COVID-19 Infection Control and Mitigation Measures for Wisconsin Schools 2021/2022

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Developed by

Louise Wilson MS, BSN, RN, NCSN, LSN

School Nursing/Health Services Consultant

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Introduction

The situation for schools and communities across Wisconsin has changed since the Department of Public Instruction (DPI) first issued recommendations on infection control and mitigation measures for schools for the 2020/2021 school year. Throughout last school year, these recommendations were revised several times to reflect what was currently known about the SARS-CoV-2 virus and best public health practices as recommended by the Centers for Disease Control and Prevention (CDC) and the Wisconsin Department of Health Services (DHS).

The situation surrounding the COVID-19 pandemic continues to evolve. Wisconsin schools responded to new variants (Delta and Omicron). Currently both those waves have receded. As of February 25, 2022 the CDC has move to a community level strategy for living with the SARS-CoV-2 virus as the pandemic continues world-wide. The aim is to ensure adequate medical resources rather than to avoid transmission entirely.

This guidance is reflective of DPI's commitment and focus on equity, both educational and health equity. DPI understands that keeping students healthy is how we keep our educators healthy, our families healthy, our communities healthy, and our health care system able to care for us in times of need. Students need to be healthy and safe in order to learn. DPI calls on districts and schools to use evidence-based practices in conjunction with scientific and public health principles to keep all students and staff safe and schools open to in-person instruction. The DPI calls on districts to ensure that those that remain vulnerable to COVID-19 receive the accommodations necessary to mitigate their risk. The DPI continues to work in consultation with the DHS while following the recommendations of the CDC to develop guidance for school district boards of education, school administrators, and school healthcare professionals.

The CDC is now looking at the combination of three metrics — new COVID-19 admissions per 100,000 population in the past seven days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past seven days — to determine the COVID-19 Community Level. New COVID-19 admissions and the percent of staffed inpatient beds occupied represent the current potential for strain on the health system. Data on new cases acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge.

Using these data, the COVID-19 Community Level is classified as low, medium, or high. Importantly for schools the CDC now only recommends universal school masking in communities at the high level.

The CDC reminds us that there are people who remain at higher risk for COVID - 19 and who may need additional protection. This includes those who are immunocompromised or have underlying health conditions, those who have disabilities, or those who live with people who are at risk. Those individuals might choose or be directed to take extra precautions regardless of what level their community is in.

Districts which educate and employ individuals who need additional protection are called upon to provide these protections. Additionally, some people may choose to wear a mask at any time based on personal preference. As pointed out by the CDC, individuals who wear high quality masks are well protected, even if others around them are not masking.

Based on the new strategy from the CDC and DPI's health and educational equity focus this revision of the document provides information for schools to use mitigation strategies to protect the most vulnerable in the school community. This involves keeping ill or potentially infectious students and staff from attending school, promoting vaccination, ensuring adequate ventilation, and supporting students and staff who choose to wear masks.

It is recommended districts work with their local health authority, insurance carrier, and legal counsel in determining to what degree each district implements mitigation measures.

Strategies to Decrease Impact of COVID-19 on Vulnerable Populations in School

When making decisions about school prevention strategies school and health officials should consider the COVID-19 Community Level in the county. Layered prevention strategies — like staying up to date on vaccines, screening testing, ventilation and wearing masks — can help limit severe disease and reduce the potential for strain on the health care system. CDC recommends using county COVID-19 Community Levels to help determine which COVID-19 prevention measures to use for individuals and communities.

While the risk of medically significant disease, hospitalization, and death from COVID-19 is greatly reduced for most people, schools educate students and employ staff who either themselves or their family members are at increased risk for severe disease from COVID-19. These strategies remain crucial in protecting all students and staff while schools provide in-person instruction given the continued presence of SARS-CoV-2.

Preventing Potentially Infectious Students and Staff from Attending School

The CDC does not recommend that schools conduct active symptom screenings for students, but parents, guardians or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day. Students who are sick should not attend school in-person. When a student can return to school will depend on the duration of illness, type of symptoms, laboratory testing for COVID-19 or other illnesses, whether or not the student has been in close contact with an individual with COVID-19, and whether the student has been vaccinated for COVID-19. See CDC's Overview of COVID-19 Isolation for K-12 Schools, CDC's Overview of COVID-19 Quarantine for K-12 Schools, and DHS's Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin

Anyone experiencing symptoms of illness should stay home from school. If experiencing symptoms of COVID-19, they should also get tested for COVID-19 regardless of vaccination status. Schools should not allow staff or students to work or study in-person while sick.

