



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

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Wisconsin Department of Public Instruction

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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-CoV2 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 DPI continues to work in consultation with the DHS to develop guidance for school district boards of education, school administrators, and school healthcare professionals.

This guidance is reflective of the CDC's [Guidance for COVID-19 Prevention in K-12 Schools](#) (August 5, 2021), CDC's current (July 27, 2021) [recommendations for universal mask use in schools](#), CDC's [updated exception](#) to close contact for students in classrooms, DHS's [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) (August, 2021) and includes considerations from the American Academy of Pediatrics (AAP) [COVID-19 Guidance for Safe Schools](#). (July 18, 2021). This guidance is also reflective of DPI's commitment and focus on equity, both educational and health equity.

Its purpose remains to provide guidance for keeping school staff and students safe in schools while providing in person instruction. These are not requirements but state-level guidance, meant to provide what is considered best practices at the current time based upon what is currently known and understood regarding COVID-19 [transmission in schools, vaccines, variants of concern](#) and takes into consideration the level of [community transmission in Wisconsin](#). The COVID-19 pandemic remains an evolving situation and information will be updated as recommendations change.

SARs-CoV2 virus continues to circulate in Wisconsin and across the country and new variants of SARs-CoV2 continue to be identified. School districts should work with local health authorities to ensure a plan is in place to minimize health risks to the greatest extent possible.

Students and staff will return to schools that have a mixed population of both fully vaccinated and unvaccinated individuals. Elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at the start of the 2021/2022 school year. Some schools (e.g., high schools or middle schools) may have a low percentage of students and staff fully vaccinated despite vaccine eligibility. The CDC and DHS continue to stress the importance of layered mitigation strategies in schools. Multiple factors should be considered when

making decisions regarding the infection control and mitigation measures chosen to be implemented or removed this school year. The DPI recognizes that school decisions are based on not only the families and students they serve and the staff they employ, but also on local community circumstances.

Districts and schools should work with their local and tribal health department to best implement this guidance in order that the measures implemented meet their district's unique circumstances while serving the best interests of students. Further, it is understood that no guidance or mitigation measures will completely remove the risk of exposure to COVID-19 while the SARS-CoV2 virus is still in circulation.

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. Primary factors to consider as outlined by public health include:

- Level of community transmission of COVID-19. (CDC COVID data tracker: <https://covid.cdc.gov/covid-data-tracker/#county-view>)
- COVID-19 vaccination coverage in the community and among students, teachers, and staff. (DHS webpage: <https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm>)
- Use of SARS-CoV-2 screening testing program for students, teachers, and staff who are not fully vaccinated. Testing provides an important layer of prevention, particularly in areas with substantial to high community transmission levels.
- COVID-19 outbreaks or increasing trends in the school or surrounding community.
- Ages of children served by the school and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

# General Strategies to Decrease Risk of Transmission of COVID-19

School districts should consider strategies to encourage healthy behaviors and hygiene practices, including:

## Staying Home

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 exposed to someone with COVID-19 within the last 14 days and they themselves are not vaccinated against COVID-19. Educate all on when they can safely [end their quarantine or isolation period](#).

CDC recently [added the recommendation](#) that fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. **This would mean that a fully vaccinated person exposed to someone with suspected or confirmed COVID-19 could come to school while waiting to be tested and awaiting the results, but MUST wear a mask** if universal masking is not already in place. If the test result comes back positive, they need to isolate.

## 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.

## **Signs and Messages**

Post highly visible [signs](#) about [stopping the spread](#) of COVID-19, including how to [properly wash hands](#), and [vaccine promotion](#).

- Ensure that messaging is translated into the appropriate prevalent languages (including braille) used by students and staff.
- Ensure signs include visual clues.
- Share messages about how students and families can stop the spread of COVID-19 in emails, websites (for example, posting online [videos](#)), and through social media accounts.
  - Ensure that messaging is appropriate for students from diverse backgrounds, abilities, and living situations.
  - Consider the home language of students and families when posting signs and sending messages.
  - Ensure signs and messaging are provided in alternative formats to successfully communicate information to individuals whose primary language is not English, and to individuals with hearing or vision impairment.
  - Ensure that messages are communicated in multiple modalities to ensure that students and families without internet connectivity are included and receive the same important information as is communicated to all families.
- Find freely available CDC print and digital resources on CDC's [communications resources](#) main page. CDC also has [American Sign Language videos](#) related to COVID-19 and other [communication tools](#).

## **Adequate Supplies/Tissues**

Ensure adequate cleaning and protective supplies to support healthy hygiene and proper cleaning and disinfecting practices.

- Provide tissues, no-touch trash cans, soap, and hand sanitizer with at least 60 percent alcohol for students and staff to use. Young children should be supervised when using hand sanitizer.
- Educate students and post signs on proper disposal of used tissues.

