to 20 ILCS 2305 *et seq.*;

C. Enter an injunction permanently enjoining the School Districts from compelling the Educators, as well as all other Educators similarly situated, to utilize a mask, alleged to prevent the spread of an infectious disease, unless the Educator consents or a lawful order has issued in favor of the certified local health department pursuant to 20 ILCS 2305 *et seq.*; and

D. For such other relief as this Court deems just and proper.

COUNT VIII
REQUEST FOR AN INJUNCTION ENJOINING VACCINATION OR TESTING BY SCHOOL DISTRICTS

185. The Plaintiffs repeat and reallege Paragraphs 1 through 184 as if fully restated herein.

186. The Educators have a right to insist he or she not be compelled to use undergo vaccination or submit to testing, which is purported to limit the spread of an infectious disease, unless first being afforded their procedural and substantive due process rights as provided under Illinois law.

187. There can be no doubt the Defendants are attempting to compel vaccination and testing on the Educators in an attempt to allegedly prevent the spread of an infectious disease.

188. If the Educators do not comply, they are subjected to discipline up to including termination.

189. The Illinois legislature has delegated to IDPH authority on these matters, and IDPH in turn delegated the authority to certified local health departments.

190. The School Districts have all adopted their vaccination or testing policy to allegedly prevent the spread of an infectious disease.

191. None of the Defendants have any lawful authority to demand or require any type of vaccination or testing requirement upon the Educators to allegedly prevent the spread of an infectious disease, and certainly not without having first provided the clear due process provided by Illinois law.

192. The Defendants are not the certified local health department acting pursuant to its lawful authority under 20 ILCS 2305 *et seq.*

193. Even if the certified local health department desires to seek such compliance from the Educators, the same can only be accomplished by providing procedural and substantive due process as provided by law.

194. At no time, has any relevant certified local health department taken any action against the Educators in regard to vaccination or testing by seeking consent or a lawful order of court.

195. Quite simply, the Defendants are infringing upon the lawful right of the Educators, to be free to choose for themselves whether to undergo vaccination or testing, for the purpose of limiting the spread of an infectious disease, absent a court order, and the Defendants are using as a sword, direct and unabashed threats to the Educators employment if they refuse to comply.

196. The Plaintiffs have no adequate remedy at law in which to seek relief from the irreparable

harm caused by the Defendants for every day the Educators, who are otherwise perfectly healthy, are contrary to all express Illinois procedural and substantive due process of law, being forced to submit their bodies to invasive testing to allegedly prevent the spread of an infectious disease, with such impending threat to their employment being used to coerce action not otherwise require by law. [8]

197. The Plaintiffs have proven the Defendants all lack authority to demand vaccination or testing upon the Educators to allegedly prevent the spread of an infectious disease without providing due process.

198. If the Educators are in fact a danger to the public health such that they should be subjected to vaccination or testing, all to allegedly prevent the spread of an infectious disease, the certified local health department can follow the procedural and substantive due process rights provided the Educators under Illinois law.

WHEREFORE, Plaintiffs, on their own accord as Educators within their respective School Districts, as well as all Educators similarly situated, herein request that this Court enter an Order:

A. Finding the Educators, as well as all other educators similarly situated, have a right, to not be compelled to undergo vaccination or testing to allegedly prevent the spread of an infectious disease, except as provided by law;

B. Finding the Defendants, under the facts presented herein, are not lawfully authorized to compel vaccination or testing, by the Educators, as well as all other educators similarly situated, to limit the spread of an infectious disease, absent consent of the Educator, without a lawful order issued in favor of the certified local health department pursuant to 20 ILCS 2305 *et seq.*;

[8] The law is clear that a citizen can refuse to submit their bodies to any vaccination or testing intended to limit the spread of an infectious disease and the only potential consequences are isolation or quarantine. The Defendants coercive tactics are unlawful and violate due process.

C. Enter an injunction permanently enjoining the School Districts from compelling the Educators, as well as all other Educators similarly situated, to undergo vaccination or testing, alleged to prevent the spread of an infectious disease, unless the Educator consents or a lawful order has issued in favor of the certified local health department pursuant to 20 ILCS 2305 *et seq.*; and

D. For such other relief as this Court deems just and proper.

Respectfully submitted,

/s/ Thomas G. DeVore
IL Bar No. 06305737
/s/ Jeffrey A. Mollet
IL Bar No. 06210706
/s/ Erik D. Hyam
IL Bar No. 06311090
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Matthew Allen
MATTHEW ALLEN

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Robyn Gaubatz
ROBYN GAUBATZ

By: /s/ Jarvia Bryant
JARVIA BRYANT

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s Traci Gornick
TRACI GORNICK

By: /s/ Lynette Bayer
LYNETTE BAYER

By: /s/ Raechel Mayberry-Reidy
RAECHEL MAYBERRY-REIDY

By: /s/ Christine Derkacy
CHRISTINE DERKACY

By: /s/ Patricia Potocki
PATRICIA POTOCKI

By: /s/ Joy Seput
JOY SEPUT

By: /s/ Rebecca Vant
REBECCA VANT

By: /s/ Doryl Tomain-O'Lear
DORYL TOMAIN-O'LEAR

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Merissa Peters
MERISSA PETERS

By: /s/ Beth Wormhoudt
BETH WORMHOUDT

By: /s/ Janet Blade
JANET BLADE

By: /s/ Michelle Neal
MICHELLE NEAL

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Darla Mahaffey
DARLA MAHAFFEY

By: /s/ Alicia McClure
ALICIA MCCLURE

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Allycia Hvezda
ALLYCIA HVEZDA

By: /s/ Amy Zackary
AMY ZACKARY

By: /s/ Dawn Soma
DAWN SOMA

By: /s/ Stephanie Myers
STEPHANIE MYERS

By: /s/ Laura Clark
LAURA CLARK

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Cara Blevins
CARA BLEVINS

By: /s/ Deborah Halstead
DEBORAH HALSTEAD

By: /s/ Kellie Reinke
KELLIE REINKE

By: /s/ Courtney Voogt
COURTNEY VOOGT

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Breanna Gober
BREANNA GOBER

By: /s/ Christa Whetstone
CHRISTA WHETSTONE

By: /s/ Micah Erzinger
MICAH ERZINGER

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2011

By: /s/ Lisa M. Foster
LISA M. FOSTER

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Stephanie Schwappach
STEPHANIE SCHWAPPACH

By: /s/ Jeanette Adamick
JEANETTE ADAMICK

By: /s/ Linda Berg
LINDA BERG

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Lena Carrillo
LENA CARRILLO

By: /s/ Ashley Rafalin
ASHLEY RAFALIN

By: /s/ Yalila Assria-Herrera
YALILA ASSRIA-HERRERA

By: /s/ Margarita Maya
MARGARITA MAYAS

By: /s/ Mary Kelly
MARY KELLY

By: /s/ Vanessa Rodriquez
VANESSA RODRIGUEZ

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Sarah Francis
SARAH FRANCIS

By: /s/ Roxanne Price
ROXANNE PRICE

By: /s/ Jennifer Lincoln
JENNIFER LINCOLN

By: /s/ Gene Mitchell II
GENE MITCHELL II

By: /s/ Melissa Tanner
MELISSA TANNER

By: /s/ Michelle Romaine
MICHELLE ROMAINE

By: /s/ Lisa Wolfe
LISA WOLFE

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Kimberly Maher
KIMBERLY MAHER

By: /s/ Abram Zeller
ABRAM ZELLER

By: /s/ Kelli Thompson
KELLI THOMPSON

By: /s/ Kimberly Halverson
KIMBERLY HALVERSON

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Gerald Berger
GERALD BERGER

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Katherine Toering
KATHERINE TOERING

By: /s/ Barbara Wertz
BARBARA WERTZ

By: /s/ Deanna Horton
DEANNA HORTON

By: /s/ Jennifer Baer
JENNIFER BAER

By: /s/ William Troutt
WILLIAM TROUTT

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Nicole Potthast
NICOLE POTTHAST

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Michael Linden
MICHAEL LINDEN

By: /s/ Renee Welch
RENEE WELCH

By: /s/ Kari Acuff
KARI ACUFF

By: /s/ Stephanie Modaff
STEPHANIE MODAFF

By: /s Barbara Kensek
BARBARA KENSEK

By: /s/ Jeanne Puskaric
JEANNE PUSKARIC

By: /s/ Amy Clever
AMY CLEVER

By: /s/ Desiree Rodriquez
DESIREE RODRIQUEZ

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Heidi Keller
HEIDI KELLER

By: /s/ Amy Schwab
AMY SCHWAB

By: /s/ Julie Fox
JULIE FOX

By: /s/ Heather Nelson
HEATHER NELSON

By: /s/ Katherine Felz
KATHERINE FELZ

By: /s/ Colleen Cashmore
COLLEEN CASHMORE

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s Stefani Donaldson
STEFANI DONALDSON

By: /s/ Tom Oller
TOM OLLER

By: /s/ Faith Robinson
FAITH ROBINSON

By: /s/ Stephanie Stoyanoff
STEPHANIE STOYANOFF

By: Melissa Tebbe
MELISSA TEBBE

By: /s/ Chris Stevens
CHRIS STEVENS

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Christina Becker
CHRISTINA BECKER

By: /s/ Vicki Bridges
VICKI BRIDGES

By: /s/ Jessica Green
JESSICA GREEN

By: /s/ Amber Stevens
AMBER STEVENS

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: December 02, 2021

By: /s/ Kimberly Smoot
KIMBERLY SMOOT

By: /s/ Ryan Jugan
RYAN JUGAN

By: /s/ Erica Thompson
ERICA THOMPSON

By: /s/ Kevin Shaw
KEVIN SHAW

By: _____

By: _____

By: _____

By: _____

Thomas G. DeVore
Counsel for Plaintiffs
IL Bar No. 06305737
Silver Lake Group, Ltd.
118 N. 2nd St.
Greenville, IL 62246
Telephone - 618-664-9439
Facsimile 618-664-9486
tom@silverlakelaw.com

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS
PART 690 CONTROL OF COMMUNICABLE DISEASES CODE
SECTION 690.10 DEFINITIONS

Section 690.10 Definitions

"Acceptable Laboratory" – A laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

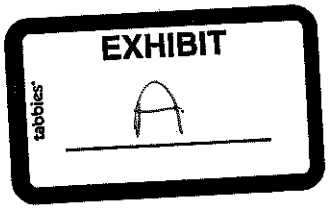
"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.20(a)(7)).

"Authenticated Fecal Specimen" – A specimen for which a public health authority or a person authorized by a public health authority has observed either or both the patient producing the specimen or conditions under which no one other than the case, carrier or contact could be the source of the specimen.

"Bioterrorist Threat or Event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, an animal, a plant or another living organism.

"Business" – A person, partnership or corporation engaged in commerce, manufacturing or a service.

"Carbapenem Antibiotics" – A class of broad-spectrum beta-lactam antibiotics.



"Carrier" – A living or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Case" – Any living or deceased person having a recent illness due to a communicable disease.

"Confirmed Case" – A case that is classified as confirmed in accordance with federal or State case definitions.

"Probable Case" – A case that is classified as probable in accordance with federal or State case definitions.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Certified Local Health Department" – A local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

"Chain of Custody" – The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

"Child Care Facility" – A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

"Cleaning" – The removal of visible soil (organic and inorganic material) from objects and surfaces, normally accomplished by manual or mechanical means using water with detergents or enzymatic products.

"Clinical Materials" – A clinical isolate containing the infectious agent, or other material containing the infectious agent or evidence of the infectious agent.

"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart D.

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment.

"Contact" – Any person known to have been sufficiently associated with a case or carrier of a communicable disease to have been the source of infection for that

person or to have been sufficiently associated with the case or carrier of a communicable disease to have become infected by the case or carrier; and, in the opinion of the Department, there is a risk of the individual contracting the contagious disease. A contact can be a household or non-household contact.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient or indirect contact with potentially infectious items or surfaces (see Section 690.20(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person by direct or indirect contact.

"Dangerously Contagious or Infectious Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" – A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" – The Illinois Department of Public Health or designated agent.

"Diarrhea" – The occurrence of three or more loose stools within a 24-hour period.

"Director" – The Director of the Department, or his or her duly designated officer or agent.

"Disinfection" – A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores).

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.20(a)(7)).

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

is believed to be caused by any of the following:

bioterrorism;

the appearance of a novel or previously controlled or eradicated

infectious agent or biological toxin;

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

"Emergency Care" – The performance of rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Emergency Care Provider" – A person who provides rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Epidemic" – The occurrence in a community or region of cases of a communicable disease (or an outbreak) clearly in excess of expectancy.

"Exclusion" – Removal of individuals from a setting in which the possibility of disease transmission exists. For a food handler, this means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee.

"Extensively Drug-Resistant Organisms" or "XDRO" – A pathogen that is difficult to treat because it is non-susceptible to all or nearly all antibiotics.

"Fever" – The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" – Individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management,

public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" – Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered a food handler for the purpose of this Part. In health care facilities, this includes persons who set up meals for patients to eat, feed or assist patients in eating, give oral medications, or give mouth/denture care. In day care facilities, schools and community residential programs, this includes persons who prepare food, feed or assist attendees in eating, or give oral medications to attendees.

"Health Care" – Care, services and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.

"Health Care Facility" – Any institution, building or agency, or portion of an institution, building or agency, whether public or private (for-profit or nonprofit), that is used, operated or designed to provide health services, medical treatment or nursing, rehabilitative or preventive care to any person or persons. This includes, but is not limited to, ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

"Health Care Worker" – Any person who is employed by (or volunteers his or her services to) a health care facility to provide direct personal services to others. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Health Information Exchange" – The mobilization of healthcare information electronically across organizations within a region, community or hospital system; or, for purposes of this Part, an electronic network whose purpose is to accomplish the exchange, or an organization that oversees and governs the network.

"Health Level Seven" – Health Level Seven International or "HL7" is a not-for-

profit, American National Standards Institute (ANSI)-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7 produces standards for message formats, such as HL7 2.5.1, that are adopted for use in public health data exchange between health care providers and public health.

"Illinois' National Electronic Disease Surveillance System" or "I-NEDSS" – A secure, web-based electronic disease surveillance application utilized by health care providers, laboratories and State and local health department staff to report infectious diseases and conditions, and to collect and analyze additional demographic, epidemiological and medical information for surveillance purposes and outbreak detection.

"Immediate Care" – The delivery of ambulatory care in a facility dedicated to the delivery of medical care outside of a hospital emergency department, usually on an unscheduled, walk-in basis. Immediate care facilities are primarily used to treat patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to be infected with, a contagious or infectious disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

"Isolation Precautions" – Infection control measures for preventing the transmission

of infectious agents, i.e., standard precautions, airborne precautions (also known as airborne infection isolation precautions), contact precautions, and droplet precautions (see Section 690.20(a)(7)).

"Least Restrictive" – The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" – The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of those boards, or any person legally authorized to act for the local health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical Record" – A written or electronic account of a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, and discharge recommendations.

"Monitoring" – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of community-level social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social distancing monitoring measures may include, but are not limited to, reporting of geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature screening prior to entering public buildings or attending public gatherings.

"Non-Duplicative Isolate – The first isolate obtained from any source during each unique patient/resident encounter, including those obtained for active surveillance or clinical decision making.

"Observation" – The practice of close medical or other supervision of contacts to promote prompt recognition of infection or illness.

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is disease specific.

"Premises" – The physical portion of a building or other structure and its surrounding area designated by the Director of the Department, his or her authorized representative, or the local health authority.

"Public Health Order" – A written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department.

"Public Transportation" – Any form of transportation that sets fares and is available for public use, such as taxis; multiple-occupancy car, van or shuttle services; airplanes; buses; trains; subways; ferries; and boats.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms. "Quarantine" also includes the definition of "Quarantine, modified".