Educate students, staff, and parent/caregivers about when to stay home. For example, students and staff should stay home if they have symptoms of COVID-

19, have tested positive for COVID-19, or were a close contact to someone who tested positive for COVID-19 and they themselves are not vaccinated against COVID-19 or fit one of the vaccinated but not boosted categories in the CDC guidance. See DHS's Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin.

Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. **Quarantine** is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others.

CDC is now using the term "up-to-date" to refer to those individuals who have received the primary series of vaccine, plus the age or condition recommended booster or additional doses. The CDC and DHS recommend that students, teachers, and staff who come into close contact with someone with COVID-19 should **quarantine (stay home)** for at least five (5) days after their last close contact with someone with COVID-19 **if they are not up-to-date with their vaccines according to the chart published on this CDC webpage** https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

If an individual was exposed to COVID-19 and had confirmed COVID-19 infection (positive viral test) within the past 90 days, they do not need to quarantine no matter their vaccination status. To allow time for students to catch up with the latest recommendations and to minimize disruption to in-person learning, schools may consider forgoing quarantine for students ages 12-17 years who completed their primary vaccine series but have not yet received all eligible boosters.

Quarantine

According to CDC and DHS guidelines **all students, teachers, and staff regardless of vaccination status who have been exposed to someone with COVID-19** should wear a well-fitting mask around others for 10 days (including those at home) from the date of the last close contact with someone with COVID-19 and watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. **If the exposed student, teacher or staff member is unvaccinated or NOT up-to date on their COVID vaccine they need to stay home for at least 5 full days since they were exposed (last had close contact). If any close contact develops symptoms they should get tested immediately and isolate until the receive their test results.**

If they do not develop symptoms, they should also get tested at least 5 days (DHS recommends on day 5, 6, or 7) after they last had close contact with someone with COVID-19. **If they test positive or develop COVID-19 symptoms, they should follow recommendations for isolation.**

If they test negative or are unable to test 5 days after their last close contact with someone with COVID-19 they can leave home/return to school after day 5 (on day 6) **if they have been without COVID-19 symptoms through the 5-day period. They should wear a well-fitting mask for 10 days after the date of last close contact while at home, in school, and in public.**

CDC notes that **if students or school staff are unable to quarantine**, they should wear a well-fitting mask for 10 days when around others (home, school, public). **If a student or staff member is unable to wear a mask when around others, they should quarantine for 10 days.**

CDC also recommends that students, teachers, and staff who are asked to quarantine should not go to school or school events in-person during their quarantine period unless they are participating in a school sponsored "test-to-stay" program.

Isolation

People who have confirmed or suspected COVID-19 or are showing symptoms of COVID-19 need to isolate regardless of vaccination status. More specifically,

- People who have a positive viral test for COVID-19, regardless of whether or not they have symptoms.

- People with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

All people with COVID-19 should undergo isolation for at least 5 full days. Day 0 is the day symptoms began or the day of the positive viral test (for people with no COVID-19 symptoms).

Students, teachers, and staff who **test positive for COVID-19 and never develop symptoms** should isolate for at least 5 days. Day 0 is the day of the positive viral test (based on the date of testing) and day 1 is the first full day after the specimen was collected for the positive test.

- If they continue to have no symptoms, they can end isolation after at least 5 days.

- They should continue to wear a well-fitting mask around others at home and in public until day 10 (day 6 through day 10). If they are unable to wear a mask when around others, they should continue to isolate for 10 days.

If they develop symptoms after testing positive, the 5-day isolation period should start over. Day 0 is the first day of symptoms.

People who **have COVID-19 and have or had symptoms** should isolate for at least 5 days. To calculate the 5-day isolation period, day 0 is the first day of symptoms. Day 1 is the first full day after their symptoms developed.

- They can end isolation after 5 full days if they are fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).

- They should continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of their 5-day isolation period. If they are unable to wear a mask when around others, they should continue to isolate for 10 days.

All individuals who are close contacts of someone with COVID-19, tested positive for COVID-19, or developed symptoms of COVID-19 should avoid contact with people who are immunocompromised or at high risk for severe disease until at least 10 days.

While the CDC no longer recommends universal mask wearing, recommendations for ending quarantine or isolation after 5 days is based on the individual wearing a face mask while in school days 6-10. The school should ensure there is a plan for people ending isolation and undergoing their 5 additional days after the end of isolation to stay masked at all times indoors. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

Educate all on when they can safely end their quarantine or isolation period. At the end of the CDC quarantine and isolation webpage is an FAQ regarding ongoing COVID-19 exposure. This would relate to household contacts of students and staff who are unable to separate from the COVID-19 ill or positive household member. Recommendations for ongoing exposure to COVID-19 from someone in the

household depends on the household contacts vaccination status. The FAQ is copied in the Appendix to this document for ease of access. The Close Contact to a COVID-19 Case section of the DHS's [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) also addresses siblings and household members. Schools should consult with local and tribal health departments as necessary to determine isolation and quarantine periods.