## **Limit Nonessential Visitors**

Limit [nonessential visitors](#), volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission. This is not intended



to exclude teachers, teaching staff, or direct healthcare service providers from entering school buildings or other facilities to provide educational services to students.

## Key Prevention Strategies Recommendations

This section includes key prevention strategies as identified by the [CDC](#). Layering these prevention strategies as recommended by the CDC and DHS offers the best opportunity to provide safe in-person instruction while minimizing interruptions in attendance.

### Promoting Vaccination

Vaccinating both school staff and students is an important component of a layered infection control and mitigation strategy. Governor Evers and the DHS [encourage](#) anyone attending school in the 2021-2022 school year to get vaccinated for COVID-19.

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.

## **Cloth Face Coverings/Masks**

The wearing of face masks by students and staff is a district decision. It is recommended by the Department of Public Instruction that decisions be based upon the recommendations of the [American Academy of Pediatrics](#) and the recommendations and public health guidance of the [Centers for Disease Control and Prevention](#) (CDC) and the [Wisconsin Department of Health Services](#) (DHS).

**The DPI recommends to school districts that all students older than 2 years and all school staff wear face masks at school (unless medical or developmental conditions prohibit use) regardless of vaccination status.** This is in alignment with the [AAP](#), [CDC](#), and [DHS](#) guidance for schools.

Considerations for school districts surrounding the adoption of public health recommendations for universal mask use in schools regardless of vaccination status include:

- a significant portion of the student population is not eligible for vaccination
- protection of unvaccinated students from COVID-19 and to reduce transmission
- lack of a system to monitor vaccine status among students, teachers and staff
- potential difficulty in monitoring or enforcing mask policies for those who are not vaccinated; in the absence of schools being able to conduct this monitoring, universal masking is the best and most effective strategy to create consistent messages, expectations, enforcement, and compliance without the added burden of needing to monitor vaccination status
- possibility of low vaccination uptake within the surrounding school community
- continued concerns for variants that are more easily spread among children, adolescents, and adults, including the current Delta variant
- responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

An added benefit of universal masking is protection of students and staff against other respiratory illnesses that would take time away from school.

Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment. In order to provide protection to the wearer and others,

masks need to fit properly. The CDC has provided [guidance on how to select and use masks](#).

**[Masks are required on school buses](#)**. CDC's order applies to all public transportation conveyances including school buses. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. If a student attends a school where mask use is not required, the student is still required to wear a mask on the school bus.

If using face masks as a mitigation strategy teach and reinforce use of [cloth 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](#).

- Note: [Cloth face coverings/masks](#) should not be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing or is unconscious
  - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
- Schools should make individualized determinations as required by federal and state disability laws in order to determine if an exception to the 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.
- In situations where there is a risk of burn or injury from use of face covering – such as a chemistry lab with an open flame- cloth facial coverings should not be used.
- Provide families with instructions on how to wear, [launder](#) or sanitize, and properly maintain cloth face coverings.
- Provide families with resources to acquire face coverings noting the lack of ability to acquire may be an equity issue. Consider district providing and laundering face coverings.

- Work with those who are uncomfortable or unable to wear a cloth face covering – due to health, sensory or racial discrimination concerns – to develop an appropriate alternative.
  - Consider providing education to staff regarding implicit bias and racial profiling in the context of COVID-19 and face coverings.
  - Consider providing training to all school to increase knowledge and understanding of the district anti-bullying policy so that all staff know the protocol for consistently responding to both witnessed and reported incidents of bullying.
  - 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](#).

### **Physical Distancing**

In general, the CDC recommends people who are not fully vaccinated maintain physical distance of at least six feet from other people who are not in their household. [Based on studies from 2020-2021 school year](#), CDC recommends schools maintain **at least three feet of physical distance between students within classrooms**, combined with indoor mask wearing, to reduce transmission risk. When it is not possible to maintain a physical distance of at least three feet it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Districts which choose not to adopt universal mask use should note mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. **A distance of at least six feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.**

The CDC recommends maximizing physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing. Given very low risk of

transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

[Cohorting](#) may be implemented as one of a variety of mitigation strategies that schools can use to help minimize SARS-CoV-2 transmission. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. If a school elects to cohort students in small groups, the school should not group people who are fully vaccinated and people who are not fully vaccinated into separate cohorts.

The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1](#).