"Quarantine, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons who are or may have been exposed to a contagious disease or possibly contagious disease. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission. Any travel within Illinois outside of the jurisdiction of the local health authority must be either approved by the Director or be under mutual agreement of the health authority of the jurisdiction and the public health official who will assume responsibility. Travel outside Illinois shall require written notice from the Illinois jurisdiction to the out-of-state jurisdiction that will assume responsibility.

"Recombinant Organism" – A microbe with nucleic acid molecules that have been synthesized, amplified or modified.

"REDCap" – Research electronic data capture (REDCap) is a mature, secure web application for building and managing online surveys and databases. It is used by state and local health authorities to collect data from persons associated with an outbreak and can be administered directly to exposed persons via a weblink.

"Registry" – A data collection and information system that is designed to support organized care.

"Restrict from Work" – For food handlers, this means to limit the activity of a food handler so that there is no risk of transmitting a disease by making sure that the food handler does not work with food, cleaning equipment, utensils, dishes, linens or unwrapped single service or single use articles or in the preparation of food.

"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence or incidence of infectious disease or syndromes through reporting of cases, suspect cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.20(a)(7)).

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.

"Susceptible (non-immune)" – A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent developing infection or disease if or when exposed to the agent.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case, event or outbreak to warrant further public health response.

"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety and welfare.

"Transmission" – Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect and airborne transmission.

"Treatment" – The provision of health care by one or more health care providers. Treatment includes any consultation, referral or other exchanges of information to manage a patient's care.

"Voluntary Compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring or medical treatment pursuant to this Subpart.

"Zoonotic Disease" – Any disease that is transmitted from animals to people.

(Source: Amended at 43 Ill. Reg. 2386, effective February 8, 2019)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Control of Communicable Diseases Code

2) Code Citation: 77 Ill. Adm. Code 690

3)

Section Numbers:	Emergency Actions:
690.10	Amendment
690.361	Amendment
690.1380	Amendment
690.1385	Amendment

4) Statutory Authority: Communicable Disease Report Act [745 ILCS 45] and Department of Public Health Act [20 ILCS 2305]

5) Effective Date of Rules: September 17, 2021

6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which they are to expire: The emergency rulemaking will expire at the end of the 150-day period, upon repeal of the emergency rulemaking, or upon adoption of a permanent rulemaking, whichever comes first.

7) Date Filed with the Index Department: September 17, 2021

8) A copy of the emergency rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency amendments are adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency rules.

10) A Complete Description of the Subjects and Issues Involved: This rule amends Section 690.10, Definitions, to delete the terms "Isolation, Modified" and "Quarantine, Modified" and to revise the definition of "Quarantine." This rule also amends Section 690.361, Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

(Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease), to provide detailed procedures for handling the occurrence of COVID-19 in schools. Additionally, the rule amends Section 690.1380, Physical Examination, Testing and Collection of Laboratory Specimens, to clarify that nothing in that Section limits the ability of schools, employers, or other institutions to conduct or require physical examinations and tests. Further, the rule amends Section 690.1385, Vaccinations, Medications, or Other Treatments, to clarify that nothing in that Section limits the ability of schools, employers, or other institutions to require vaccinations.

11) Are there any other rulemakings pending on this Part? No

12) Statement of Statewide Policy Objective: This rulemaking will not create or expand a State mandate.

13) Information and questions regarding this emergency rulemaking shall be directed to:

Department of Public Health
Attention: Tracey Trigillo, Rules Coordinator
Lincoln Plaza
524 South 2nd Street, 6th Floor
Springfield IL 62701

217/782-1159
dph.rules@illinois.gov

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

Section
690.10 Definitions
EMERGENCY
690.20 Incorporated and Referenced Materials
690.30 General Procedures for the Control of Communicable Diseases

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

Section
690.100 Diseases and Conditions
690.110 Diseases Repealed from This Part

SUBPART C: REPORTING

Section
690.200 Reporting

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section
690.290 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295 Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours))
690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320 Anthrax (Reportable by telephone immediately, within three hours, upon initial

clinical suspicion of the disease)

690.322 Arboviral Infections (Including, but Not Limited to, Chikungunya Fever, California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.325 Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)

690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)

690.330 Brucellosis (Reportable by telephone as soon as possible (within 24 hours), unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)

690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.340 Chancroid (Repealed)

690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically , within 24 hours)

690.360 Cholera (Toxigenic Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.361 Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS). (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

EMERGENCY

690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases) (Reportable by mail, telephone, facsimile or electronically within Seven days after confirmation of the disease) (Repealed)

690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven days)

690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)

690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)

690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)

690.386	Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
690.390	Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.400	Escherichia coli Infections (E. coli O157:H7 and Other Shiga Toxin Producing E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.410	Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
690.420	Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.430	Gonorrhea (Repealed)
690.440	Granuloma Inguinale (Repealed)
690.441	Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)
690.442	Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)
690.444	Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
690.450	Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.451	Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.452	Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.453	Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.460	Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.465	Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.468	Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
690.469	Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)
690.470	Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.475	Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.480	Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable)

(Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)

690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.495 Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)

690.505 Lyme Disease (See Tickborne Disease)

690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

690.540 Meningococcemia (Reportable by telephone as soon as possible) (Repealed)

690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)

690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

690.565 Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)

690.570 Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)

690.580 Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)

690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.595 Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 Hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)

690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)

690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)
690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease) (Repealed)
690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.650 Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
690.655 Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)
690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours) (Repealed)
690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)
690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)
690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.680 Syphilis (Repealed)
690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

690.698	Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.700	Trachoma (Repealed)
690.710	Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.720	Tuberculosis (Repealed)
690.725	Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))
690.730	Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.740	Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.745	Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.750	Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
690.752	Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed)
690.800	Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART E: DEFINITIONS

Section	
690.900	Definition of Terms (Renumbered)

SUBPART F: GENERAL PROCEDURES

Section	
690.1000	General Procedures for the Control of Communicable Diseases (Renumbered)
690.1010	Incorporated and Referenced Materials (Renumbered)

SUBPART G: SEXUALLY TRANSMITTED DISEASES

Section	
690.1100	The Control of Sexually Transmitted Diseases (Repealed)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals (Repealed)

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

Section
690.1300 General Purpose
690.1305 Department of Public Health Authority
690.1310 Local Health Authority
690.1315 Responsibilities and Duties of the Certified Local Health Department
690.1320 Responsibilities and Duties of Health Care Providers
690.1325 Conditions and Principles for Isolation and Quarantine
690.1330 Order and Procedure for Isolation, Quarantine and Closure
690.1335 Isolation or Quarantine Premises
690.1340 Enforcement
690.1345 Relief from Isolation, Quarantine, or Closure
690.1350 Consolidation
690.1355 Access to Medical or Health Information
690.1360 Right to Counsel
690.1365 Service of Isolation, Quarantine, or Closure Order
690.1370 Documentation
690.1375 Voluntary Isolation, Quarantine, or Closure
690.1380 Physical Examination, Testing and Collection of Laboratory Specimens
EMERGENCY
690.1385 Vaccinations, Medications, or Other Treatments
EMERGENCY
690.1390 Observation and Monitoring
690.1400 Transportation of Persons Subject to Public Health or Court Order
690.1405 Information Sharing
690.1410 Amendment and Termination of Orders
690.1415 Penalties

SUBPART J: REGISTRIES

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

690.1500 Extensively Drug-Resistant Organism Registry
690.1510 Entities Required to Submit Information
690.1520 Information Required to be Reported
690.1530 Methods of Reporting XDRO Registry Information
690.1540 Availability of Information

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 21954, effective November 5, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. 4116, effective March 9, 2015; amended at 39 Ill. Reg. 11063, effective July 24, 2015; amended at 39 Ill. Reg. 12586, effective August 26, 2015; amended at 40 Ill. Reg. 7146, effective April 21, 2016; amended at 43 Ill. Reg. 2386, effective February 8, 2019; emergency amendment at 44 Ill. Reg. 9282, effective May 15, 2020, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 44 Ill. Reg. 10000, effective May 20, 2020; emergency amendment at 44 Ill. Reg. 13473, effective August 3, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 20145, effective December 9, 2020; emergency amendment at 44 Ill. Reg. 13807, effective August 7, 2020, for a maximum of 150 days; emergency rule expired January 3, 2021; emergency amendment at 45 Ill. Reg. 987, effective January 4, 2021, for a maximum of 150 days; emergency amendment repealed by

emergency rulemaking at 45 Ill. Reg. 6777, effective May 17, 2021, for the remainder of the 150 days; emergency amendment at 45 Ill. Reg. 12123, effective September 17, 2021, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 690.10 Definitions
EMERGENCY

"Acceptable Laboratory" – A laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 μm or smaller in size)) (see Section 690.20(a)(7)).

"Authenticated Fecal Specimen" – A specimen for which a public health authority or a person authorized by a public health authority has observed either or both the patient producing the specimen or conditions under which no one other than the case, carrier or contact could be the source of the specimen.

"Bioterrorist Threat or Event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, an animal, a plant or another living organism.

"Business" – A person, partnership or corporation engaged in commerce, manufacturing or a service.

"Carbapenem Antibiotics" – A class of broad-spectrum beta-lactam antibiotics.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

"Carrier" – A living or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Case" – Any living or deceased person having a recent illness due to a communicable disease.

"Confirmed Case" – A case that is classified as confirmed in accordance with federal or State case definitions.

"Probable Case" – A case that is classified as probable in accordance with federal or State case definitions.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Certified Local Health Department" – A local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

"Chain of Custody" – The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

"Child Care Facility" – A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

"Cleaning" – The removal of visible soil (organic and inorganic material) from objects and surfaces, normally accomplished by manual or mechanical means using water with detergents or enzymatic products.

"Clinical Materials" – A clinical isolate containing the infectious agent, or other material containing the infectious agent or evidence of the infectious agent.

"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart D.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment.

"Contact" – Any person known to have been sufficiently associated with a case or carrier of a communicable disease to have been the source of infection for that person or to have been sufficiently associated with the case or carrier of a communicable disease to have become infected by the case or carrier; and, in the opinion of the Department, there is a risk of the individual contracting the contagious disease. A contact can be a household or non-household contact.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient or indirect contact with potentially infectious items or surfaces (see Section 690.20(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person by direct or indirect contact.

"Dangerously Contagious or Infectious Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" – A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" – The Illinois Department of Public Health or designated agent.

"Diarrhea" – The occurrence of three or more loose stools within a 24-hour period.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

"Director" – The Director of the Department, or his or her duly designated officer or agent.

"Disinfection" – A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores).

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.20(a)(7)).

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

is believed to be caused by any of the following:

bioterrorism;

the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

"Emergency Care" – The performance of rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Emergency Care Provider" – A person who provides rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Epidemic" – The occurrence in a community or region of cases of a communicable disease (or an outbreak) clearly in excess of expectancy.

"Exclusion" – Removal of individuals from a setting in which the possibility of disease transmission exists. For a food handler, this means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee.

"Extensively Drug-Resistant Organisms" or "XDRO" – A pathogen that is difficult to treat because it is non-susceptible to all or nearly all antibiotics.

"Fever" – The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" – Individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" – Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered a food handler for the purpose of this Part. In health care facilities, this includes persons who set up meals for patients to eat, feed or assist

patients in eating, give oral medications, or give mouth/denture care. In day care facilities, schools and community residential programs, this includes persons who prepare food, feed or assist attendees in eating, or give oral medications to attendees.

"Health Care" – Care, services and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.

"Health Care Facility" – Any institution, building or agency, or portion of an institution, building or agency, whether public or private (for-profit or nonprofit), that is used, operated or designed to provide health services, medical treatment or nursing, rehabilitative or preventive care to any person or persons. This includes, but is not limited to, ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

"Health Care Worker" – Any person who is employed by (or volunteers his or her services to) a health care facility to provide direct personal services to others. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Health Information Exchange" – The mobilization of healthcare information electronically across organizations within a region, community or hospital system; or, for purposes of this Part, an electronic network whose purpose is to accomplish the exchange, or an organization that oversees and governs the network.

"Health Level Seven" – Health Level Seven International or "HL7" is a not-for-profit, American National Standards Institute (ANSI)-accredited standards

developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7 produces standards for message formats, such as HL7 2.5.1, that are adopted for use in public health data exchange between health care providers and public health.

"Illinois' National Electronic Disease Surveillance System" or "I-NEDSS" – A secure, web-based electronic disease surveillance application utilized by health care providers, laboratories and State and local health department staff to report infectious diseases and conditions, and to collect and analyze additional demographic, epidemiological and medical information for surveillance purposes and outbreak detection.

"Immediate Care" – The delivery of ambulatory care in a facility dedicated to the delivery of medical care outside of a hospital emergency department, usually on an unscheduled, walk-in basis. Immediate care facilities are primarily used to treat patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

~~"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

~~be infected with, a contagious or infectious disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.~~

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., standard precautions, airborne precautions (also known as airborne infection isolation precautions), contact precautions, and droplet precautions (see Section 690.20(a)(7)).

"Least Restrictive" – The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" – The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of those boards, or any person legally authorized to act for the local health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical Record" – A written or electronic account of a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, and discharge recommendations.

"Monitoring" – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of community-level social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social distancing monitoring measures may include, but are not limited to, reporting of geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature screening prior to entering public buildings or attending public gatherings.

"Non-Duplicative Isolate – The first isolate obtained from any source during each

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

unique patient/resident encounter, including those obtained for active surveillance or clinical decision making.

"Observation" – The practice of close medical or other supervision of contacts to promote prompt recognition of infection or illness.

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is disease specific.

"Premises" – The physical portion of a building or other structure and its surrounding area designated by the Director of the Department, his or her authorized representative, or the local health authority.

"Public Health Order" – A written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department.

"Public Transportation" – Any form of transportation that sets fares and is available for public use, such as taxis; multiple-occupancy car, van or shuttle services; airplanes; buses; trains; subways; ferries; and boats.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms. ~~"Quarantine" also includes the definition of "Quarantine, modified".~~

~~"Quarantine, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons who are or may have been exposed to a contagious disease or possibly contagious disease. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for~~

~~the use of devices or procedures intended to limit disease transmission. Any travel within Illinois outside of the jurisdiction of the local health authority must be either approved by the Director or be under mutual agreement of the health authority of the jurisdiction and the public health official who will assume responsibility. Travel outside Illinois shall require written notice from the Illinois jurisdiction to the out-of-state jurisdiction that will assume responsibility.~~

"Recombinant Organism" – A microbe with nucleic acid molecules that have been synthesized, amplified or modified.

"REDCap" – Research electronic data capture (REDCap) is a mature, secure web application for building and managing online surveys and databases. It is used by state and local health authorities to collect data from persons associated with an outbreak and can be administered directly to exposed persons via a weblink.

"Registry" – A data collection and information system that is designed to support organized care.

"Restrict from Work" – For food handlers, this means to limit the activity of a food handler so that there is no risk of transmitting a disease by making sure that the food handler does not work with food, cleaning equipment, utensils, dishes, linens or unwrapped single service or single use articles or in the preparation of food.

"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence or incidence of infectious disease or syndromes through reporting of cases, suspect cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.20(a)(7)).

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.

"Susceptible (non-immune)" – A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent developing infection or disease if or when exposed to the agent.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case, event or outbreak to warrant further public health response.

"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety and welfare.

"Transmission" – Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect and airborne transmission.

"Treatment" – The provision of health care by one or more health care providers. Treatment includes any consultation, referral or other exchanges of information to manage a patient's care.

"Voluntary Compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring or medical treatment pursuant to this Subpart.

"Zoonotic Disease" – Any disease that is transmitted from animals to people.

(Source: Amended by emergency rulemaking at 45 Ill. Reg. 12123, effective September 17, 2021, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.361 Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
EMERGENCY

a) Control of Case.

1) All cases, including suspect cases, should be isolated at home or alternative setting for housing in accordance with Subpart I.

2) Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility.

3) When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.20(a)(4).

4) Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).

b) Control of Contacts.