Promoting Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Vaccinating both school staff and students is an important component of a layered infection control and mitigation strategy. Promoting COVID-19 vaccination among all eligible students as well as teachers, staff, and their respective household members can help schools safely continue in-person learning as well as extracurricular activities and sports.

It behooves school districts to consider their role in coordinating with a local vaccinator to facilitate COVID-19 vaccinations among staff and eligible students and disseminating COVID-19 vaccination information to staff and families. It is recommended districts work with their local health authority, insurance carrier, and legal counsel in determining to what degree a district implements this mitigation measure.

Local and tribal public health officials have been coordinating vaccination efforts in their communities. School districts should continue to work with their local/tribal public health department (LPHD) on vaccination planning if districts determine to host such clinics on site or promote student vaccinations via other methods. Besides hosting vaccination clinics or directing staff, students and families to established vaccinators, another way to facilitate vaccination of staff and students is to provide public health messaging regarding vaccinations. Materials and resources that encourage vaccination and address vaccine confidence can be found on the [DHS COVID-19 Vaccine Partner webpage](#).

There are a variety of avenues for providing vaccine to the student and staff population. LPHDs can help districts connect with approved vaccinators, or the health department itself may have the capacity to conduct a school-based vaccination clinic. The DPI does not recommend that school districts apply to the DHS to become vaccinators for COVID-19 due to the specialized planning and requirements surrounding COVID-19 vaccinations.

Some recommended COVID-19 prevention strategies rely on having knowledge of the vaccination status of students, teachers, and staff. Therefore, schools should establish a process for collecting, maintaining, and using COVID-19 vaccination information using the same standard protocols that are used to collect and secure other immunization or health status information. Any policy or practice should

comply with relevant state, tribal, local, or territorial laws and regulations including the Family Educational Rights and Privacy Act (FERPA). Schools accessing the Wisconsin Immunization Registry should comply with the Wisconsin Immunization Registry (WIR) Security and Confidentiality Agreement.

Supporting The Use of Face Masks

The wearing of face masks by students and staff is a district decision. CDC's mask recommendations are based upon the Community Levels where individuals live, work, and attend school. The CDC recommends universal school masking in communities at the high level. Individuals may choose to wear a face mask or respirator no matter the community level based on personal or family risk factors or risk tolerance. Certain students and staff will be recommended by their healthcare provider to wear a mask or respirator in public indoor spaces. The CDC states that people who wear high quality masks are well protected, even if others around them are not masking.

Face masks and respirators protect the wearer from illness and protect others by preventing the wearer from spreading disease if they are asymptomatic, pre-symptomatic, or do not realize they are sick. Some masks and respirators may offer more protection than others but can be harder to consistently wear throughout the day. It is recommended by the CDC that individuals wear the most protective mask or respirator they can that fits well and that they can wear comfortably for long periods of time. Using the CDC guidelines for returning to school after five (5) days of isolation or quarantine requires the wearing of a well-fitting mask for five (5) additional days.

The concern exits as district move away from universal masking that those individuals (students and staff) who may choose to wear a mask or are recommended to wear a mask by their healthcare provider or are wearing a mask due to returning from isolation or quarantine, may experience harassment and bullying. DPI fully supports the choice to wear a mask or respirator and takes a firm stance against bullying and harassment. Every child has the right to feel safe and supported in school. To promote a culture of respect and acceptance that includes mask-wearing, school staff and administration should consider engaging in learning around implicit bias and racial profiling in the context of COVID-19 and face coverings.

- Districts are reminded of the statutory requirement that they have an anti-bullying policy. School staff should be attentive for bullying behaviors and address them immediately per their district's anti-bullying policy.

- To create a safe and trustworthy environment where all individuals feel respected, schools should consider adding a policy statement declaring that harassment and bullying over mask-wearing will not be tolerated.

- School leaders should ensure all students and staff understand the anti-bullying policies and procedures of the school district through the planned delivery of education and training. Students and staff should be able to identify and respond to both witnessed and reported incidents of bullying, through skill practice and clear reporting procedures.

Though universal masking in schools is no longer a CDC recommendation, schools may continue to use this mitigation measure. If school districts are using face masks as a mitigation strategy teach and reinforce use of face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. See DPI's Considerations In Using Facial Coverings When Supporting Students During In-Person Instruction. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.