Other ideas include:

- Staggering recess, lunch hours to avoid contact between cohorts.
- Exploring the use of alternate spaces (e.g., classroom) for eating lunch and breakfast.
- If alternate spaces are not available, ensuring classroom groups sit together in lunchrooms.
- If breakfast or lunch is served in classrooms, making sure to take measures to ensure the safety of individuals with food allergies. Minimize risk of cross-contact of allergenic proteins in the classroom by reinforcing strict hand washing with soap and water after food contact, disinfection of surfaces after food contact is made, and implement blanket "do not share" food practices. These strategies are consistent with those outlined in the CDC's publication "[Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs](#)." Synergize with the principles of hand hygiene and surface washing that also reduce infection spread.

### **Screening Testing to Promptly Identify Cases, Clusters, and Outbreaks**

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.

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](#). Also see the screening and testing of students and staff section of DHS's [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).

### **Staying Home When Sick and Getting Tested**

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, if yes, whether both the student and the individual with COVID-19 were wearing a mask, and whether the student has been vaccinated for COVID-19. See **Exclusion from In-person Instruction** section of [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).

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.

## **Contact Tracing in Combination with Isolation and Quarantine**

The CDC and DHS recommend that anyone with COVID like symptoms be tested. This includes vaccinated staff and students who have symptoms with or without a known exposure to COVID-19. 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.

If schools learn that a staff member or student has tested positive for COVID-19, consult the Exclusion from In-person Instruction section of [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 contact tracing efforts. Staff, students, and their families' health may be at risk.

Note the CDC and DHS guidelines for the 2021-2022 school year include the added [exception in the close contact definition](#) for students in K-12 indoor classrooms 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 applies in the classroom. This exception does not apply to teachers, staff, or other adults in the classroom setting. See Table 2 in the DHS [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) for an explanation in determining close contacts in a school setting.

CDC recently [added the recommendation](#) that fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. This would mean that a fully vaccinated person exposed to someone with suspected or confirmed COVID-19 could come to school while waiting to be tested and awaiting the results but MUST wear a mask if universal masking is not already in place. If the test result comes back positive, they need to isolate.

Note that quarantine guidelines are based on vaccination status. The reporting of such status 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.

See the section Exceptions for School-based Health Care Professionals in the DHS [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).

## 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.

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, physical distancing). 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. See Ventilation section of DHS [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) for other suggestions.

- Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) 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 Important Resources: Cleaning, Disinfection and Ventilation in Schools](#)



## **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 COVID-19. 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 from the DHS [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) 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

# **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. Refer to Exclusion for In-person Instruction section of DHS [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in](#)

[Wisconsin](#) for specific guidance on symptom evaluation, isolation, and PPE use.

- 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 goggles).
  - 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 cloth face covering and eye protection, should stay within the line of sight of the student while awaiting parent/guardian’s arrival.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility, if necessary.
- Notify local health officials, staff, and families immediately of a confirmed or suspected case while maintaining 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 statutes 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 [DHS 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.
- Attendance policies should be reviewed and revised as necessary to support ill or exposed students remaining home.
- Consider not requiring a healthcare provider’s note for students who are sick with acute respiratory illness to validate their illness or to return to school, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Districts should work with their [local health departments](#) to develop contact tracing protocols when a student or staff member tests positive for or is exposed to COVID-19.
- Contact the [local health department](#) to discuss the appropriate management of potentially exposed staff, students and community members. Work with local health department, as necessary, to inform those who have had close contact to a person diagnosed with COVID -19 to stay home and self-monitor for symptoms, and to follow guidance if symptoms develop. If a person does not have symptoms, they should follow appropriate DHS guidance for home quarantine.
- CDC recently [added the recommendation](#) that fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. **This would mean that a fully vaccinated person exposed to someone with suspected or confirmed COVID-19 could come to school while waiting to be tested and awaiting the results, but MUST wear a mask** if universal masking is not already in place. If the test result comes back positive, they need to isolate.
- See DHS [COVID-19: What You Need to Know](#)
- See [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#)

### **Students with Disabilities or Special Healthcare Needs**

School districts and individual schools should plan for accommodations, modifications, and assistance for children and youth with disabilities and special

healthcare 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 healthcare needs) or who live with people at increased risk should be given the option of virtual instruction.
- See DPI resources for students with special healthcare 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](#)

### **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.
- Develop return-to-work policies aligned with DHS's [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).
- 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.
  - Consider not requiring a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

## Staff Safety

- Ensure that staff understand the importance of not coming to work while sick or under self-quarantine due to possible exposure.
- Remind staff that they may still transmit COVID-19 without or before developing symptoms, which can take up to 14 days from the time of exposure.
- 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

### 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](#)

### 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](#)

### Vaccination Resources

- [Logistical Considerations for Hosting STUDENT School-located COVID Vaccinations Clinics \(5.14.21\)](#)
- [DHS Post-Vaccination Guidance for Schools](#)
- [For Ages 12 and Older: What Parents and Guardians Should Know](#)