1) Contacts of cases shall be placed under surveillance, with close observation for fever and COVID-like respiratory symptoms in consultation with the Department or local health authority on public health management of contacts. Observation and monitoring procedures shall comply with Section 690.20(a)(4).

2) Close contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart I and Section 690.20(a)(4).

c) Laboratory Reporting.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

1) Laboratories and other facilities performing lab services that provide tests for screening, diagnosis, or monitoring of coronavirus disease shall report all laboratory results, including positive, negative, and indeterminate results for coronavirus tests, including, but not limited to, all molecular, antigen, and serological tests, including rapid tests, to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department. Laboratories unable to submit results to the Department via the Department's ELR shall contact the Department for instructions on how to submit results.

2) Positive results shall be reported to the Department immediately, within 3 hours.

3) In addition to the ELR submission required in subsection 361(c)(1), laboratories shall submit all test results and corresponding data, including, but not limited to, the test type, specimen source and patient demographic data, including but not limited to race, ethnicity, sex and address information, to the Department via the Illinois National Electronic Disease Surveillance System (I-NEDSS) within 24 hours after testing until the file is ready for production.

4) Laboratories and other facilities performing lab services shall instruct their clients that patient demographic information must be submitted with the order request.

5) Laboratories shall only submit results for tests they have performed. Laboratories shall not submit results on referred specimens.

6) If deemed necessary by the Department or local health authority, laboratories shall forward clinical specimens to the Department's laboratory for further testing.

d) Schools

1) Definitions

A) For purposes of this section, "Close Contact" means an individual who was within 6 feet for at least 15 minutes with a Confirmed Case or Probable Case in a 24 hour period. The term Close Contact

does not include a student who was within 3-6 feet of a Confirmed or Probable Case in a classroom setting if both Confirmed Case or Probable Case and Close Contact were consistently masked for the entire exposure period. Close Contact does not include individuals who are fully vaccinated or who tested positive for COVID-19 within prior 90 days and are currently asymptomatic.

B) For purposes of this section, "Confirmed Case" means a person with a positive molecular amplification detection test result on a COVID-19 diagnostic test (e.g., Polymerase Chain Reaction (PCR) test), irrespective of clinical signs and symptoms.

C) For purposes of this section, "Probable Case" means a person with a positive antigen diagnostic test for COVID-19, irrespective of clinical signs and symptoms, or COVID-19 like symptoms who was exposed to a Confirmed or Probable Case.

D) For purposes of this section, "Exclude" means a School's obligation to refuse admittance to the School premises, extracurricular events, or any other event organized by the School regardless of whether an isolation or quarantine order issued by a local health department has expired or has not been issued. Exclusion from a School shall not be considered isolation or quarantine.

E) For purposes of this section, "School" means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through 12th grade. The term "School" does not include the residential component of any residential schools, including any State-operated residential schools such as the Philip J. Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. The term "School" does not include schools operated by the Illinois Department of Juvenile Justice.

F) For purposes of this section, "School Personnel" means any person who (1) is employed by, volunteers for, or is contracted to provide services for a School or school district serving students in pre-

kindergarten through 12th grade, or who is employed by an entity contracted to provide services to a School, school district, or students of a School , and (2) is in close contact (fewer than 6 feet) with students of the School or other School Personnel for more than 15 minutes at least once a week on a regular basis as determined by the School. The term "School Personnel" does not include any person who is present at the School for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly enter a site to pick up a shipment).

G) For purposes of this Section, "Student" means an adolescent or child enrolled in a School.

2) Schools shall investigate the occurrence of cases and suspect cases in Schools and identify Close Contacts for purposes of determining whether Students or School Personnel must be Excluded consistent with this section.

3) Schools shall Exclude any Student or School Personnel who is a Confirmed Case or Probable Case for at least 10 days following date of positive test if asymptomatic or following onset of symptoms if symptomatic, or as otherwise directed by the local health authority.

4) Schools shall Exclude any Student or School Personnel who is a Close Contact to a Confirmed or Probable Case for a minimum of 14 days or as otherwise directed by the local health authority, which may recommend options such as 10 days or 7 days with a negative test result on day 6. As an alternative to Exclusion if both the Confirmed Case or Probable Case and contact were masked for the entire exposure period, schools may permit Close Contacts who are asymptomatic to attend in-person instruction provided the Close Contact tests negative on days 1, 3, 5 and 7 following the exposure to a Confirmed or Probable Case.

5) Schools shall exclude any Student or School Personnel that exhibit symptoms of COVID-19, as defined by the CDC, (1) until they test negative for COVID-19 or for a minimum of 10 days, (2) until they are

fever free for 24 hours and (3) until 48 hours after diarrhea and vomiting have ceased.

6) Requiring vaccination, testing, or the wearing of masks, or excluding a Student or School Personnel consistent with this subsection shall not constitute isolation or quarantine under the Act, 20 ILCS 2305/1.1 et. seq., and may be done without a court order or order by a local health authority.

(Source: Amended by emergency rulemaking at 45 Ill. Reg. 12123, effective September 17, 2021, for a maximum of 150 days)

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

Section 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens EMERGENCY

a) *The Department* or certified local health department *may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(d) of the Act)

b) Persons who are subject to physical examination, tests and collection of laboratory specimens shall report for physical examinations, tests, and collection of laboratory specimens and comply with other conditions of examinations, tests, and collection as the Department or certified local health department orders.

c) *An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens*, but shall remain subject to isolation or quarantine, provided that, if those persons are isolated or quarantined, they may request a hearing in accordance with this Subpart. (Section 2(d) of the Act)

d) *An individual shall be given a written notice that shall include notice of the following:*

1) *That the individual may refuse to consent to physical examination, test, or collection of laboratory specimens;*

2) *That if the individual consents to physical examination, tests, or collection of laboratory specimens, the results of that examination, test, or collection*

of laboratory specimens may subject the individual to isolation or quarantine pursuant to the provisions of this Subpart;

3) *That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and that refusal results in uncertainty regarding whether he or she has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of* this Subpart; *and*

4) *That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of* this Subpart. (Section 2(d) of the Act)

e) All specimens collected shall be clearly marked.

f) Specimen collection, handling, storage, and transport to the testing site shall be performed in a manner that will reasonably preclude specimen contamination or adulteration and provide for the safe collection, storage, handling, and transport of the specimen.

g) Any person authorized to collect specimens or perform tests shall use chain of custody procedures to ensure proper record keeping, handling, labeling, and identification of specimens to be tested. This requirement applies to all specimens, including specimens collected using on-site testing kits.

h) Nothing in this Section shall be construed to limit the Department or certified local health department's ability to conduct physical examinations and tests or to collect laboratory specimens on a voluntary basis or from engaging in other methods of voluntary disease surveillance.

i) Nothing in this Section shall be construed to limit the ability of schools, employers, or other institutions to conduct or require physical examinations and tests or to collect laboratory specimens, or to exclude an individual who does not consent to such examinations, tests, or collection of laboratory specimens consistent with applicable law.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

(Source: Amended by emergency rulemaking at 45 Ill. Reg. 12123, effective September 17, 2021, for a maximum of 150 days)

Section 690.1385 Vaccinations, Medications, or Other Treatments
EMERGENCY

a) *The Department* or certified local health department *may order the administration of* vaccinations, *medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(e) of the Act)

b) Persons who are required to receive treatment, including, but not limited to, vaccination and medication, shall comply with other conditions of vaccination, medication, or other treatment as the Department or certified local health department orders.

c) *An individual may refuse to receive* vaccinations, *medications, or other treatments*, but shall remain subject to isolation or quarantine, provided that, if the individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart. (Section 2(e) of the Act)

d) *An individual shall be given a written notice that shall include notice of the following:*

1) *That the individual may refuse to consent to* vaccinations, *medications, or other treatments;*

2) *That if the individual refuses to receive* vaccinations, *medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions of* this Subpart; *and*

3) *That if the individual refuses to receive* vaccinations, *medications, or other treatments and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of* this Subpart. (Section 2(f) of the Act)

e) Nothing in this Section shall be construed to limit the Department's or certified local health department's ability to administer vaccinations, medications, or other treatments on a voluntary basis or to prohibit the Department or certified local

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

health department from engaging in other methods of voluntary disease surveillance.

f) Nothing in this Section shall be construed to limit the ability of schools, employers, or other institutions to require vaccinations or to exclude individuals who do not consent to vaccination consistent with applicable law.

(Source: Amended by emergency rulemaking at 45 Ill. Reg. 12123, effective September 17, 2021, for a maximum of 150 days)

ILLINOIS STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY RULE

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION

PART 6
MANDATORY VACCINATIONS FOR SCHOOL PERSONNEL

Section
6.10 Definitions
EMERGENCY
6.20 Purpose and Applicability
EMERGENCY
6.30 Required COVID-19 Vaccination
EMERGENCY
6.40 Required COVID-19 Testing for School Personnel who Decline Vaccination
EMERGENCY
6.50 School Personnel Not Employed by the School or School District
EMERGENCY
6.60 Required Record Keeping
EMERGENCY

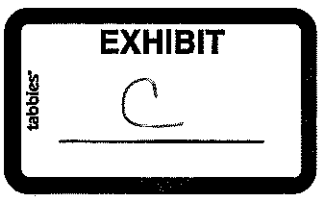
AUTHORITY: 105 ILCS 5/2-3.6 and Executive Order 2021-22 and any future Executive Order that reissues and extends Executive Order 2021-22.

SOURCE: Adopted by emergency rulemaking at 45 Ill. Reg. _____, effective _____, for a maximum of 150 days.

Section 6.10 Definitions
EMERGENCY

"School Personnel" means any person who:

is employed by, volunteers for, or is contracted to provide services for a school or school district serving students in pre-kindergarten through grade 12, or who is employed by an entity that is contracted to provide services to a school, school district, or students of a school; and



is in close contact (fewer than 6 feet) with students of the school or other school personnel for more than 15 minutes at least once a week on a regular basis, as determined by the school.

The term "School Personnel" does not include any person who is present at the school for only a short period of time and whose moments of close physical proximity to others on-site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).

"School" means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through grade 12, including any State-operated residential schools such as the Philip J. Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. For purposes of this Part, the term "School" does not include the schools operated by the Illinois Department of Juvenile Justice.

"School Code" means 105 ILCS 5.

"Fully Vaccinated" means an individual who is vaccinated against COVID-19 two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration ("FDA"), or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.

"Proof of Vaccination Against COVID-19" means:

a Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photograph of that card;

documentation of vaccination from a health care provider or an electronic health record; or

state immunization records.

"Outbreak" has the meaning given to that term under 77 Ill. Admin. Code 690.10 and any applicable guidance or recommendations issued by the Illinois Department of Public Health.

Section 6.20 Purpose and Applicability
EMERGENCY

a) This Part implements Executive Order 2021-22 and any future Executive Order that reissues and extends Executive Order 2021-22. This Part shall become inoperative upon expiration or rescission of Executive Order 2021-22 or upon expiration or rescission of any future Executive Order reissuing and extending Executive Order 2021-22, whichever is later.

b) Nothing in this Part prohibits any school from implementing vaccination or testing requirements for school personnel that exceed the requirements under this Part, consistent with applicable law.

Section 6.30 Required COVID-19 Vaccination
EMERGENCY

a) Each school shall require all school personnel to be fully vaccinated against COVID-19 in accordance with the timelines under this subsection or to be tested in a manner consistent with the requirements of Section 6.40.

1) School personnel acting in their school-based role on or before the effective date of Executive Order 2021-22 must receive, at a minimum, the first dose of a two-dose vaccine series or a single-dose vaccine by September 19, 2021, and, if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days following the administration of their first dose.

2) School personnel first starting in their school-based role after the effective date of Executive Order 2021-22 must receive, at a minimum, the first dose of a two-dose vaccine series or a single-dose vaccine within 10 days of their start date in the school-based role, and, if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days following administration of their first dose.

b) Schools shall require school personnel who are fully vaccinated against COVID-19 to provide proof of vaccination against COVID-19 to the school by September 19, 2021, or immediately upon becoming fully vaccinated.

c) School personnel are exempt from the requirement to be fully vaccinated under this Section if:

1) the vaccination is medically contraindicated, which includes any individual who is entitled to an accommodation under the federal Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; or

2) the vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance.

School personnel who demonstrate they are exempt from the vaccination requirement under this subsection are, at a minimum, subject to the testing requirements under Section 6.40.

d) Schools shall exclude from the school premises and/or refuse admittance to the school premises any school personnel who are acting in their school-based role and are not fully vaccinated against COVID-19 unless such school personnel comply with the testing requirements specified in Section 6.40.

Section 6.40 Required COVID-19 Testing for School Personnel who Decline Vaccination EMERGENCY

a) Beginning September 19, 2021, schools shall require all school personnel who are not fully vaccinated against COVID-19 for any reason, including, but not limited to, a religious exemption or medical contraindication, to undergo testing for COVID-19 at least weekly. If a school is experiencing an outbreak of COVID-19 and school personnel who are not fully vaccinated may be part of the outbreak, as determined after consultation with public health authorities, such school personnel must be tested two times per week for the duration of that outbreak. Schools shall exclude from the school premises and/or refuse admittance to the school premises school personnel who are acting in their school-based role and who are not fully vaccinated against COVID-19 unless such school personnel comply with the testing requirements specified in this Section.

1) The testing must be done using a test that either has Emergency Use Authorization by the FDA or be implemented per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

2) Testing for school personnel who are not fully vaccinated against COVID-19 must be conducted on-site at the school or the school must obtain proof or confirmation from the school personnel of a negative test result obtained elsewhere.

b) School personnel who are not fully vaccinated may be permitted to enter or work at the school while they are awaiting the results of their weekly test. Notwithstanding any provision of this Part, schools must refuse to admit school personnel to the school while acute symptoms of an infectious disease are present. Schools shall also handle contacts of infectious disease cases as prescribed by 77 Ill. Admin. Code 690.30(c), or as recommended by the local health authority.

Section 6.50 School Personnel Not Employed by the School or School District
EMERGENCY

Beginning September 19, 2021, for school personnel who are not employed by the school or school district but are providing services through another entity (e.g., a contractor or service provider of the school), the school may determine that such school personnel are compliant with this Part by requiring the entity to:

a) collect proof of vaccination against COVID-19 from the school personnel or proof of compliance with the testing requirements under Section 6.40; and

b) submit an attestation to the school that they will collect this proof for any school personnel they provide to the school.

Section 6.60 Required Record Keeping
EMERGENCY

a) All schools must maintain a record for school personnel employed by the school or school district that identifies them as one of the following: fully vaccinated; unvaccinated and compliant with the testing requirements set forth in Section 6.40; or excluded from school premises in accordance with Section 6.30(d), 6.40(a), or 6.40(b).

b) Each school shall maintain the following documentation for each school personnel employed by the school or school district, as applicable:

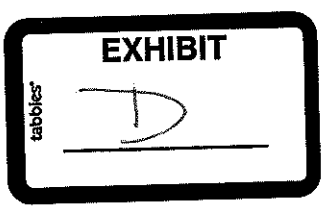
1) Proof of vaccination against COVID-19.

2) The results of COVID-19 tests.

c) Schools shall maintain any school personnel medical records in accordance with applicable law.

Public Health COVID-19 School Guidance

Table of Contents



In-person learning with the appropriate protective measures should be both safe and essential to students' mental health and academic growth. In its scientific brief on transmission of SARS-CoV-2 in K-12 schools, the Centers for Disease Control and Prevention (CDC) cites several sources that suggest lower prevalence of disease, susceptibility, and transmission in children – especially those under the age of 10 – although additional studies are needed to further understand this finding. Further, the authors cite recent studies documenting that, with prevention strategies in place, in-person learning was not associated with higher levels of transmission when compared to communities without in-person learning.[1] [2] [3]

The majority of students need full-time in-person access to their teachers and support network at school to stay engaged, to learn effectively, and to maintain social-emotional wellness. A recent study from the CDC[4] suggests that remote learning can be challenging for many students, leading not only to learning loss, but also worsening mental health for children as well as parents. CDC found that students of color were more likely to miss out on in-person learning: nationwide, in April, only 59 percent of Hispanic students, 63 percent of Black students, and 75 percent of White students had access to full-time in-person school. Restoring full-time in-person learning for all students is essential to our state's commitment to educational equity.