- Schools should make individualized determinations as required by federal and state disability laws in order to determine if an exception to any mask requirement is necessary and appropriate for a particular student. If a child with a disability cannot wear a mask, the child should maintain physical distance, or adhere to other public health mitigation measures or requirements.

- Provide families with resources to acquire face coverings noting the lack of ability to acquire may be an equity issue. See this DHS webpage for potentially ordering supplies of face masks from the Wisconsin DHS stockpile as supplies allow.

- Work with those who are uncomfortable or unable to wear a face covering – due to health, sensory or racial discrimination concerns – to develop an appropriate alternative.

  – Consider providing education to staff regarding varied sensory needs, as well as alternative options, such as face shields, to those who communicate via American Sign Language.

  – Consider scheduling "breaks" from wearing of facial coverings. This is beyond the time facial coverings are removed for eating or drinking.

  – Face shields are not considered the same as facial coverings. Nor are they recommended in place of facial coverings. Face coverings do not

substitute for personal protective equipment for school staff. See PPE Considerations for Schools.

As noted, the CDC recommends that individuals wear the most protective mask or respirator they can if at high community levels, they are instructed by a healthcare providers to wear a mask to protect themselves, or they choose to wear a mask for personal reasons . Some school staff or students may choose to wear N95 or KN95 respirators for this added protection. Districts may choose to provide N95 or KN95 respirators to students and staff for added protection.

- According to the DHS webpage if an employer *mandates or requires* the use of N95 respirators by employees, they must provide a respiratory protection program, medical surveillance and other regulatory requirements as provided by OSHA. These OSHA standards are specifically incorporated by reference in the State of Wisconsin for public sector employees within SPS 332. Public Sector Employee Safety Website Resources can be found on the DSPS website. This would apply to school healthcare staff who are required to wear certain PPE as part of their job responsibilities or duties.

- However, per the OSHA standard, *if an employer provides an N95 respirator on a **voluntary** basis*, they can do so without providing a respiratory protection program per the regulation as long as they provide the information noted in Appendix D of the OSHA standard. DHS also recommends providing to those who use the N95's further information about optimal mask effectiveness, per the CDC.

Outbreak Prevention, Contact Notification, and Testing

The CDC has stated that universal case investigation and contact tracing are no longer recommended in schools. The focus is on outbreak prevention.

Schools may choose to continue these practices in collaboration and conjunction with the local health department. Case investigation and contact tracing, in combination with testing, wearing a well-fitting mask, and quarantine and isolation remain effective strategies to identify people with COVID-19 and to reduce transmission and prevent outbreaks in schools.

If schools learn that a staff member or student has tested positive for COVID-19, consult the CDC's Overview of COVID-19 Isolation for K-12 Schools, CDC's Overview of COVID-19 Quarantine for K-12 Schools, DHS's Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin and contact the local health department to discuss the appropriate management of potentially exposed staff and students. Cooperate fully with any state or local health department outbreak prevention and control efforts. If a

school participates in a [DHS testing program (or other testing program),](#) the ability to do testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.

Note the CDC guidelines include the added [exception in the close contact definition](#) for students in K-12 indoor classrooms setting or a *structured outdoor setting where mask use can be observed (i.e. holding class outdoors with educator supervision)* who are within 3 to 6 feet of an infected student if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the classroom setting.

[Quarantine guidelines](#) are based on vaccination status, COVID-19 history of infection, awareness of close contact, and presence of symptoms. The reporting of such status/information is voluntary. School districts are encouraged to seek parent/family permission to access student COVID vaccination status via WIR, as COVID vaccination is not a required vaccine.

As the CDC moves away from universal contact tracing the emphasis is on individual responsibility to inform others of their potential exposure. The CDC is [recommending](#) schools implement appropriate COVID-19 prevention measures and support broad-based efforts to notify people of a potential exposure. **Exceptions to this broad-based approach may be required to protect students and staff at higher risk of complications if exposed to SARs-CoV2**. It is suggested districts inform their school community of the chosen notification approach**.**

Possible broad-based notification measures include:

- Keeping a school or district dashboard and referring staff, students and families to reference the level of school community spread as a risk factor for being a close contact.

- Using electronic methods to inform entire classrooms or groups of possible exposure.

- Notifying only those individuals who would be subject to [quarantine](#) for being a close contact, or notifying when clusters of cases or outbreaks occur.

