

RETURN TO SCHOOL TRACKS



CHRISTIAN HERITAGE
ACADEMY

The box checked below shows the track you'll follow on the reverse side of this page.

- I tested positive for COVID **»» Track 1**
- I am a **close contact** of someone with COVID; I am **unvaccinated**; I **do not have a positive PCR test** from within the past 90 days; and I have **no potential COVID symptoms** **»» Track 2**
- I am a **close contact** of someone with COVID; I am **fully vaccinated** OR I am **unvaccinated but have a positive PCR test** from within the past 90 days; and I have **no potential COVID symptoms** **»» Track 3**
- I am a **close contact** of someone with COVID; I am **fully vaccinated**; and I have **one or more potential COVID symptoms** **»» Track 4**
- I am a **close contact** of someone with COVID; I am **unvaccinated** but I have a **positive PCR test** from within the past 90 days; and I have **one or more potential COVID symptoms** **»» Track 4**
- I have **one or more potential COVID symptoms**; I am **unvaccinated**; and I **do not have a positive PCR test** from the past 90 days **»» Track 4**
- I have **one or more potential COVID symptoms**; and I am **fully vaccinated** -or- have a **positive PCR test** from the past 90 days **»» Track 4**
- I have **one or more potential COVID symptoms**; I am either **unvaccinated OR vaccinated**; and I **will not take a COVID test for a present infection** **»» Track 1+**
- I have **one or more potential COVID symptoms**; and I have an **alternate diagnosis** from a doctor **»» Track 5**

POTENTIAL COVID-19 SYMPTOM LIST

- Fever at or above 100.4°
- New onset of moderate to severe headache
- Shortness of breath
- New cough
- Congestion or runny nose
- Sore throat
- Vomiting
- Diarrhea
- New loss of taste or smell
- Fatigue from unknown cause
- Muscle or body aches from an unknown cause

CHA Health Services Contact Information

Phone:

(847) 446-5252
x 2129

Email:

nurse@
christianheritage.org

Web Resources:

christianheritage.org/
covid-response-plan

Track 1

Quarantine at home for at least 10 days.



Date of symptom onset or positive test is considered day 0.



TRACK 1+

After the 10-day exclusion, parent provides a note to document that the ill student and/or household contacts are fever-free for 24 hours (without fever-reducing medication) and symptoms have improved.

Track 2

2A*

- Quarantine for 14 days.
- Date of last exposure is considered day 0.

2B*

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

2C*

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

* If symptoms develop, get a COVID PCR test and move to Track 1.

Track 3

Quarantine is not necessary.



Submit vaccine or diagnostic test results to Heath Services.



A COVID PCR test 3-5 days after exposure is recommended but not required.



Wear a mask in public indoor settings for 14 days or until a negative COVID test result is received.

Track 4

Stay home from school until symptoms have improved/resolved.



Get a COVID PCR test.



If COVID positive, move to Track 1.

If COVID negative, follow healthcare provider's directions and recommended treatment.

Track 5

Stay home until symptoms have improved/resolved.



Follow healthcare provider's directions and recommended treatment.



If testing is not performed due to the clinical judgment of the healthcare provider, a medical note emailed to Heath Services is needed to return to school documenting that there is no clinical suspicion for COVID-19 infection and indicate an alternative diagnosis with exclusion consistent with this diagnosis.

Email all diagnostics and doctor's/parent notes that include the student's name, date of birth, and date of test/evaluation to nurse@christianheritage.org and wait for forthcoming permission to return.

Individual must be fever-free for 24 hours (without fever-reducing medication), as well as exhibit improving symptoms with no vomiting or diarrhea.

Commit to daily symptom monitoring through calendar day 14 after an exposure, regardless of length of quarantine.

Return to school!

"Day 0" Date: _____ "Day 14" Date: _____ Estimated Return Date: _____

Sources:
<https://www.isbe.net/Documents/IDPH-COVID19-Exclusion-Decison-Tree.pdf>
<https://cookcountypublichealth.org/2021/07/23/cook-county-department-of-public-health-guidance-for-suburban-cook-county-school-districts/>
https://www.dph.illinois.gov/sites/default/files/COVID19/COVID-19_Post-VaccinationConsiderations_SchoolEmployees_Vertical.pdf