Please note that additional studies are needed to better understand transmission in all populations. Specifically, there are risks of transmission in schools and adult populations (teachers, school staff, parents) continue to be at risk of transmission when in-person learning is resumed. While most COVID-19-associated hospitalizations occur in adults, severe disease occurs in all age groups, including adolescents aged 12 to 17 years, who were hospitalized at a rate of 49.9 per 100,000 from March 2020 to April 2021.[5] As the Delta variant becomes more

---

[1] National Academies of Sciences, Engineering, and Medicine. (2020). *Reopening K-12 schools during the COVID-19 pandemic: Prioritizing health, equity, and communities.* Washington, DC: The National Academies Press. https://doi.org/10.17226/25858

[2] Donohue, J. M., & Miller, E. (2020, July 29). COVID-19 and school closures. *JAMA, 324*(9), 845-847. https://doi.org/10.1001/jama.2020.13092

[3] Russell, F. M., Ryan, K., Snow, K., Danchin, M., Mulholland, K., & Goldfeld, S. (2020, September 25). *COVID-19 in Victorian schools: An analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open.* Melbourne, Australia: Murdoch Children's Research Institute and the University of Melbourne. Retrieved from https://issuu.com/murdochchildrens/docs/covid-19_in_victorian_schools_report_1

[4] Oster, E., Jack, R., Halloran, C., Schoof, J., McLeod, D., Yang, H., Roche, J., & Roche, D. (2021, June 29). Disparities in learning mode access among K-12 students during the COVID-19 pandemic, by race/ethnicity, geography, and grade level – United States, September 2020-April 2021. *Morbidity and Mortality Weekly Report, 70.* http://dx.doi.org/10.15585/mmwr.mm7026e2

[5] Havers, F. P., Whitaker, M., Self, J. L., Chai, S. J., Kirley, P. D., Alden, N. B., Kawasaki, B., Meek, J., Yousey-Hindes, K., Anderson, E. J., Openo, K. P., Weigel, A., Teno, K., Monroe, M. L., Ryan, P. A., Reeg, L., Kohrman, A., Lynfield, R., Como-Sabetti, K., … COVID-NET Surveillance Team. (2021, June 11). Hospitalization of

common across the United States, including in Illinois, the greatest risk for infection and severe complications is among people ***who are not fully vaccinated***, including children younger than 12 years old who are not yet eligible for the COVID-19 vaccine. For example, recent evidence from the United Kingdom, where the highly transmissible variant[6] is already widespread, found five times higher rates of infection among children aged 5 to 12 years and young adults aged 18 to 24 years compared to those aged 65 years and older, with the majority of infections in the younger group occurring among the unvaccinated.[7] [8]

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

Immunization of pre-K-12 teachers in Illinois began in February 2021 with much success protecting school staff from COVID-19. In April 2021, all Illinoisans age 16 and older became eligible for vaccination, followed by 12- to 15-year-old individuals in May 2021. In August 2021, following the U.S. Food and Drug Administration's full approval of the Pfizer-BioNTech COVID-19 vaccine, Illinois began requiring all school personnel to be fully vaccinated or submit to at least weekly testing for COVID-19, pursuant to Executive Order 2021-22.[9] Schools can promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

As the newer, more transmissible Delta variant becomes more common across the U.S., and following the release of updated CDC guidance for K-12 schools, this joint guidance from the

---

adolescents aged 12-17 years with laboratory-confirmed COVID-19 – COVID-NET, 14 states, March 1, 2020-April 24, 2021. *Morbidity and Mortality Weekly Report, 70*(23), 851-857. http://dx.doi.org/10.15585/mmwr.mm7023e1

[6] Allen, H., Vusirikala, A., Flannagan, J., Twohig, K. A., Zaidi, A., COG-UK Consortium, Groves, N., Lopez-Bernal, J., Harris, R., Charlett, A., Dabrera, G., & Kall, M. (2021). Increased household transmission of COVID-19 cases associated with SARS-CoV-2 variant of concern B.1.617.2: A national case-control study. Retrieved from https://khub.net/documents/135939561/405676950/Increased+Household+Transmission+of+COVID-19+Cases+-+national+case+study.pdf/7f7764fb-ecb0-da31-77b3-b1a8ef7be9aa

[7] Riley, S., Wang, H., Eales, O., Haw, D., Walters, C., Ainslie, K., Atchison, C., Fronterre, C., Diggle, P., Page, A., Prosolek, S., Trotter, A. J., Le Viet, T., Alikhan, N., COG-UK Consortium, Ashby, D., Donnelly, C., Cooke, G., Barclay, W., Ward, H., Darzi, A., & Elliott, P. (2021). *REACT-1 round 12 report: Resurgence of SARS-CoV-2 infections in England associated with increased frequency of the Delta variant* [working paper]. London, UK: Imperial College London. Retrieved from http://hdl.handle.net/10044/1/89629

[8] For the purposes of this joint guidance, the term "unvaccinated" means a person not fully vaccinated against SARS-CoV-2, the virus that causes COVID-19.

[9] For purposes of this document, "Executive Order 2021-22" shall mean Executive Order 2021-22 and any future Executive Order that reissues and extends Executive Order 2021-22.

Illinois Department of Public Health (IDPH) and the Illinois State Board of Education (ISBE) makes important updates to the essential, layered mitigation strategies that facilitate the safe return to full-time in-person instruction beginning with the start of the 2021-22 school year.

IDPH is issuing this guidance under its broad authority to protect the public health[10] in an effort to restrict and suppress the continued spread of COVID-19 and allow students across Illinois to safely and fully return to the in-person learning conditions that they need to thrive. Students in Illinois and across the country returned safely to in-person learning throughout the 2020-21 school year with limited transmission occurring in school facilities due to students' and teachers' adherence to public health requirements. This guidance reflects what we have learned about preventing the transmission of COVID-19 in school settings, incorporates the efficacy of the vaccine, accounts for the increasing number of students and educators who are fully vaccinated,[11] and aligns with the updated guidance for COVID-19 prevention in K-12 schools issued by the CDC on July 9, 2021, and updated most recently on August 5, 2021.

The State of Illinois has adopted the CDC's updated guidance regarding COVID-19 prevention in K-12 schools. Based on that guidance, and the State of Illinois Executive Orders, ISBE and IDPH have updated the public health requirements for schools and associated guidance in these guidelines. This guidance applies to all public and nonpublic schools that serve students in pre-kindergarten through grade 12 (pre-K-12).

Public Health Requirements for Schools

The following guidance is based on updated CDC guidance for COVID-19 prevention in K-12 schools and the State of Illinois Executive Orders. Executive Order 2021-18[12] requires that masks be worn indoors by all teachers, staff, students, and visitors to pre-K-12 schools, regardless of vaccination status. Executive Order 2021-22 requires that all school personnel be fully vaccinated against COVID-19 by September 19, 2021 or submit to at least weekly testing. Further, effective September 17, 2021, Executive Order 2021-24[13] requires all schools and school districts to exclude students and school personnel from school who are confirmed or probable cases of COVID-19, who are close contacts to a case, or who exhibit COVID-19 like symptoms. Schools must provide remote instruction to any student that is excluded under

[10] The Department of Public Health Act, 20 ILCS 2305.

[11] People are considered fully vaccinated against COVID-19 two weeks after their second dose in a two-dose series (e.g., Pfizer-BioNTech or Moderna) or two weeks after a single-dose vaccine (e.g., Johnson & Johnson's Janssen). For more information, see CDC guidance at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html#vaccinated.

[12] For purposes of this document, "Executive Order 2021-18" shall mean Executive Order 2021-18 and any future Executive Order that reissues and extends Executive Order 2021-18.

[13] For purposes of this document, "Executive Order 2021-24" shall mean Executive Order 2021-24, Executive Order 2021-25, which amends Executive Order 2021-24, and any future Executive Order that reissues and extends Executive Order 2021-25.

Executive Order 2021-24.

Additionally, the following COVID-19 prevention strategies, as outlined in this guidance, remain critical to protect students and community members who are not fully vaccinated, especially in areas of moderate to high community transmission levels, and to safely deliver in-person instruction. Schools must implement these other layered prevention strategies to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

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

It is important to note that these requirements are subject to change pursuant to changing public health conditions and subsequent updated public health guidance, including from the CDC.

IDPH Health and Safety Requirements

Districts and schools should proactively prepare staff and students to prevent the spread of COVID-19 and any other infectious disease. All employees should be trained on health and safety protocols related to COVID-19.

A. Require that all school personnel be fully vaccinated against COVID-19 or submit to at least weekly testing. Collect school personnel vaccination and testing documentation. Promote and/or provide COVID-19 immunization for all school personnel and eligible students.

On August 23, 2021, the U.S. Food and Drug Administration (FDA) gave full approval to the Pfizer-BioNTech COVID-19 vaccine for individuals aged 16 years and older. The Pfizer-BioNTech COVID-19 vaccine also continues to be available under emergency use authorization by the

FDA, including for individuals aged 12 to 15 years and for the administration of a third dose in certain populations. Please see the CDC website for the most updated eligibility guidance.

COVID-19 vaccines are safe and effective.[14] [15] [16] The CDC scientific brief on COVID-19 vaccines and vaccination cites research in clinical trials and real-world settings documenting that vaccination in adults and children as young as 12 years old reduces the chances of contracting the virus that causes COVID-19, including several variants. The CDC also cites evidence that fully vaccinated people are less likely to have asymptomatic infection or transmit SARS-CoV-2 to others. Importantly, the evidence also suggests that the COVID-19 vaccine is highly effective at reducing odds for severe complications, hospitalizations, and death.[17] [18] [19]

At this time, there are limited data on vaccine protection in people who are immunocompromised. Fully vaccinated persons with immunocompromising conditions, including those taking immunosuppressive medications (e.g., drugs such as mycophenolate or rituximab to suppress rejection of transplanted organs or to treat rheumatologic conditions),

---

[14] Tenforde, M. W., Olson, S. M., Self, W. H., Talbot, H. K., Lindsell, C. J., Steingrub, J. S., Shapiro, N. I., Ginde, A. A., Douin, D. J., Prekker, M. E., Brown, S. M., Peltan, I D., Gong, M. N., Mohamed, A., Khan, A., Exline, M. C., Files, D. C., Gibbs, K. W., Stubblefield, W. B., … HAIVEN Investigators. (2021, May 7). Effectiveness of Pfizer-BioNTech and Moderna vaccines against COVID-19 among hospitalized adults aged ≥65 years – United States, January-March 2021. *Morbidity and Mortality Weekly Report, 70*(18), 674-679. http://dx.doi.org/10.15585/mmwr.mm7018e1

[15] Thompson, M. G., Burgess, J. L., Naleway, A. L., Tyner, H. L., Yoon, S. K., Meece, J., Olsho, L. E. W., Caban-Martinez, A. J., Fowlkes, A., Lutrick, K., Kuntz, J. L., Dunnigan, K., Odean, M. J., Hegmann, K. T., Stefanski, E., Edwards, L. J., Schaefer-Solle, N., Grant, L., Ellingson, K., Groom, H. C. … Gaglani, M. (2021, April 2). Interim estimates of vaccine effectiveness of BNT162b2 and mRNA-1273 COVID-19 vaccines in preventing SARS-CoV-2 infection among health care personnel, first responders, and other essential and frontline workers – Eight U.S. locations, December 2020-March 2021. *Morbidity and Mortality Weekly Report, 70*(13), 495-500. https://dx.doi.org/10.15585/mmwr.mm7013e3

[16] Britton, A., Jacobs Slifka, K. M., Edens, C., Nanduri, S. A., Bart, S. M., Shang, N., Harizaj, A., Armstrong, J., Xu, K., Ehrlich, H. Y., Soda, E., Derado, G., Verani, J. R., Schrag, S. J., Jerniga, J. A., Leung, V. H., & Parikh, S. (2021, March 19). Efectiveness of the Pfizer-BioNTech COVID-19 vaccine among residents of two skilled nursing facilities experiencing COVID-19 outbreaks – Connecticut, December 2020-February 2021. *Morbidity and Mortality Weekly Report, 70*(11), 396-401. http://dx.doi.org/10.15585/mmwr.mm7011e3

[17] Christie, A., Henley, S. J., Mattocks, L., Fernando, R., Lansky, A., Ahmad, F. B., Adjemian, J., Anderson, R. N., Binder, A. M., Carey, K., Dee, D. L., Dias, T., Duck, W. M., Gaughan, D. M., Lyons, B. C., McNaghten, A. D., Park, M. M., Reses, H., Rodgers, L., … Beach, M. J. (2021, June 11). Decreases in COVID-19 cases, emergency department visits, hospital admissions, and deaths among older adults following the introduction of COVID-19 vaccine – United States, September 6, 2020-May 1, 2021. *Morbidity and Mortality Weekly Report, 70*(23), 858-864. http://dx.doi.org/10.15585/mmwr.mm7023e2

[18] Haas, E. J., Angulo, F. J., McLaughlin, J. M., Anis, E., Singer, S. R., Khan, F., Brooks, N., Smaja, M., Mircus, G., Pan, K., Southern, J., Swerdlow, D. L., Jodar, L., Levy, Y., Alroy-Preis, S. (2021). Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: An observational study using national surveillance data. *The Lancet, 397*(10287), 1819-1829. https://doi.org/10.1016/S0140-6736(21)00947-8

[19] Lavista Ferres, J. M., Richardson, B. A., & Weeks, W. B. (2021). Association of COVID-19 vaccination prioritization and hospitalization among older Washingtonians. *Journal of the American Geriatrics Society.* https://doi.org/10.1111/jgs.17315

should discuss the need for personal protective measures with their health care provider after vaccination.

Due to the proven efficacy and safety of the vaccine, and its critical role in stopping the spread of COVID-19, Illinois has taken an additional step to protect the health and safety of school communities by requiring that all school personnel either become fully vaccinated against COVID-19 or submit to at least weekly testing.

Executive Order 2021-22 and 23 Ill. Admin. Code 6 require that all school personnel be fully vaccinated against COVID-19 in accordance with the timelines set forth below or submit to at least weekly testing:

1) School personnel acting in their school-based role on or before the effective date of Executive Order 2021-22 must receive, at a minimum, the first dose of a two-dose vaccine series or a single-dose vaccine by September 19, 2021, and, if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days following the administration of their first dose.
2) School personnel first starting in their school-based role after the effective date of Executive Order 2021-22 must receive, at a minimum, the first dose of a two-dose vaccine series or a single-dose vaccine within 10 days of their start date in the school-based role, and, if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days following the administration of their first dose.

Schools shall require school personnel who are fully vaccinated against COVID-19 to provide proof of vaccination against COVID-19 to the school by September 19, 2021, or immediately upon becoming fully vaccinated.

"School" means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through 12th grade, including any State-operated residential schools such as the Philip Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. The term "School" does not include the schools operated by the Illinois Department of Juvenile Justice.

"School Personnel" means any person who (1) is employed by, volunteers for, or is contracted to provide services for a School or school district serving students in pre-kindergarten through 12th grade, or who is employed by an entity that is contracted to provide services to a School, school district, or students of a School, and (2) is in close contact (fewer than 6 feet) with students of the School or other School Personnel for more than 15 minutes at least once a week on a regular basis, as determined by the School. The term "School Personnel" does not include any person who is present at the School for only a short period of time and whose moments of close physical proximity to others onsite are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).

Schools may implement stricter requirements regarding the vaccination or testing of school personnel, except that schools must continue to exempt individual school personnel from a vaccination requirement if: (1) the vaccination is medically contraindicated, which includes any individual who is entitled to an accommodation under the Americans with Disabilities Act (ADA) or any other law applicable to a disability-related reasonable accommodation; or (2) vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance.