Both the [CDC](#) and [DHS](#) provide guidance on COVID testing in schools. The DHS is offering [convenient school-based testing for teachers, staff, students, and their families for the 2021-2022 school year](#). This testing program is intended to help K-12 public, private, and independent charter schools provide safe and healthy learning environments by connecting them with appropriate program vendors to meet their testing needs. Regular COVID-19 testing (screening) can help support

schools in making decisions about their efforts to protect the health and well-being of those in their buildings.

Test -to -Stay (TTS) combines contact tracing and serial testing (testing that is repeated at least twice during a seven-day period after last close contact with a person with COVID-19) to allow some students, teachers and staff who should quarantine to continue in-person learning. This includes people who are a school-associated close contact, are not fully vaccinated, do not test positive for SARS-CoV-2, and have no symptoms.

See the Test-to-Stay section of DHS's Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin. Schools may consider Test-to-Stay as an option for keeping asymptomatic close contacts who are not up-to-date on recommended COVID-19 vaccinations and do not test positive for COVID-19 in the classroom as an alternative to traditional quarantine at home.

DPI supports the use of COVID testing in schools as a mitigation strategy. It is recommended districts work with their local health authority, insurance carrier, and legal counsel in determining to what degree your district may choose to implement this mitigation measure. DPI provides COVID-19 Testing in Wisconsin Schools along with other COVID testing resources and links on the COVID-19 Information for School Health Services website.

Ventilation

Improving ventilation is an important COVID-19 prevention strategy that has received increased attention and awareness for this school year. SARS-CoV-2 viral particles spread between people more readily indoors than outdoors. When outdoors, the concentration of viral particles rapidly reduces with the wind, even a very light wind. When indoors, ventilation mitigation strategies help to offset the absence of natural wind and reduce the concentration of viral particles in the indoor air. The lower the concentration, the less likely some of those viral particles can be inhaled into lungs; contact eyes, nose, and mouth; or fall out of the air to accumulate on surfaces. Protective ventilation practices and interventions can reduce the airborne concentration, which reduces the overall viral dose to occupants. DPI recommends installing high efficiency air filters (MERV 13 or better), and/or increasing ventilation, as a proven and safe method for removing pathogens and other contaminants with the HVAC system.

Schools should implement as many strategies as possible to maximize ventilation in the school. Improving ventilation should not be a stand-alone prevention measure, but rather layered with other prevention measures (e.g., masking, vaccination, testing). Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows,

using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

- Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms, extreme temperatures) to children or staff using the facility.

- Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school. Funds provided through the federal coronavirus relief funding can support improvements to ventilation. See DPI's webpage: https://dpi.wi.gov/crrsaa/response-relief-covid

Suggested resources for schools include:

- ASHRAE Reopening Schools and Universities C19 Guidance

- CDC's Ventilation in Schools and Childcare Programs

- CDC's Ventilation in Buildings webpage

- CDC's Ventilation FAQs

- CDC's Improving Ventilation in Your Home

- EPA Indoor Air Quality Science and Technology

- EPA Important Resources: Cleaning, Disinfection and Ventilation in Schools

- National Institute of Environmental Health Services Selection and Use of Portable Air Cleaners to Protect Workers from Exposure to SARS-CoV-2

Cleaning and Disinfection

Last school year much emphasis was placed on cleaning and disinfecting surfaces and items. Research and experience have determined that objects are not a main source of spread of SARS-CoV-2. Good handwashing after touching shared objects and particularly before touching face (eyes or mouth) and eating is emphasized.

The CDC currently recommends cleaning of routine surfaces once a day is usually enough to sufficiently remove potential virus that may be on surfaces. See Cleaning and Disinfecting Your Facility.

Recommendations for schools include:

- Clean the school daily.

- If the facility has had someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

- Consider more frequent cleaning or choose to disinfect shared spaces under the following circumstances:

  – High transmission of COVID-19 in the community

  – Low vaccination rates in the community

  – Infrequent use of other prevention measures

  – The space is occupied by people at increased risk for severe illness

In response to a school outbreak, increase the frequency of cleaning and disinfection in the entire facility, including bathrooms and common areas. Continue this enhanced cleaning and disinfection schedule until the outbreak is over.

Continue Hand Hygiene and Respiratory Etiquette

Encourage all staff and students to wash their hands often and cover their coughs and sneezes. Encourage frequent hand washing and use of hand sanitizer (at least 60% alcohol).

- Consider installing alcohol-based hand sanitizing stations at entrances, common areas in the school, and classrooms. Ensure that handwashing and hand-sanitizer supplies are readily available throughout the school for staff and student use.

- Supervise use of hand sanitizer in younger students. Display hand sanitizer safely taking into consideration age and developmental level of those in buildings.

- Consider any additional staff or supply resource that may be necessary to assist students who have physical or emotional disabilities with proper handwashing techniques, or alternatives to handwashing if practical.

Staying Home When Sick

It is essential for schools to reinforce to students, parents or caregivers, and staff the importance of staying home when sick until at least 24 hours after they no longer have a fever (temperature of 100.4 or higher) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., Tylenol™). Policies that encourage and support staying home when sick will help prevent the transmission of SARS-CoV-2 (and other illnesses including the flu) and help keep schools open. Through clearly communicating symptoms, which when evident, indicate that staff and students should stay home, districts can screen for illness before students enter the school building.

Symptom screening at home can be helpful to determine if a student:

- currently has an infectious illness that could impair their ability to learn, or

- is at risk of transmitting an infectious illness to other students or to school staff.

Special Considerations

Recommendations for Students or Staff who Become Sick
Work with administrators, school nurse, and other healthcare providers to identify an isolation room or area ideally with a dedicated restroom to separate anyone who exhibits COVID-like symptoms. Nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See PPE Considerations for Schools.

If a student becomes ill while at school:

- Conduct temperature checks on ill students presenting to the school health office or clinic. Place mask on ill student if not wearing one. Student should be evaluated for symptoms of COVID. See CDC's Responding to COVID-19 Cases in K-12 Schools: Resources for School Administrators.

- School should provide an isolated space for the ill student to safely rest while waiting for the arrival of parent/guardian. Ensure adequate space for a student to remain isolated. Distinguish this space from areas where student health services will be delivered to those who are well and need routine types of care (e.g., medication administration or first aid).

  — The designated space should accommodate social distancing of at least 6 feet for multiple people if needed.

  — Only essential employees and children assigned to the rooms should enter, everyone should sign in and out so that there is a record of the persons who entered the room.

  — Employees even if fully vaccinated should wear protective PPE (fluid resistant surgical mask or higher and a face shield or googles).

  — Develop cleaning processes for the dedicated space between uses and as needed.

  — Students who are ill may be walked out of the building to their parent or guardian if schools are limiting visitors.

- Contact the student's parent/guardian to pick up the student as soon as possible.

- Staff person, wearing a well-fitting mask and eye protection, should stay within the line of sight of the student while awaiting parent/guardian's arrival.

- Schools that implement a school-based COVID-19 testing program may be able to determine more rapidly if an ill student or staff member must follow COVID-19 isolation protocols.

- People who have confirmed or suspected COVID-19 or are showing symptoms of COVID-19 need to isolate regardless of vaccination status. More specifically,

  - People who have a positive viral test for COVID-19, regardless of whether or not they have symptoms,

  - People with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility, if necessary.

- Wis. Stat. § 252.21(1) requires school staff to report known or suspected cases of COVID-19 to their local or tribal public health department. This notification should maintain confidentiality as required by the Americans with Disabilities Act (ADA) and Family Educational Rights and Privacy Act (FERPA).

- School districts should remind school staff regarding confidentiality laws and statues that protect student and staff health information. Student communicable disease related information is protected health information. Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials should not participate in discussions or acknowledge a positive test without family/student consent if personally identifiable information (PII) is involved.

- Advise students and staff members ill with COVID-19 not to return until they have met CDC criteria to discontinue home isolation. Students or staff determined to be ill with other infectious conditions (strep, pink eye, etc.) should follow usual school protocols for returning to school. Students or

staff returning to school after five (5) days of isolation should wear a well-fitting mask until day 10 (day 6 through day 10). If they are unable to wear a mask when around others, they should continue to isolate for 10 days.

- Attendance policies should be reviewed and revised as necessary to support ill or exposed students remaining home.

Students or Family Members with Disabilities or Special Health Care Needs

School districts and individual schools should plan for accommodations, modifications, and assistance for children and youth with disabilities and special health care needs. The CDC and the federal Department of Education have provided guidance for schools serving students with special needs.

Try to honor requests of families who may have concerns about their children attending school due to underlying medical conditions of those in their home. Families of students who are at increased risk of severe illness (including those with special health care needs) or who live with people at increased risk should be given the option of virtual instruction. These requests may include being notified when a student with a special healthcare need or at increased risk of severe illness, or a student with a family member at increased risk of severe illness is a close contact of a positive COVID-19 individual. See DPI resources for students with special health care needs on DPI's COVID-19 Information for School Health Services webpage.

- See DPI COVID-19 Special Education Updates and Resources

- See Guidance for Direct Service Providers for resources for DSPs serving children with disabilities or other health care needs during COVID-19.