Beginning September 19, 2021, schools shall require all school personnel who are not fully vaccinated against COVID-19 for any reason, including, but not limited to, a religious exemption or medical contraindication, to comply with the testing requirements set forth below. Schools shall exclude from the school premises and/or refuse admittance to the school premises any school personnel who are acting in their school-based role and are not fully vaccinated against COVID-19 unless such school personnel comply with the testing requirements.

Promoting and/or providing vaccination for students and school personnel is a primary way to protect staff and students and to slow the spread of COVID-19. Strategies that minimize barriers to access vaccination for school personnel, such as vaccine clinics at or close to the place of work, are optimal. School officials and local health departments should work together to support messaging and outreach regarding vaccination for members of school communities, including students under 12 years old as they become eligible for vaccination in their jurisdictions. For more information, see IDPH's answers to frequently asked questions (FAQs) about COVID-19 vaccination for young people.

ISBE and IDPH have provided the following resources to support school districts in hosting vaccination events or communicating with school communities about other options for eligible children and families to receive the COVID-19 vaccine.

- *Hosting a Vaccination Event:* Contact information and instructions for reaching out to a community vaccine provider in the event that your district can host a vaccination event at one or more schools.
- *Parent Letter*: Letter to send to parents and families on either IDPH and ISBE letterhead or district letterhead to communicate about options for eligible children to receive the COVID-19 vaccine if your district does not host a vaccination event.
    - *Arabic*
    - *Chinese Simplified*
    - *Chinese Traditional*
    - *Polish*
    - *Tagalog*
    - *Urdu*
    - *Spanish*
- Strategies to Build Vaccine Confidence

- How to Talk About the COVID-19 Vaccine
- COVID-19 Vaccination for Young People FAQs
- Vaccination Options for Children and Families
  - *English*
  - *Spanish*
- Illinois Chapter of the American Academy of Pediatrics Vaccination Letter

Testing Requirements for School Personnel Who Decline Vaccination

Beginning September 19, 2021, school personnel who are not fully vaccinated against COVID-19 for any reason, including, but not limited to, a religious exemption or medical contraindication, must undergo testing for COVID-19 with either a Nucleic Acid Amplification Test (NAAT), including PCR tests, or an antigen test, that either has Emergency Use Authorization by the FDA or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services (CMS), until they are fully vaccinated.

Testing must occur at least weekly for unvaccinated school personnel. If a school is experiencing an outbreak of COVID-19 and school personnel who are not fully vaccinated may be part of the outbreak as determined by public health authorities, such school personnel must be tested for COVID-19 two times per week for the duration of that outbreak. The Illinois Department of Public Health recommends PCR testing with less than 48-hour turnaround time.

Such testing for school personnel who are not fully vaccinated against COVID-19 must be conducted on-site at the school or the school must obtain proof or confirmation from the school personnel of a negative test result obtained elsewhere.

Schools are encouraged but not required to provide testing opportunities for school personnel. Schools can use federal pandemic relief funds to purchase tests and pay the staff necessary to operate a testing program. However, ultimately, school personnel who decline vaccination are responsible for ensuring they meet the testing requirements. Schools may direct school personnel to community or commercial testing sites.

Non-school district entities that employ individuals who fall within the definition of school personnel may request permission from the school districts they serve to have those employees participate in the weekly COVID-19 testing services that those school districts provide to their employees. School districts are encouraged, but not required, to grant permission for the employees of entities who provide services to their schools to participate in the school district's COVID-19 testing program.

School personnel who are not fully vaccinated may be permitted to enter or work at the school while they are awaiting the results of their weekly test. Schools shall exclude from school premises and/or refuse admittance to the school premises school personnel acting in their school-based role who are not fully vaccinated against COVID-19 unless they comply with these testing requirements.

All school personnel must provide proof of vaccination against COVID-19 immediately upon becoming fully vaccinated. "Proof of Vaccination Against COVID-19" means: (1) a CDC COVID-19 vaccination record card or photograph of such card; (2) documentation of vaccination from a health care provider or an electronic health record; or (3) state immunization records.

Adults can authorize release of such proof for themselves by completing a request for immunization records from the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). (Chicago residents can complete the request for immunization records using this form.) Adults can also access their vaccination records through IDPH's immunization portal, Vax Verify, which allows Illinois residents 18 years and older to check their COVID-19 vaccination record.

Federal laws do not prevent employers from requiring employees to bring in documentation or other confirmation of vaccination. This information, like all medical information, must be kept confidential and stored separately from the employee's personnel files under the ADA.[20]

All schools must maintain a record for school personnel employed by the school or school district that identifies them as one of the following: fully vaccinated; unvaccinated and compliant with the testing requirements; or excluded from the premises in accordance with 23 Ill. Admin. Code 6.

Each school shall maintain the following documentation for each school personnel employed by the school or school district, as applicable:

1) Proof of vaccination against COVID-19.
2) The results of COVID-19 tests.

Schools shall maintain any school personnel medical records in accordance with applicable law.

Beginning September 19, 2021, for school personnel who are not employed by the school or school district but are providing services through another entity (e.g., a contractor or service provider of the school), the school may determine that such school personnel are compliant with the vaccination or testing requirements by requiring the entity to:

a) collect proof of vaccination against COVID-19 from the school personnel or proof of compliance with the testing requirements; and
b) submit an attestation to the school that they will collect this proof for any school personnel they provide to the school.

[20] U.S. Equal Employment Opportunity Commission. (2021, May 28). What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws. Retrieved from https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

Schools that plan to request voluntary submission of documentation of students' COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. For example, Illinois state law[21] and administrative code[22] requires children enrolled in child care or school to be immunized against certain preventable communicable diseases, including highly contagious viral illnesses such as measles, mumps, and varicella (chickenpox). Prior to entering any public, private, independent, or parochial school, every child in Illinois must provide the school with documentation from their health care provider that verifies their immunizations, with certain exceptions. Schools that request proof of vaccination for COVID-19 may use this existing infrastructure to document students' vaccination status.

The protocol to collect, to secure, to use, and to further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements.

Local school authorities are permitted to access the statewide immunization database to review student immunization records. Only employees who have direct responsibility for ensuring student compliance with 77 Ill. Admin. Code 665.210 can apply for and receive access to I-CARE, the statewide system. No access will be granted to other personnel, such as superintendents or human resource managers. All individuals with I-CARE access are subject to all requirements and penalties authorized by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). School employees may apply for access to I-CARE by following the instructions in the I-CARE access enrollment packet. Contact I-CARE program staff via email at dph.icare@illinois.gov for more information.

Adults can authorize release of such proof for their children by completing a request for immunization records from I-CARE. (Chicago residents can complete the request for immunization records using this form.)

As families and communities continue to increase vaccine uptake, schools and districts must ensure all students, no matter their vaccination status, continue to have access to safe full-time in-person instruction.

B. Require all teachers, staff, students, and visitors to pre-K-12 schools to wear a mask while indoors, regardless of vaccination status.

This guidance is based on updated recommendations in CDC guidance for COVID-19 prevention in K-12 schools and an updated Executive Order for the State of Illinois. Executive Order 2021-18 requires that all teachers, staff, students, and visitors to pre-K-12 schools who are two years

[21] Section 27-8.1 of the School Code [105 ILCS 5] at https://www.ilga.gov/legislation/ilcs/documents/010500050K27-8.1.htm

[22] 77 Ill. Adm. Code Part 665 Child and Student Health Examination and Immunization Code at https://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html

of age or older and medically able to tolerate a mask, regardless of vaccination status, to wear a mask while indoors.

The following categories of people are exempted from the requirement to wear a mask:

- Children under 2 years of age.
- A person who cannot wear a mask or cannot safely wear a mask because of a disability as defined by the ADA (42 U.S.C. 12101 et seq.). Schools and districts should discuss the possibility of a reasonable accommodation with workers who are unable to wear a mask, or who have difficulty wearing certain types of masks because of a disability.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

IDPH recommends that any individual with a condition or medical contraindication (e.g., difficulty breathing) that prevents them from wearing a mask be referred to a health care provider licensed to practice medicine in all branches of medicine, as defined in 105 ILCS 5/27-8.1, to provide certification of such medical contraindication.

All persons, regardless of vaccination status, must wear a face mask at all times when in transit to and from school via group conveyance (e.g., school buses), unless a specific exemption applies. This is in accordance with the CDC Order, in effect as of February 1, 2021, which requires "the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent the spread of the virus that causes COVID-19."

Masks may be temporarily removed at school in the following circumstances:

- When eating.
- For children while they are napping with close monitoring to ensure no child leaves their designated napping area without putting their mask back on.
- For staff when alone in classrooms or offices with the door closed.
- For staff and students when they are outdoors. However, particularly in areas of substantial to high transmission, per CDC COVID Data Tracker or IDPH's COVID-19 County & School Metrics, staff and students who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

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

Most people, including those with disabilities, can tolerate and safely wear a face mask. Students with an Individualized Education Program or 504 Plan who are unable to wear a face mask or face shield due to a medical contraindication may not be denied access to an in-person education if the school is offering in-person education to other students. Staff working with students who

are unable to wear a face mask or shield due to a medical contraindication should wear approved and appropriate personal protective equipment (PPE) based on job-specific duties and risks and maintain physical distancing as much as possible. Other students should also remain distant from students who are unable to wear a face mask or face shield due to a medical contraindication. Schools should consult with their local health department regarding appropriate PPE for these situations.

It is recommended that districts and schools update procedures to require wearing a face mask while on school grounds according to the provisions noted above and handle violations in the same manner as other policy violations.

Additional Face Mask Guidance

According to the CDC scientific brief on transmission of SARS-CoV-2, the virus that causes COVID-19, the principal mode by which people are infected is through exposure to respiratory fluids, most commonly by inhalation of smaller droplets or direct splashes or sprays of larger droplets that are deposited in someone's mouth, nose, or eyes. Masks act as source control to block the release of exhaled respiratory droplets and filter some droplets to reduce exposure by inhalation. There is significant evidence that face masks provide protection and decrease the spread of COVID-19, including in schools.[23] According to the CDC scientific brief on the use of cloth masks to control the spread of SARS-CoV-2, at least 10 studies have confirmed the benefit of universal masking, documenting that new COVID-19 infections fell significantly following directives for universal masking.

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

Face masks with exhalation valves or vents are not recommended for source control because they do not prevent the user from spreading respiratory secretions when they breathe, talk, sneeze, or cough. The CDC does **not** recommend use of single-layer athletic face masks (e.g., "gaiters"/neck warmers) as a substitute for multi-layered cloth face masks. Additional studies

[23] Gettings, J., Czarnik, M., Morris, E., Haller, E., Thompson-Paul, A. M., Rasberry, C., Lanzieri, T. M., Smith-Grant, J., Aholou, T. M., Thomas, E., Drenzek, C., & MacKellar, D. (2021, May 28). Mask use and ventilation improvements to reduce COVID-19 incidence in elementary schools – Georgia, November 16-December 11, 2020. *Morbidity and Mortality Weekly Report, 70*(21), 779-784. http://dx.doi.org/10.15585/mmwr.mm7021e1

indicate that gaiters can be worn as face coverings when they contain two layers of fabric or a single layer can be folded to make two layers, according to updated CDC guidance (February 12, 2021).

Face shields do not provide adequate source control because respiratory droplets may be expelled from the sides and bottom. They may only be used as a substitute for face masks in the following limited circumstances:

- Individuals who are under the age of 2.
- Individuals who are unconscious, incapacitated, or otherwise unable to remove a face mask without assistance.
- Students and staff 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 mask.
- 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, world language, etc.). However, teachers will be required to resume wearing face masks as soon as possible. Preferred alternatives to teachers wearing face shields include clear face masks or video instruction. There must be strict adherence to physical distancing when a face shield is utilized in lieu of a face mask.

Other Recommendations for use of PPE

Ensure that appropriate PPE is made available to and used by staff, as needed, based on exposure risk. Provide training to staff prior to the start of student attendance on the proper use of PPE, including the sequence for putting on and removing PPE. In addition, training should also include directions on the proper disposal of PPE since inappropriate application or removal of PPE can increase the transmission. Employers are required to comply with Occupational Safety and Health Administration (OSHA) standards on bloodborne pathogens, including the proper disposal of PPE and regulated waste.

The highest level of safety for school health personnel who are screening a sick individual includes wearing a fit-tested N95 mask, eye protection with face shield or goggles, gown, and gloves. School health personnel performing clinical evaluation of a sick individual will use enhanced droplet and contact transmission-based precautions and should use appropriate PPE, including:

- Fit-tested N95 mask
- 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-19-like symptoms should be trained on the type of PPE required and how to put on and remove it correctly and safely.

Respirators such as N95 masks must be used as part of a written respiratory protection program. 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 mask is not available, the next safest levels of respiratory protection include, in the following order, a non-fit-tested N95 mask, a KN95 mask on the list approved by the FDA, or a surgical mask.

Staff should continue to follow all recommended infection prevention and control practices, including wearing a face masks for source control while at work, actively monitoring themselves for fever or COVID-19 symptoms prior to work and while working, and staying home if ill. See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

C. Facilitate physical distancing. Schools should configure their spaces to provide space for physical distancing to the extent possible in their facilities.

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

Schools should provide for the maximum space possible between students and between students and staff, within the school facilities' physical capabilities. Districts and schools may wish to post visual reminders throughout school buildings and lay down tape or other indicators of safe distances in areas where students may remove masks, congregate, or line up (e.g., arrival and departure, lunchroom lines, hallways, recess lines, libraries, cafeterias). When face masks are removed in limited situations (e.g., lunchrooms), it is especially important that school staff facilitate physical distancing to the greatest extent possible within the school facilities' physical capabilities. Districts and schools may consider increasing physical distancing measures when community transmission levels are substantial or high.

Physical distance should be measured as the distance between persons (i.e., "mouth to mouth") rather than between furniture (e.g., desk to desk). A distance of at least 3 feet is recommended between unvaccinated students, but not required. A distance of at least 6 feet is recommended between unvaccinated adults or between unvaccinated adults and students, but not required.

There is no recommended capacity limit for school transportation. Schools should facilitate physical distancing on school transportation vehicles to the extent possible given the space on such vehicles.

Mealtimes represent one of the highest-risk settings within the school. Masks are removed and the act of eating and talking, usually with increased projection, can increase transmission risk. Physical distancing of 3 feet is recommended for students while eating or drinking. Given the risk of transmission among unvaccinated persons while unmasked, a distance of at least 6 feet

is recommended for all unvaccinated individuals while eating and drinking, but is not required.

Districts and schools may wish to consider "staggering" schedules for arrivals/dismissals, hall passing periods, mealtimes, bathroom breaks, etc. to ensure the safety of unvaccinated students and staff. Staff and students should abstain from physical contact, including, but not limited to, handshakes, high fives, and hugs.

Cohorts (or "pods") are activities or classes that are grouped together to the extent possible during the school day in order to minimize exposure to other individuals in the school environment. When implementing cohorts, schools should keep them as static as possible by having the same group of students stay with the same teachers or staff (all day for young children, and as much as possible for older children). If additional space is needed to support cohorting, consider all available safe spaces in school and community facilities. Limit mixing between cohorts. Students and staff in the same cohort who are not fully vaccinated should continue to wear masks at all times, except as otherwise noted in this guidance.

It is important to consider services for students with disabilities, English Learners, and other students when developing cohorts so that such students may receive services within the cohort, but also to assure adherence to equity, integration, and other requirements of civil rights laws, including federal disability laws. If itinerant staff (e.g., speech language pathologists, Title I targeted assistance teachers) are required to provide services within existing cohorts, mitigation measures should be taken to limit the potential transmission of SARS-CoV-2 infection, including providing face masks and any necessary PPE for staff and children who work with itinerant staff. Itinerant staff members should keep detailed contact tracing logs.

School athletics must comply with the latest Sports Safety Guidance.