- See Restarting Safe Education & Testing (ReSET) for Children with Medical Complexity

If schools use the shortened isolation and quarantine periods (5/5) it is recommended they notify the family of a student with compromised immune system or complex health need when a student or staff member whom the student will have close contact with is returning after a 5-day isolation period (while wearing a mask). This allows the family in consultation with the student's healthcare provider to determine if the student with a compromised immune system or complex health need should seek attendance or other accommodations.

Attendance in Online and Blended Learning Environments

The DPI requires school districts to record attendance for in-person and virtual instruction. This [DPI webpage](#) provides examples of how to address attendance in different formats. The recommendation of the DPI is that schools and districts establish a practice of daily check-in/attendance taking for students in both in-person and virtual learning environments. The DPI recommends that schools consider ways to accommodate the needs of children and families at risk for serious illness from COVID-19 when addressing attendance and learning environments.

- Try to honor requests of families who may have concerns about their children attending school due to underlying medical conditions of those in their home. Families of students who are at increased risk of severe illness (including those with special healthcare needs) or who live with people at increased risk should be given the option of virtual instruction.

- Keep in mind situations or requests may change throughout the school year due to increased community spread of COVID-19, new risk factors, or changes in individual student or family health needs.

Staff Considerations

Protections for Staff Who Are at [Higher Risk of Severe Illness](#)

Offer options such as modified job responsibilities, alternative or remote work locations, reassignment, and physical distancing measures that minimize their contact with students and other employees.

Leave Policies

- Implement and encourage paid sick leave (time off) policies and practices for staff that are flexible and non-punitive.

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

Staff Safety

- Train staff in the proper use and removal of PPE. See DPI resources (https://dpi.wi.gov/sspw/2019-novel-coronavirus/school-health-services-information).

- The Occupational Safety and Health Administration (OSHA) has issued [Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](). OSHA standards do not apply directly to public employees. However, [Wis. Stat. § 101.055]() requires the Department of Safety and Professional Services (DSPS) to adopt standards at least equal to those provided to private employees by OSHA.

- Encourage influenza vaccination when available. Consider arranging for employer-based influenza immunization clinics.

Further Resources

Attendance

- [DPI Attendance Webpage]()

Bullying Prevention

- [DPI A Comprehensive Approach to Bullying Prevention]()

- [DPI Model Bullying Policy]()

COVID Testing Resources

- [COVID-19: K-12 School Testing Program]()

- [Consent Form Template for Testing in Schools]()

- [COVID-19 Testing Basics in Wisconsin Schools]()

Infection Control Training Materials Available for Staff

- [Overview of COVID-19 Training Module]()

- [PPE Awareness Training for Schools Module]()

Isolation and Quarantine Resources

- [Guidance for COVID-19 Prevention in K-12 Schools]()

- [Isolation Calendars English and Spanish]()

- [Isolation and Quarantine Calculator]()

- [Quarantine and Isolation Calculator]()

- [Overview of COVID-19 Isolation for K-12 Schools](#)

- [Overview of COVID-19 Quarantine for K-12 Schools](#)

- [Responding to COVID-19 Cases in K-12 Schools: Resources for School Administrators](#)

Mental Health Resources

- DPI Student Services/Prevention & Wellness and COVID-19 webpage https://dpi.wi.gov/sspw/covid-19-information

- DPI School Mental Health webpage https://dpi.wi.gov/sspw/mental-health

U.S Department of Education

- [U.S Department of Education Return to School Roadmap](#)

- ED [COVID-19 HANDBOOK Strategies for Safely Reopening Elementary and Secondary Schools Volume 1](#)

- ED [COVID-19 HANDBOOK Roadmap to Reopening Safely and Meeting All Students' Needs Volume 2](#)

- [Long COVID under Section 504 and the IDEA](#) - Resource to Support Children, Students, Educators, Schools, Service Providers, and Families

Vaccination Resources

- [Logistical Considerations for Hosting STUDENT School-located COVID Vaccinations Clinics (11.21.21)](#)

- [DHS Post-Vaccination Guidance for Schools](#)

- [For Ages 5 and Older: What Parents and Guardians Should Know](#)

Appendix

CDC Ongoing COVID-19 Exposure FAQs

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html January 27 Isolation and Quarantine

I live with someone with COVID-19, but I cannot be separated from the. How do we manage quarantine in the situation?