Evidence suggests that staff-to-staff transmission is more common than transmission from students to staff, staff to student, or student to student.[24] [25] [26] [27] [28] Districts and schools should

---

[24] Ismail, S. A., Saliba, V., Lopez-Bernal, J., Ramsay, M. E., & Ladhani, S. N. (2021, March 1). SARS-CoV-2 infection and transmission in educational settings: A prospective, cross-sectional analysis of infection clusters and outbreaks in England. The *Lancet Infect Diseases, 21*(3), 344-353. https://doi.org/10.1016/S1473-3099(20)30882-3

[25] Gandini, S., Rainisio, M., Iannuzzo, M. L.,. Bellerba, F., Cecconi, F., & Scorrano, L. (2020). No evidence of association between schools and SARS-CoV-2 second wave in Italy [pre-print]. *mexRxiv*. https://doi.org/10.1101/2020.12.16.20248134

[26] Stein-Zamir, C., Abramson, N., Shoob, H., Libal, E., Bitan, M., Cardash, T., Cayam, R., & Miskin, I. (2020). A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020. *Eurosurveillance, 25*(29), 2001352. https://doi.org/10.2807/1560-7917.ES.2020.25.29.2001352

[27] Yung, C. F., Kam, K. Q., Nadua, K. D., Chong, C. Y., Tan, N. W. H., Li, J., Lee, K. P., Chn, Y. H., Thoon, K. C., & Ng, K. C. (2020). Novel coronavirus 2019 transmission risk in educational settings. *Clinical Infectious Diseases, 72*(6), 1055-1058. https://doi.org/10.1093/cid/ciaa794

[28] Ehrhardt, J., Ekinci, A., Krehl, H., Meincke, M., Ficni, I., Klein, J., Geisel, B., Wagner-Wiening, C., Eichner, M., & Brockmann, S. O. (2020). Transmission of SARS-CoV-2 in children aged 0 to 19 years in childcare facilities and

address staff-to-staff transmission and limit these exposures, primarily focused on unvaccinated staff. Nonessential exposures among unvaccinated staff should be minimized, including both physical and professional meetings. For example, staff break areas should be arranged to facilitate physical distancing and break times should be staggered to minimize exposure while eating with face mask off near others. Measures to prevent transmission among staff, including promotion of COVID-19 precautions outside of the school and vaccination, will likely reduce in-school transmission.[29]

D. Employ contact tracing in combination with adaptive pause and exclusion of students and staff consistent with public health guidance or requirements.

Contact Tracing

Pursuant to 77 Ill. Admin. Code 690.361, districts and schools are required to investigate the occurrence of cases and suspect cases in schools and identify close contacts for purposes of determining whether students or school personnel must be excluded from school premises, extracurricular events, or any other event organized by the school.

Districts and schools, as well as students and families, must work with local health departments to facilitate contact tracing of infectious students, teachers, and staff, and consistent implementation regarding isolation of cases and quarantine (see "Mandatory Exclusion of Students and School Personnel" below) of close contacts, as well as for exclusion from school per Executive Order 2021-24. Contact tracing is used 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 individuals with whom they came in contact (close contacts) and working with such individuals to interrupt disease spread. When conducted by the local health department, this includes asking people with COVID-19 to isolate and their contacts to quarantine at home voluntarily. When conducted by schools, this includes excluding cases and their contacts from school premises and activities.

Students and staff who are fully vaccinated with no COVID-19-like symptoms do not need to quarantine or be excluded from school, extracurricular events, or other events organized by the school if they were exposed to a confirmed or probable case. CDC recommends that fully vaccinated individuals test three to five days after a close contact exposure to someone with suspected or confirmed COVID-19.

---

schools after their reopening in May 2020, Baden-Württenberg, Germany. *Eurosurveillance, 25*(36), 2001587. https://doi.org/10.2807/1560-7917.ES.2020.25.36.2001587

[29] Gold, J. A. W., Gettings, J. R., Kimball, A., Franklin, R., Rivera, G., Morris, E., Scott, C., Marcet, P. L., Hast, M., Swanson, M., McCloud, J., Mehari, L., Thomas, E. S., Kirking, H. L., Tate, J. E., Memark, J., Drenzek, C., Vallabhaneni, S., & Georgia K-12 School COVID-19 Investigation Team. (2021, February 26). Clusters of SARS-CoV-2 infection among elementary school educators and students in one school district – Georgia, December 2020-January 2021. *Morbidity and Mortality Weekly Report, 70*(8), 289-292. http://dx.doi.org/10.15585/mmwr.mm7008e4

Schools can prepare and provide information and records to local health departments to aid in the identification of potential unvaccinated contacts, exposure sites, and mitigation recommendations that are consistent with applicable laws, including those related to privacy and confidentiality. Local health department collaboration with pre-K-12 school administration to obtain contact information of other unvaccinated individuals in shared rooms, class schedules, shared meals, or extracurricular activities will expedite contact tracing and control the spread of COVID-19 infection.

Additionally, schools must conduct their own contact tracing in the school to determine if students or school personnel must be excluded from school, regardless of whether an isolation or quarantine order has been issued by the local health department. Schools should also institute a tracking process to maintain ongoing monitoring of individuals excluded from school because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19. Tracking ensures CDC and local health department criteria for discontinuing home isolation, quarantine or exclusion by the school are met before a student or staff member returns to school. Tracking methods include checking in with the school health personnel upon return to school to verify resolution of symptoms and that any other criteria for discontinuation of isolation, quarantine or exclusion have been met. Tracking should take place prior to a return to the classroom. Schools should communicate this process to all members of the school community prior to the resumption of in-person learning. This communication should be translated into the languages appropriate for the communities served.

Monitoring of continual communicable disease diagnoses and monitoring of student and staff absenteeism should occur through collaboration of those taking absence reports and school nurses/school health personnel. Employees and families must be encouraged to report specific symptoms, COVID-19 diagnoses, and COVID-19 exposures when reporting absences. Districts and schools should maintain a current list of community testing sites to share with staff, families, and students. Districts and schools must be prepared to offer assistance to local health departments when contact tracing is needed after a confirmed case of COVID-19 is identified. This may include activities such as identifying the individual's assigned areas and movement throughout the building.

Individuals who exhibit symptoms should be referred to a medical provider for evaluation, treatment, and information about when they can return to school, according to the Public Health Interim Guidance for Local Health Departments and Pre-K-12 Schools – COVID-19 Exclusion Protocols ("COVID-19 Exclusion Protocols"). Confirmed cases of COVID-19 should be reported to the local health department by the school health personnel or designee as required by the Illinois Infectious Disease Reporting requirements issued by IDPH.

Districts and schools should inform the school community of outbreaks per local and IDPH guidelines while protecting the confidentiality of students and staff. In addition to the previously referenced COVID-19 Exclusion Protocols, schools should also refer to the IDPH

Interim Post-Vaccination Considerations for Schools for details on procedures for handling children/staff with symptoms after vaccination.

Definition of a Close Contact

For all individuals where exposure occurred outside of the classroom setting and for adults in the indoor pre-K-12 classroom setting, CDC defines a close contact as an individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. A student who was within 3-6 feet of a confirmed or probable case in a classroom setting, is not considered a close contact if both confirmed case or probable case and close contact were consistently masked for the entire exposure period. A classroom setting includes either an indoor classroom or structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision). A student on school transportation who was within 3-6 feet of an infected student is not considered to be a close contact if both the confirmed case and the contact were consistently masked and windows were opened or HEPA filters were in use during transit. Individuals who tested positive for COVID-19 within the prior 90 days and are currently asymptomatic are not considered close contacts but should continue to wear a mask for 14 days while indoors and monitor for symptoms. Individuals who are fully vaccinated should get tested 5-7 days after coming into close contact with someone with COVID-19 and wear a mask indoors in public for 14 days or until they test negative. If symptoms develop, they should isolate and get tested immediately.

In general, individuals who are solely exposed to a confirmed case while outdoors should not be considered close contacts. Schools may coordinate with their local health department to determine the necessity of exclusion for higher-risk outdoor exposures.

The longer a person is exposed to an infected person, the higher the risk of exposure or transmission. The infectious period of close contact begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person). If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts. Asymptomatic persons who have had lab-confirmed COVID-19 within the past 90 days or who are fully vaccinated, according to CDC guidelines, are not required to be excluded if identified as a close contact to a confirmed case.

Mandatory Exclusion of Students and School Personnel

Schools must investigate the occurrence of cases, suspect cases or carriers in schools and identify close contacts for purposes of determining whether students or school personnel must be excluded pursuant to 77 Ill. Admin. Code 690.361.

All schools and school districts are required to:

1. Exclude any student or school personnel who is a confirmed case or probable case for a minimum of 10 days following onset date if symptomatic or date of positive test if asymptomatic, or as otherwise directed by the school's local health authority.
2. Exclude any unvaccinated student or school personnel who is a close contact for a minimum of 14 days or as otherwise directed by the school's local health authority, which may recommend options such as exclusion for 10 days without testing but with daily symptom check or 7 days with a negative test result on day 6. As an alternative to exclusion, schools may permit close contacts who are asymptomatic to be on the school premises, extracurricular events, or any other events organized by the school if both the confirmed case or probable case and the contact were masked for the entire exposure period and provided the contact tests negative on days 1, 3, 5 and 7 following the exposure.
3. Exclude any student or school personnel who exhibit symptoms of COVID-19, as defined by the CDC, until they test negative for COVID-19, or for a minimum of 10 days, until they are fever free for 24 hours and until 48 hours after diarrhea or vomiting have ceased.

For purposes of Executive Order 2021-24, 77 Ill. Admin. Code 690.361, and this guidance, "exclude" means a school's obligation to refuse admittance to the school premises, extracurricular events, or any other event organized by the school regardless of whether an isolation or quarantine order issued by a local health department has expired or has not been issued. Exclusion from a school shall not be considered isolation or quarantine.

Test to Stay Protocol

ISBE and IDPH now allow a strategy for close contacts to remain in school following exposure to COVID-19 through a Test to Stay protocol, as has been documented by the CDC.[30] Following any indoor exposures (with the exception of household exposures), if schools test close contacts on days one, three, five, and seven from date of exposure with a NAAT (such as a PCR test) or rapid antigen test with Emergency Use Authorization by the FDA, close contacts who were masked during the entire exposure are permitted to remain in the classroom as long as the results are negative. Rapid antigen testing (e.g., BinaxNOW) may be most appropriate for Test to Stay given the short turnaround time for results. Testing must be conducted in school and, preferably, should be performed at the start of the school day before entering the classroom. If the close contact is identified five days or more from the date of exposure, adjust testing accordingly, ideally on days five and seven after the last exposure. When testing in the outlined cadence is not possible due to weekends and holidays, students and staff who are not fully vaccinated should be tested at the earliest possible opportunity. Test to Stay is only applicable when both the COVID-19-confimed case and close contact were engaged in consistent and correct use of well-fitting

[30] Lanier, W. A., Babitz, K. D., Collingwood, A., Graul, M. F., Dickson, S., Cunningham, L., Dunn, A. C., MacKellar, D., & Hersh, A. L. (2021, May 28). COVID-19 testing to sustain in-person instruction and extracurricular activities in high schools – Utah, November 2020-March 2021. *Morbidity and Mortality Weekly Report*, *70*(21), 785-791. http://dx.doi.org/10.15585/mmwr.mm7021e2

masks, regardless of vaccination status (universal masking), as required by Executive Order 2021-18.

Test to Stay may be used for any indoor exposure, with the exception of household exposures, for both students and staff who are not fully vaccinated where both the COVID-19 case and close contact were engaged in consistent and correct mask use for the entire exposure period. While engaged in Test to Stay after an exposure, students and staff who are not fully vaccinated may participate in extracurricular activities, as long as they remain consistently and correctly masked and physically distanced for the full testing period. Students should not participate in sports competitions until they have completed the testing regimen. Test to Stay participants should avoid social gatherings and remain at home when not at school functions for the full testing period, and monitor for symptoms for 14 days, isolating immediately if symptoms develop and seeking additional testing. Local Health Departments have the authority to assess high risk exposures and recommend exclusion without the option of Test to Stay.

If at any time the student or staff person who is not fully vaccinated tests positive or becomes symptomatic, they should be immediately isolated and sent home, excluded from school, and the local health department notified. School personnel are responsible for monitoring and ensuring student and staff compliance with Test to Stay protocols. At the conclusion of the Test to Stay period, the school should notify the local health department that the individual has successfully completed testing and remained negative.

Test to Stay should be deployed in addition to weekly screening testing as recommended by the CDC.

If the local health department issues an isolation or quarantine order that requires the individual to remain in isolation at home, the school must exclude the student as required by the isolation or quarantine order.

See IDPH's Interim Guidance on Testing for COVID-19 in Community Settings and Schools for more details on testing in schools.

E. Implement or provide provisions for COVID-19 diagnostic testing for suspected cases, close contacts, and during outbreaks, as well as screening testing for unvaccinated students according to CDC's testing recommendations.

Viral testing strategies are an important part of a comprehensive mitigation approach. Testing is most helpful in identifying new cases to prevent outbreaks, to reduce risk of further transmission, and to protect students and staff from COVID-19. The COVID-19 Exclusion Protocols should be used to guide testing approaches of symptomatic staff or students and need for use of a NAAT (i.e. PCR test) for confirmation. For additional guidance on testing, including what types of tests are appropriate for use on asymptomatic individuals, refer to the IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools. Schools can find more information in IDPH's answers to FAQs about COVID-19 testing in schools.

The hierarchy of testing for COVID-19 in schools is first for persons with symptoms of COVID-19, regardless of vaccination status, followed by close contacts to a confirmed case, and all staff and students with possible exposure in the context of an outbreak. Testing may also be used for screening purposes. This involves serial testing of asymptomatic persons, including at least weekly testing for all school personnel who are not fully vaccinated against COVID-19, as required by Executive Order 2021-22. In areas where community spread of COVID-19 is low (i.e., fewer than 10 new cases per 100,000 population in the past seven days), IDPH recommends schools adopt weekly screening testing of unvaccinated students that are participating in extracurricular activities. Persons who are fully vaccinated or who have recovered from COVID-19 in the prior 90 days should be exempted from screening testing. Contact tracing should immediately begin if anyone tests positive for COVID-19.

The state of Illinois has made testing for students available free of charge to all schools in Illinois through SHIELD Illinois. Those interested in establishing a K-12 testing program using the SHIELD Illinois saliva test should complete this interest form: https://bit.ly/interestedSHIELD. Note: SHIELD Illinois is also able to offer BinaxNOW rapid antigen testing along with its weekly saliva testing program. Those interested in implementing a K-12 testing program using the BinaxNOW rapid antigen test should email dph.antigentesting@illinois.gov. (See the IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools for complete information on testing.)

CDC recommends that all states define school-associated outbreaks according to the standards established by the Council of State and Territorial Epidemiologists (CSTE).[31] As of October 1, 2021, IDPH is adopting the CSTE definition of school-associated outbreaks and, upon consultation with the CDC, extending the definition to all school-based pre-K-12 settings. As established by CSTE, a school-associated outbreak is defined as (A) "multiple cases comprising at least 10% of students, teachers, or staff within a specified core group"[32] or (B) "at least three cases within a specified core group meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other; who were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting; *and* epidemiologically linked in the school setting or a school-sanctioned extracurricular activity." Schools should consult with their local health department to determine if their circumstances and cases constitute a school-associated outbreak, using either of the definitions above as determined by the local health department. A school-associated COVID-19 case (confirmed or probable) is school personnel present in the school setting or who participated in a school-sanctioned extracurricular activity, including

[31] Council of State and Territorial Epidemiologists. (2021, August 6). *Standardized COVID-19 K-12 school surveillance guidance for classification of clusters and outbreaks*. Retrieved from https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf

[32] According to the Council of State and Territorial Epidemiologists, a "core group" includes but is not limited to a school-sanctioned extracurricular activity (e.g., preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities, etc.), cohort group, classroom, before/after school care, etc.

sports: (a) within 14 days prior to illness onset or a positive test result OR (b) within 10 days after illness onset or a positive test result.

Outbreak testing is strongly recommended for students in schools that are in outbreak status and required for school personnel who may be part of the outbreak, as determined after consultation with public health authorities. Implementation of outbreak testing should begin as soon as possible from the date the outbreak is declared and at least within three days. IDPH recommends schools acquire parental consent for student testing at the beginning of the school year to accommodate outbreak testing should the need arise. Schools should conduct twice weekly testing of unvaccinated students targeted to the impacted classroom(s), grade(s), extracurricular participants, or entire student body, depending on the circumstances, unless the local health department recommends otherwise. Unvaccinated school personnel who may be part of the outbreak, as determined after consultation with by public health authorities, must be tested twice weekly. Testing should continue until the school has gone two incubation periods, or 28 days, without identifying any new cases. If testing is not already in place for screening, schools should make plans to deploy outbreak testing when needed. A listing of free testing sites is available at http://dph.illinois.gov/testing. Individuals who tested positive for COVID-19 within the prior 90 days and are currently asymptomatic may be exempted from testing during outbreaks, unless otherwise required by local public health officials. Fully vaccinated close contacts should be tested 5-7 days after exposure.

Additionally, SHIELD Illinois can be quickly deployed to a school setting by completing this interest form. For schools partnering with SHIELD Illinois for weekly student screening, outbreak testing is included in the testing program. For districts without weekly student screening, outbreak-only testing through SHIELD Illinois is available by completing this interest form: https://bit.ly/3mMejKH. However, prioritization of outbreak testing will be given to districts with weekly student screening programs. Schools can also utilize BinaxNOW rapid antigen testing for their outbreak response by emailing dph.antigentesting@illinois.gov.

Results from COVID-19 point-of-care (POC) antigen tests (e.g., BinaxNOW) should be interpreted based on the test sensitivity and specificity, whether the individual being tested has symptoms, and level of transmission in the community and the facility. A confirmatory NAAT, such as a PCR test, may be needed in certain situations. Because laboratory-based NAATs are considered the most sensitive tests for detecting SARS-CoV-2, the virus that causes COVID-19, they can also be used to confirm the results of lower sensitivity tests, such as POC NAATs or rapid antigen tests, such as BinaxNOW. While the SHIELD Illinois saliva test is a highly reliable laboratory-based NAAT and does not require an additional confirmatory test when used as a primary diagnostic test, CDC recommends collecting and testing an upper respiratory specimen, such as nasopharyngeal, nasal mid-turbinate, or anterior nasal, when using NAATs for confirmatory testing. An upper respiratory test, such as the BinaxNOW rapid antigen test, should be confirmed by a laboratory-based NAAT performed on an upper-respiratory specimen.

Also see the *Test to Stay Protocol*.

F. Improve ventilation to reduce the concentration of potentially virus-containing droplets in schools' indoor air environments.

Schools should work to improve ventilation to the extent possible, including some or all of the following activities:

- Increase outdoor air ventilation, using caution in highly polluted areas.
    - When weather conditions allow, increase fresh outdoor air 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.
    - Use child-safe **fans** to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another. Strategically place fans to help draw fresh air into the classroom from open windows or to blow air from the classroom out open windows.
    - Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase total airflow supply to occupied spaces, when possible.
- Disable demand-controlled ventilation controls that reduce air supply based on occupancy or temperature during occupied hours.
- Further open outdoor air dampers to reduce or eliminate heating, ventilation, and air conditioning (HVAC) air recirculation. In mild weather, this will not affect thermal comfort or humidity; however, this will be difficult to do in cold, hot, or humid weather.
- Improve central air filtration:
    - Increase air filtration to as high as possible without significantly diminishing design airflow.
    - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass
    - Check filters to ensure they are within service life and appropriately installed.
- Consider running the HVAC system at maximum outside airflow for two hours before and after the school is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use portable high-efficiency particulate air fan/filtration systems to help enhance air cleaning (especially in higher risk areas, such as the health office).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas, such as the health office).
- Consider using ultraviolet germicidal irradiation as a supplement to help inactivate the virus that causes COVID-19, especially if options for increasing room ventilation are

limited.

- Consider that ventilation is also important on school buses.

G. Promote and adhere to handwashing and respiratory etiquette.

Districts and schools should encourage frequent and proper handwashing. Ensure availability of supplies, such as soap, paper towels, and hand sanitizer for all grade levels and in all common areas of the building. Cloth towels should not be used. Handwashing with soap and water is always the first recommended line of defense, but where this is not feasible or readily accessible, the use of hand sanitizer with at least 60% alcohol may be used. Districts and schools should be cognizant of any students or staff members with sensitivities or allergies to hand sanitizer or soap and ensure easy access to appropriate alternatives.

Hands should be washed often with soap and water for at least 20 seconds. Consider ways to build routines for hand hygiene into the school day. It is recommended that hand hygiene is performed upon arrival to and departure from school; after blowing one's nose, coughing, or sneezing; following restroom use or diaper changes; before food preparation or before and after eating; before/after routine care for another person, such as a child; after contact with a person who is sick; upon return from the playground/physical education; and following glove removal. Districts and schools should determine any "hot spots" where germ transmission may easily occur and ensure hand sanitation/handwashing supplies are readily available.

Additionally, districts and schools should adhere to recommendations for safe hand sanitizer use, including:

- Alcohol-based hand sanitizers should be used under adult supervision with proper child safety precautions and stored out of reach of young children to reduce unintended, adverse consequences. It will be necessary to ensure that students do not ingest hand sanitizer or use it to injure another person.
- Alcohol-based hand sanitizers must be properly stored – which includes away from high temperatures or flames – in accordance with National Fire Protection Agency recommendations.
- Hand sanitizers are not effective when hands are visibly dirty. Use soap and water to clean visibly soiled hands.
- Alcohol-based hand sanitizers do not remove allergenic proteins from the hands.
- Staff preparing food in the cafeteria/kitchen should ALWAYS wash their hands with soap and water. The IDPH Food Service Sanitation Code[33] does not allow persons who work in school cafeteria programs to use hand sanitizers as a substitute for handwashing.
- The FDA controls sanitizers as over-the-counter drugs because they are intended for topical antimicrobial use to prevent disease in humans.

[33] Illinois Department of Public Health, Food Service Sanitation Code, 77 Illinois Administrative Code Part 750: https://www.ilga.gov/commission/jcar/admincode/077/07700750sections.html

Educate staff and students on healthy hygiene and handwashing to prevent the spread of infection. Monitor to ensure adherence among staff and students. Schools may wish to post handwashing posters in the bathrooms, hallways, classrooms, and other areas, as appropriate. See CDC's Handwashing: Clean Hands Save Lives for free resources. Ensure availability of resources for teachers, school health personnel, and other staff members so they can appropriately train students or review handwashing procedures. Various classroom lesson, activities, and resources are available.

Respiratory etiquette should be taught and reinforced frequently. Respiratory etiquette practices include masking the nose and mouth with a tissue when coughing or sneezing, disposing of the used tissue in a trash receptacle, and then immediately washing hands. If wearing a mask, turn away from others and cough/sneeze into the crook of the elbow. If the mask become moist, soiled, or torn, it should be replaced with a clean, dry mask. Districts and schools should also consider additional signage to display on the correct methods for sneezing and coughing.

Staff and students should be directed and encouraged to avoid touching the face (eye, nose, mouth) to decrease the transmission of COVID-19 or other infectious diseases.

H. Encourage individuals who are sick to stay home and get tested for COVID-19.

Schools should post signage and otherwise communicate to students and staff that they are discouraged from entering buildings or boarding school transportation if ill.

Both the CDC operational guidance for K-12 schools and this joint guidance no longer recommend fever and symptom screening by school staff upon arrival at school. Instead, self-screening for COVID-19-like symptoms, as well as any other symptoms of common respiratory viruses and ailments, prior to arriving on school grounds or boarding school transportation continues to be recommended.

Schools must exclude any student or school personnel that exhibit symptoms of COVID-19 (1) until they test negative for COVID-19 or for a minimum of 10 days, (2) until they are fever free for 24 hours and (3) until 48 hours after diarrhea and vomiting have ceased. Individuals who have or self-report a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or currently have known symptoms of COVID-19 may not enter school buildings. Symptoms of COVID-19 include fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, vomiting, or diarrhea. Individuals who exhibit or self-report symptoms should be referred to a medical provider for evaluation, testing, treatment, and information about when they can return to school, according to the COVID-19 Exclusion Protocols and Interim Post-Vaccination Considerations for Schools.

I. Clean and disinfect surfaces in schools to maintain healthy environments.

Districts and schools should develop sanitation procedures per recommendations of the CDC, IDPH, and local health departments. In April 2021, the CDC issued a scientific brief on SARS-CoV-2 and surface transmission for indoor environments that concluded:

> *Routine cleaning performed effectively with soap or detergent, at least once per day, can substantially reduce virus levels on surfaces. When focused on high-touch surfaces, cleaning with soap or detergent should be enough to further reduce the relatively low transmission risk from fomites in situations when there has not been a suspected or confirmed case of COVID-19 indoors. In situations when there has been a suspected or confirmed case of COVID-19 indoors within the last 24 hours, the presence of infectious virus on surfaces is more likely and therefore high-touch surfaces should be disinfected.*[34]

Clean with products containing soap or detergent to reduce germs on surfaces and objects that will remove contaminants and may weaken or damage some of the virus particles to decrease the risk of infection from surfaces. Clean high-touch surfaces and shared objects at least once a day. For more information on cleaning and disinfecting schools, see Cleaning and Disinfecting Your Facility.

Clean more frequently and disinfect surfaces and objects if certain conditions apply:

- High transmission of COVID-19 in your community
- Low number of people wearing masks or improper mask usage
- Infrequent hand hygiene
- The space is occupied by people at increased risk for severe illness from COVID-19

If someone in your school is sick or someone who has COVID-19 has been in your school in the last 24 hours, clean and disinfect the facility.

Ensure that U.S. Environmental Protection Agency (EPA)-approved disinfectants for use against COVID-19 are available to staff responsible for cleaning. If not available, consult your local health department for guidance on alternative disinfectants.

- Gloves and other appropriate personal protective equipment (PPE) must be used during cleaning and disinfection. Ensure that appropriate PPE is made available to and used by staff, as appropriate, based on job-specific duties and risk of exposure.
- Always follow label directions.
- Allow the required wet contact time.
- Keep all disinfectants out of the reach of children.
- Do not mix bleach or other cleaning products and disinfectants together.

---

[34] Santarpia, J. L., Rivera, D. N., Herrera, V. L., Morwitzer, M. J., Creager, H. M., Santarpia, G. W., Crown, K. K., Brett-Major, D. M., Schnaubelt, E. R., Broadhurst, M. J., & Lawler, J. V. (2020). Aerosol and surface contamination of SARS-CoV-2 observed in quarantine and isolation care. *Scientific Reports*, *10*(1), 1-8. https://doi.org/10.1038/s41598-020-69286-3

Before students and staff return to a school or childcare building that has been closed for an extended time, look for ways to reduce potential hazards. Flush plumbing (including all sink faucets, water fountains, water bottle fillers, hoses, and showers) to replace all water inside building pipes with fresh water. This can help protect occupants from possible exposure to lead, copper, and *Legionella* bacteria. You can also follow the EPA 3Ts – Training, Testing, and Taking Action – for reducing lead in drinking water at schools and childcare centers.
Follow guidance to check your building for mold and remediate as needed.

STATE OF ILLINOIS

EXECUTIVE DEPARTMENT

SPRINGFIELD, ILLINOIS

CORRECTED

August 9, 2021

Executive Order 2021-18

EXECUTIVE ORDER 2021-18
(COVID-19 EXECUTIVE ORDER NO. 85)

WHEREAS, since early March 2020, Illinois has faced a pandemic that has caused extraordinary sickness and loss of life, infecting over 1,430,000, and taking the lives of more than 23,475 residents; and,

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a novel severe acute respiratory illness that spreads rapidly through respiratory transmissions; and,

WHEREAS, as Illinois continues to respond to the public health disaster caused by COVID-19, the burden on residents, healthcare providers, first responders, and governments throughout the State has been unprecedented; and,

WHEREAS, the Delta variant of the coronavirus is more aggressive and more transmissible than previously circulating strains, and poses new risks in the ongoing effort to stop and slow spread of the virus; and,

WHEREAS, the Delta variant may cause more severe disease than prior strains of the virus; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) estimates that the Delta variant now accounts for more than 90 percent of all sequenced coronavirus in the U.S.; and,

WHEREAS, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, it is critical that the State take every step possible to ensure children can attend school in-person; and,

WHEREAS, social distancing, face coverings, and other public health precautions have proven to be critical in slowing and stopping the spread of COVID-19; and,

WHEREAS, COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness and death, but a proportion of the population remains unvaccinated and some residents, including younger children, cannot yet receive the vaccine; and

WHEREAS, the CDC has provided guidance for COVID-19 Prevention in K-12 Schools; and,

WHEREAS, the CDC recently updated its COVID-19 guidance for schools, and now indicates that everyone in K-12 schools should wear a mask indoors, including teachers, staff, students, and visitors, regardless of vaccination status; and,

WHEREAS, the American Academy of Pediatrics likewise recommends universal masking in schools of everyone over the age of two, regardless of vaccination status, because a significant portion of the student population is not yet eligible for vaccines, and masking is proven to reduce transmission of the virus and to protect those who are not vaccinated; and,

WHEREAS, the Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH) are issuing updated joint COVID-19 guidance and recommendations designed to allow schools in Illinois serving pre-kindergarten through 12th grade students to conduct in-person teaching and learning, while at the same time keeping students, teachers, staff, and visitors safe; and,

WHEREAS, the CDC continues to advise that day care providers use COVID-19 prevention strategies, including masking and physical distancing, even after day care providers and their staff are vaccinated; and,

WHEREAS, the Illinois Department of Children & Family Services (DCFS) and IDPH are issuing updated joint COVID-19 guidance and recommendations for day care facilities, including all licensed day care centers, day care homes, group day care homes, and license-exempt facilities; and,

WHEREAS, the CDC continues to advise that congregate facilities use COVID-19 prevention strategies, including masking and physical distancing, regardless of vaccination status; and,

WHEREAS, IDPH issues and updates COVID-19 guidance for nursing homes and other long-term care facilities, which includes mitigation strategies such as masking and physical distancing, even among vaccinated residents, staff, and visitors; and,

WHEREAS, on July 23, 2021, considering the continuing spread of COVID-19 and the ongoing health and economic impacts that will be felt over the coming month by people across the State, I declared all counties in the State of Illinois as a disaster area;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to the Illinois Constitution and the Illinois Emergency Management Agency Act, 20 ILCS 3305, Sections 7(1), 7(2), 7(3), 7(8), 7(12), and Section 19 thereof, and consistent with the powers in public health laws, I hereby order the following:

Section 1: School Mitigation Measures. All public and nonpublic schools in Illinois serving pre-kindergarten through 12th grade students must follow the joint guidance issued by ISBE and IDPH and take proactive measures to ensure the safety of students, staff, and visitors, including, but not limited to:

a. Requiring the indoor use of face coverings by students, staff, and visitors who are age 2 and older and able to medically tolerate a face covering, regardless of vaccination status, consistent with CDC guidance; and,

b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

Section 2: Day Care Mitigation Measures. All day care facilities in Illinois must follow the joint guidance issued by DCFS and IDPH and take proactive measures to ensure the safety of children, staff, and visitors, including, but not limited to:

a. Requiring the indoor use of face coverings by children, staff, and visitors who are age 2 and older and able to medically tolerate a face covering, regardless of vaccination status, consistent with CDC guidance; and,

b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

Section 3: Long-Term Care Mitigation Measures. All nursing homes and long-term care facilities in Illinois must continue to follow the guidance issued by the CDC and IDPH that requires the use of face coverings in congregate facilities for those over the age of two and able to medically tolerate a face covering, regardless of vaccination status.