It is very important for people with COVID-19 to remain apart from other people, if possible, even if they are living together. If separation of the person with COVID-19 from others that they live with is not possible, the other people that they live with will have ongoing exposure, meaning they will be repeatedly exposed until that person is no longer able to spread the virus to other people. In this situation, there are precautions you can take to limit the spread of COVID-19:

- The person with COVID-19 and everyone they live with should wear a well-fitting mask inside the home.

- If possible, one person should care for the person with COVID-19 to limit the number of people who are in close contact with the infected person.

- Take steps to protect yourself and others to reduce transmission in the home:

  — **Quarantine** if you are not up to date with your COVID-19 vaccines.

  — **Isolate** if you are sick or tested positive for COVID-19, even if you don't have symptoms.

  — **Learn** more about the public health recommendations for testing, mask use and quarantine of close contacts, like yourself, who have ongoing exposure. These recommendations differ depending on your vaccination status.

What should I do if I have ongoing exposure to COVID-19 form someone I live with?

Recommendations for this situation depend on your vaccination status:

If you are not up to date on COVID-19 vaccines and have ongoing exposure to COVID-19, you should:

- Begin quarantine immediately and continue to quarantine throughout the isolation period of the person with COVID-19.

- Continue to quarantine for an additional 5 days starting the day **after** the end of isolation for the person with COVID-19.

- Get tested at least 5 days after the end of isolation of the infected person that lives with them.

  — If you test negative, you can leave the home but should continue to wear a well-fitting mask when around others at home and in public until 10 days after the end of isolation for the person with COVID-19.

Isolate immediately if you develop symptoms of COVID-19 or test positive.

If you are up to date with COVID-19 vaccines and have ongoing exposure to COVID-19, you should:

- Get tested at least 5 days after your *first* exposure. A person with COVID-19 is considered infectious starting 2 days before they develop symptoms, or 2 days before the date of their positive test if they do not have symptoms.

- Get tested again at least 5 days after the end of isolation for the person with COVID-19.

- Wear a well-fitting mask when you are around the person with COVID-19, and do this throughout their isolation period.

- Wear a well-fitting mask around others for 10 days after the infected person's isolation period ends.

Isolate immediately if you develop symptoms of COVID-19 or test positive.

What should I do if multiple people I live with test positive for COVID-19 at different times?

Recommendations for this situation depend on your vaccination status:

- **If you are not up to date with your COVID-19 vaccines**, you should:

  — Quarantine throughout the isolation period of any infected person that you live with.

  — Continue to quarantine until 5 days after the end of isolation date for the **most recently infected** person that lives with you. For example, if the last day of isolation of the person most recently infected with COVID-19 was June 30, the new 5-day quarantine period starts on July 1.

  — Get tested at least 5 days after the end of isolation for the most recently infected person that lives with you.

- — Wear a well-fitting mask when you are around **any** person with COVID-19 while that person is in isolation.

- — Wear a well-fitting mask when you are around other people until 10 days after your last close contact.

- — Isolate immediately if you develop symptoms of COVID-19 or test positive.

- If you are up to date with COVID-19 your vaccines, you should:

  - — Get tested at least 5 days after your first exposure. A person with COVID-19 is considered infectious starting 2 days before they developed symptoms, or 2 days before the date of their positive test if they do not have symptoms.

  - — Get tested again at least 5 days after the end of isolation for the most recently infected person that lives with you.

  - — Wear a well-fitting mask when you are around any person with COVID-19 while that person is in isolation.

  - — Wear a well-fitting mask around others for 10 days after the end of isolation for the most recently infected person that lives with you. For example, if the last day of isolation for the person most recently infected with COVID-19 was June 30, the new 10-day period to wear a well-fitting mask indoors in public starts on July 1.

  - — Isolate immediately if you develop symptoms of COVID-19 or test positive.

I had COVID-19 and completed isolation. Do I need to quarantine or get tested if someone I live with gets COVID-19 shortly after I completed isolation?

No. If you recently completed isolation and someone that lives with you tests positive for the virus that causes COVID-19 shortly after the end of your isolation period, you do not have to quarantine or get tested as long as you do not develop new symptoms. Once all of the people that live together have completed isolation or quarantine, refer to the guidance below for new exposures to COVID-19.

- If you had COVID-19 in the previous 90 days and then came into close contact with someone with COVID-19, you do not have to quarantine or get tested if you do not have symptoms. But you should:

  - — Wear a well-fitting mask indoors in public for 10 days after exposure.

- — Monitor for COVID-19 symptoms and isolate immediately if symptoms develop.

- — Consult with a healthcare provider for testing recommendations if new symptoms develop.

- If more than 90 days have passed since your recovery from infection, follow CDC's recommendations for close contacts. These recommendations will differ depending on your vaccination status.