Section 4: Savings Clause. If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

JB Pritzker, Governor

Issued by the Governor August 9, 2021
Filed by the Secretary of State August 9, 2021

FILED
INDEX DEPARTMENT
AUG 09 2021
IN THE OFFICE OF
SECRETARY OF STATE

STATE OF ILLINOIS

EXECUTIVE DEPARTMENT

SPRINGFIELD, ILLINOIS

August 26, 2021

Executive Order 2021-20

EXECUTIVE ORDER 2021-20
(COVID-19 EXECUTIVE ORDER NO. 87)

WHEREAS, since early March 2020, Illinois has faced a pandemic that has caused extraordinary sickness and loss of life, infecting over 1,490,000, and taking the lives of more than 23,800 residents; and,

WHEREAS, at all times but especially during a public health crisis, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, the Illinois Department of Public Health (IDPH) has determined that the Delta variant is the most dominant strain of COVID-19 in Illinois and has spread quickly among unvaccinated people of all ages in Illinois; and,

WHEREAS, the Delta variant of the coronavirus is more aggressive and more transmissible than previously circulating strains, and poses significant new risks in the ongoing effort to stop and slow spread of the virus; and,

WHEREAS, the Delta variant also may cause more severe disease than prior strains of the virus; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) estimates that the Delta variant now accounts for more than 90 percent of all sequenced coronavirus cases in the U.S.; and,

WHEREAS, the CDC has issued guidance recommending wearing a mask indoors in public in most circumstances, even for fully vaccinated people,[1] as well as where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance; and,

WHEREAS, every region in the State is experiencing increased numbers of COVID-19 cases and increased numbers of hospital beds and ICU beds utilized by COVID-19 patients; and,

WHEREAS, there are parts of the country in which there are few if any available ICU beds as a result of the Delta variant, and in many parts of Illinois, the number of available ICU beds is decreasing as a result of the Delta variant; and,

WHEREAS, the CDC continues to advise that cloth face coverings or masks protect persons who are not fully vaccinated from COVID-19; and

WHEREAS, COVID-19 cases for 5 to 11-year-olds and 12 to 17-year-olds went up dramatically over the past month; and,

WHEREAS, the CDC has recognized vaccination as the leading public health prevention strategy to end the COVID-19 pandemic and recommends that all teachers, staff, and eligible students be vaccinated as soon as possible; and,

WHEREAS, COVID-19 vaccines are safe, effective, and widely available free of cost to any Illinois resident 12 years of age and older; and,

WHEREAS, while over 6.7 million Illinoisans have been fully vaccinated against COVID-19, in order to protect against the rapid spread of the Delta variant, additional steps are necessary to ensure that the number of vaccinated residents continues to increase and includes individuals working in certain settings of concern, including those who work around children under the age of 12; and,

WHEREAS, increasing vaccination rates in schools is the strongest protective measure against COVID-19 available and, together with masking and regular testing, is vital to providing in-person instruction in as safe a manner as possible; and,

WHEREAS, health care workers, and particularly those involved in direct patient care, face an increased risk of exposure to COVID-19; and,

WHEREAS, stopping the spread of COVID-19 in health care settings is critically important because of the concentration of people in many of these settings and the presence of people with underlying conditions or compromised immune systems; and,

WHEREAS, requiring individuals in health care settings to receive a COVID-19 vaccine or undergo regular testing can help prevent outbreaks and reduce transmission to vulnerable individuals who may be at a higher risk of severe disease; and,

WHEREAS, statewide measures are necessary to protect particularly vulnerable individuals, as well as employees, in high-risk health care settings; and,

WHEREAS, it is the duty of every employer to protect the health and safety of employees by establishing and maintaining a healthy and safe work environment and requiring employees to comply with health and safety measures; and,

WHEREAS, in light of the continued spread of COVID-19, the increasing threat of the Delta variant, and the significant percentage of the population that remains unvaccinated, I declared on August 20, 2021 that the current circumstances in Illinois surrounding the spread of COVID-19 continue to constitute an epidemic emergency and a public health emergency under Section 4 of the Illinois Emergency Management Agency Act;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to the Illinois Constitution and the Illinois Emergency Management Agency Act, 20 ILCS 3305, Sections 7(1), 7(2), 7(3), 7(8), 7(12), and Section 19 thereof, and consistent with the powers in public health laws, I hereby order the following effective immediately:

Section 1: Face covering requirements for individuals. Beginning on Monday, August 30, 2021, all individuals in Illinois who are age two or over and able to medically tolerate a face covering (a mask or cloth face covering) shall be required to cover their nose and mouth with a face covering when in an indoor public place. Illinoisans should also consider wearing a mask in crowded outdoor settings and for activities that involve close contact with others who are not fully vaccinated.

in transportation hubs such as airports and train and bus stations; (2) in congregate facilities such as correctional facilities and homeless shelters; and (3) in healthcare settings.

Section 2: Vaccination Requirements for Health Care Workers.

a. Definitions

i. "Health Care Worker" means any person who (1) is employed by, volunteers for, or is contracted to provide services for a Health Care Facility, or is employed by an entity that is contracted to provide services to a Health Care Facility, and (2) is in close contact (fewer than 6 feet) with other persons in the facility for more than 15 minutes at least once a week on a regular basis as determined by the Health Care Facility. The term "Health Care Worker" does not include any person who is employed by, volunteers for, or is contracted to provide services for any State-owned or operated facility. The term "Health Care Worker" also does not include any person who is present at the Health Care Facility for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).

ii. "Health Care Facility" means any institution, building, or agency, or portion of an institution, building or agency, whether public or private (for-profit or nonprofit), that is used, operated or designed to provide health services, medical treatment or nursing, or rehabilitative or preventive care to any person or persons. This includes, but is not limited to, ambulatory surgical treatment centers, hospices, hospitals, physician offices, dental offices, free-standing emergency centers, urgent care facilities, birth centers, post-surgical recovery care facilities, end-stage renal disease facilities, long-term care facilities (including skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, the ID/DD Community Care Act or the MC/DD Act), Specialized Mental Health Rehabilitation Facilities, assisted living facilities, supportive living facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers. The term "Health Care Facility" does not include any State-owned or operated facilities.

iii. An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration (FDA), or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.

b. All Health Care Workers must have, at a minimum, the first dose of a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine within 10 days after issuance of this Executive Order, and be fully vaccinated against COVID-19 within 30 days following administration of their first dose in a two-dose vaccination series. Any Health Care Workers who have not established that they are fully vaccinated against COVID-19 must be tested consistent with the requirements of Subsection (d). To establish that they are fully vaccinated against COVID-19, Health Care Workers must provide proof of full vaccination against COVID-19 to the Health Care Facility. Proof of COVID-19 vaccination may be

testing requirements specified in Subsection (d).

d. Beginning 10 days after issuance of this Executive Order, to enter or work at or for a Health Care Facility, Health Care Workers who have not been fully vaccinated against COVID-19 must undergo testing for COVID-19, as described below, until they establish that they are fully vaccinated against COVID-19:
    i. Health Care Workers who are not fully vaccinated against COVID-19 must be tested for COVID-19 weekly, at a minimum. The testing must be done using a test that either has Emergency Use Authorization by the FDA or is be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
    ii. Such testing for Health Care Workers who are not fully vaccinated against COVID-19 must be conducted on-site at the Health Care Facility or the Health Care Facility must obtain proof or confirmation from the Health Care Worker of a negative test result obtained elsewhere.
    iii. IDPH recommends that Health Care Workers be tested using a PCR test if available.
e. Individuals are exempt from the requirement to be fully vaccinated against COVID-19 if (1) vaccination is medically contraindicated, including any individual who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation, or (2) vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance. Individuals who demonstrate they are exempt from the vaccination requirement shall undergo, at a minimum, weekly testing as provided for in Subsection (d).
f. State agencies, including but not limited to IDPH, the Illinois Department of Human Services, and the Illinois Department of Healthcare and Family Services, may promulgate emergency rules as necessary to effectuate this Executive Order.

Section 3: Vaccination Requirements for School Personnel.

a. Definitions
    i. "School Personnel" means any person who (1) is employed by, volunteers for, or is contracted to provide services for a School or school district serving students in pre-kindergarten through 12th grade, or who is employed by an entity that is contracted to provide services to a School, school district, or students of a School, and (2) is in close contact (fewer than 6 feet) with other persons in the School for more than 15 minutes at least once a week on a regular basis as determined by the School. The term "School Personnel" does not include any person who is present at the School for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).
    ii. "School" means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through 12th grade, including any State-operated residential schools such as the Philip J. Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. The term "School" does not include the Illinois Department of Juvenile Justice.
    iii. An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the

after issuance of this Executive Order, and be fully vaccinated against COVID-19 within 30 days following administration of their first dose in a two-dose vaccination series. Any School Personnel who have not established that they are fully vaccinated against COVID-19 must be tested consistent with the requirements of Subsection (d). To establish that they are fully vaccinated against COVID-19, School Personnel must provide proof of full vaccination against COVID-19 to the School. Proof of COVID-19 vaccination may be met by providing one of the following: (1) a CDC COVID-19 vaccination record card or photograph of the card; (2) documentation of vaccination from a health care provider or electronic health record; or (3) state immunization records.

c. Schools shall exclude School Personnel who are not fully vaccinated against COVID-19 from the premises unless they comply with the testing requirements specified in Subsection (d).

d. Beginning 10 days after issuance of this Executive Order, to enter or work at or for a School, School Personnel who have not been fully vaccinated against COVID-19 must undergo testing for COVID-19, as described below, until they establish that they are fully vaccinated against COVID-19:
    i. School Personnel who are not fully vaccinated against COVID-19 must be tested for COVID-19 weekly, at a minimum. The testing must be done using a test that either has Emergency Use Authorization by the FDA or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
    ii. Such testing for School Personnel who are not fully vaccinated against COVID-19 must be conducted on-site at the School or the School must obtain proof or confirmation from the School Personnel of a negative test result obtained elsewhere.
    iii. IDPH recommends that School Personnel be tested using a PCR test if available.

e. Individuals are exempt from the requirement to be fully vaccinated against COVID-19 if (1) vaccination is medically contraindicated, including any individual who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation, or (2) vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance. Individuals who demonstrate they are exempt from the vaccination requirement shall undergo, at a minimum, weekly testing as provided for in Subsection (d).

f. State agencies, including but not limited to IDPH and the Illinois State Board of Education, may promulgate emergency rules as necessary to effectuate this Executive Order.

Section 4: Vaccination Requirements for Higher Education.

a. Definitions
    i. "Higher Education Personnel" means any person who (1) is employed by, volunteers for, or is contracted to provide services for an Institution of Higher Education, or is employed by an entity contracted to provide services for an Institution of Higher Education, and (2) is in close contact (fewer than 6 feet) with other persons on the campus or in a campus-affiliated building or location for more than 15 minutes at least once a week on a regular basis. The term "Higher Education Personnel" does not include any person who is present on the campus or at an affiliated off-campus location for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g.,

level.

iii. "Higher Education Student" means an individual enrolled in credit-bearing or non-credit bearing coursework at an Institution of Higher Education, either on campus or at an affiliated off-campus location. The term "Higher Education Student" does not include individuals who complete their coursework exclusively remotely.

iv. An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA, or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.

b. All Higher Education Personnel and Higher Education Students must have, at a minimum, the first dose of a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine within 10 days after issuance of this Executive Order, and be fully vaccinated against COVID-19 within 30 days following administration of their first dose in a two-dose vaccination series. Any Higher Education Personnel or Higher Education Students who have not established that they are fully vaccinated against COVID-19 must be tested consistent with the requirements of Subsection (d). To establish that they are fully vaccinated against COVID-19, Higher Education Persomel and Higher Education Students must provide proof of full vaccination against COVID-19 to the Institution of Higher Education. Proof of COVID-19 vaccination may be met by providing one of the following: (1) a CDC COVID-19 vaccination record card or photograph of the card; (2) documentation of vaccination from a health care provider or electronic health record; or (3) state immunization records.

c. An Institution of Higher Education shall exclude Higher Education Personnel and Higher Education Students who are not fully vaccinated against COVID-19 from the premises unless they comply with the testing requirements specified in Subsection (d).

d. Beginning 10 days after issuance of this Executive Order, to enter or work at or for an Institution of Higher Education, Higher Education Personnel and Higher Education Students who have not been fully vaccinated against COVID-19 must undergo testing for COVID-19, as described below, until they establish that they are fully vaccinated against COVID-19:

   i. Higher Education Personnel and Higher Education Students who are not fully vaccinated against COVID-19 must be tested for COVID-19 weekly, at a minimum. Testing must be done using a test that either has Emergency Use Authorization by the FDA or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

   ii. Such testing for Higher Education Persomel and Higher Education Students who are not fully vaccinated against COVID-19 must be conducted on-site at the Institution of Higher Education or the Institute of Higher Education must obtain proof or confirmation from the Higher Education Personnel or Higher Education Student who is not fully vaccinated against COVID-19 of a negative test result obtained elsewhere.

   iii. IDPH recommends Higher Education Personnel and Higher Education Students be tested using PCR tests if available.

e. Individuals are exempt from the requirement to be fully vaccinated against COVID-19 if (1) vaccination is medically contraindicated, including any

i. State agencies, including but not limited to IDPH, the Illinois Community College Board, and the Illinois Board of Higher Education, may promulgate emergency rules as necessary to effectuate this Executive Order.

Section 5: Vaccination Requirements at State-Owned or Operated Congregate Facilities.

a. Definitions
   i. "State-owned or operated congregate facilities" means congregate facilities operated by the Illinois Department of Veterans' Affairs, the Illinois Department of Human Services, the Illinois Department of Corrections, and the Illinois Department of Juvenile Justice.
   ii. An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the U.S. FDA, or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.

b. All State employees at State-owned or operated congregate facilities must have both doses of a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine by no later than October 4, 2021, subject to bargaining.

c. All contractors and vendors who work at State-owned or operated congregate facilities must have both doses of a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine by no later than October 4, 2021. This does not include any person who is present at a State-owned or operated congregate facility for only a short period of time and whose moments of close physical proximity to others on site are fleeting, as determined by the facility (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly enter a site to pick up a shipment).

d. To meet the requirement to be fully vaccinated against COVID-19, State employees and contractors and vendors at State-owned or operated congregate facilities must provide proof of full vaccination against COVID-19 to the State-owned or operated congregate facility. Proof of COVID-19 vaccination may be met by providing one of the following: (1) a CDC COVID-19 vaccination record card or photograph of the card; (2) documentation of vaccination from a health care provider or electronic health record; or (3) state immunization records.

e. Individuals will be exempt from the requirement to be fully vaccinated against COVID-19 if (1) vaccination is medically contraindicated, including any individual who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation, or (2) vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance. Individuals who demonstrate they meet the requirements for an exemption will be subject to additional testing requirements.

f. The Illinois Department of Central Management Services Labor Relations team is instructed to negotiate effectuating this Executive Order with the relevant labor unions, and to bargain these provisions as appropriate under the law.

Section 6: Additional Vaccination and Testing Requirements.

a. Nothing in this Executive Order prohibits any entity from implementing vaccination or testing requirements for personnel, contractors, students or other visitors that exceed the requirements of this Executive Order.

b. IDPH and the Illinois State Board of Education may adopt emergency rules to require facilities to conduct more frequent testing that required by this Executive Order, and

Section 7: Savings Clause. If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Section 8: Prior Executive Orders. This Executive Order supersedes any contrary provision of any other prior Executive Order. Any provisions that are not contrary to those in this Executive Order shall remain in full force and effect.

JB Pritzker, Governor

Issued by the Governor August 26, 2021
Filed by the Secretary of State August 26, 2021

FILED
INDEX DEPARTMENT
AUG 26 2021
IN THE OFFICE OF
SECRETARY OF STATE