COVID-19 Infection Control and Mitigation Measures for Wisconsin Schools 2022/2023

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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).

Last school year Wisconsin schools responded to new variants (Delta and Omicron) causing increased infection rates among students and staff. On February 25, 2022 the CDC moved to a [Community Level](#) strategy for living with the SARS-CoV-2 virus as the pandemic continues world-wide. The aim of this strategy is to ensure adequate medical resources rather than to avoid transmission entirely. The situation surrounding the COVID-19 pandemic continues to evolve and will continue to impact the 2022-2023 school year.

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 to learn.

DPI recognizes the tremendous burden mitigating and controlling the spread of COVID-19 has had on students' education, the staff responsible for implementing mitigation measures, and the effect such measures has had on families over the past two plus years. On August 11, 2022 CDC published new [guidance for schools](#) which aims to [minimize the impact of COVID-19 on individuals, communities , and health care systems.](#) DPI is supportive of these new CDC guidelines which remove the recommendation to cohort students, remove the recommendation to quarantine individuals except in high-risk congregate settings, change the recommendation to conduct screening testing to focus on high-risk activities during high COVID-19 Community Level or in response to an outbreak, and emphasize identifying and keeping ill students and staff from attending school. The July 27, 2022, version of this document contained similar recommendations from a school operational perspective. This document is now revised to incorporate these as national public health recommendations.

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

COVID-19 has elevated the awareness of the importance of infection prevention and control in the school setting. Ill students cannot successfully learn, ill teachers cannot effectively teach, and ill school administrators and support personnel cannot provide necessary support to the school community. The basics of infection prevention include:

- Staying home (not coming to school or work) when you are ill (seeking medical attention when necessary)
- Cleaning and disinfecting classrooms, materials, and surfaces
- Providing good ventilation and air flow
- Washing hands and using good cough etiquette (using hand sanitizer if water is not available and covering your cough)
- Vaccination against vaccine preventable diseases

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. Implementing basic infection prevention and control measures remain crucial in protecting all students and staff while schools provide in-person instruction given the continued presence of SARS-CoV-2 and its variants.

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, testing, ventilation, and wearing masks at high community levels — 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, schools, and communities.

While masks may not be required in schools, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, should be supported in that choice.

Preventing Infectious Students and Staff from Attending School
Parents, guardians, or caregivers should monitor their children for signs of infectious illness every day. Students who are sick should not attend school in-person. When a

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student can return to school will depend on the duration of illness, type of symptoms, laboratory testing for COVID-19 or other illnesses, or other medical diagnosis.

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.

Schools who provide diagnostic testing at school either through the DHS school testing program or on their own, will be able to better support the exclusion of ill students and their safe return to school. Diagnostic testing is intended to identify current infection in individuals and is performed on anyone that has signs and symptoms consistent with COVID-19 who may present to school with symptoms.

Per CDC recommendations all individuals who 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.

Managing Symptomatic/ Ill Students

Schools are not required to conduct contact tracing as a standard practice but should continue to work with their Local and Tribal Health Departments (LTHD) in the case of outbreaks. Quarantine periods may be omitted. **Asymptomatic** (exposed) children and staff, regardless of where the exposure occurred or vaccination status, no longer need to quarantine. Students or staff who self- identify as close contacts may continue to attend school/work if they remain asymptomatic.

As noted above emphasis should be on identifying ill or symptomatic students and staff and removing them from the classroom. Use of isolation rooms or separating ill and symptomatic students is encouraged. Wearing of a mask in the health room by the ill individual and all school healthcare personnel is recommended by the CDC.

Students or staff who come to school with symptoms or develop symptoms while at school should be asked to wear a well-fitting mask or respirator while in the building and be sent home and encouraged to get tested if testing is unavailable at school. Symptomatic people who cannot wear a mask should be separated from others as much as possible; children should be supervised by a designated caregiver who is wearing a well-fitting mask or respirator until they leave school grounds.

If the school provides COVID-19 testing a **symptomatic** student or staff member may remain in school if they are tested immediately onsite, and **that test is negative**. Best practice would include wearing a mask, if possible, until symptoms are fully resolved. If the student is "too ill" to be in school (fever, severe cough, vomiting, diarrhea, etc.) they should be sent home regardless of COVID-19 test results.

If the symptomatic student or staff cannot be tested immediately, they should be sent home and encouraged to use an at -home -test- kit or be referred to a testing site. The

[CDC recommends](#) all individuals (regardless of vaccination status) with COVID symptoms be treated as having COVID if they are not tested or diagnosed with another condition.

DPI offers this list of COVID-19 symptoms be used in the school setting to limit over identification.

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Muscle aches or body aches
- Cough (not due to other known cause, such as chronic cough)
- Sore throat, *when in combination with other symptoms*
- Nausea, vomiting, *when in combination with other symptoms*
- Headache, *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (*not due to other known causes, such as allergies*), when in combination with other symptoms

If COVID testing is done in school/onsite or the student or staff member tests positive using an at home test kit or at another site they should follow current [CDC guidance for isolation](#). Students and staff who test positive for COVID-19 should isolate for at least 5 days. If they are asymptomatic, [they may end isolation after Day 5](#) (return day 6). If they had symptoms, they may [return to school/work after Day 5 if](#):

- they are fever-free for 24 hours (without the use of fever-reducing medication)

- their symptoms are improving

If the individual still has a fever or other symptoms have not improved, they should continue to isolate until the symptoms improve. CDC provides [further recommendations](#) for those who had moderate or severe illness. CDC also provides recommendations on [when individuals in isolation should wear a mask](#) and when they can remove it.

Schools should follow their return to school policies for students "too ill to be in school" who test negative for COVID.

Notification
DPI supports broad-based efforts to notify people of a potential exposure while not performing contact tracing in schools. **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**. CDC provides [recommendations on what to do if exposed to COVID-19](#).

Possible broad-based notification measures include:

- Referring staff, students, and families to the DHS or CDC websites to reference the level of community spread as a risk factor for being exposed.
- Using electronic methods to inform entire classrooms or groups of possible exposure when a case is identified in school or self-reported to school officials.
- Notifying when clusters of cases or outbreaks occur.

Promoting Vaccination

Vaccination remains a 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 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.

All school age children are eligible to be vaccinated at this time. COVID-19 boosters may be recommended at some point this fall or during the school year. It behooves school districts to consider their role in coordinating with a local vaccinator to facilitate COVID-19 vaccinations among staff and 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.

LTHD officials have been coordinating vaccination efforts in their communities. School districts should continue to work with their LTHD 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. LTHDs 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.

Schools collecting, maintaining, and using COVID-19 vaccination information should establish a process 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.

Testing

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.

The DHS has extended their school testing program for the 2022/2023 school year. Diagnostic, screening, outbreak, and event-based testing are all options. As noted above, providing onsite diagnostic testing offers advantages to schools to keep students and staff in the classroom. 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. 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 U.S. Department of Education's Elementary and Secondary Schools Emergency Relief (ESSER) Programs and the and the Governor's Emergency Education Relief (GEER) Programs can support improvements to ventilation; repairs, upgrades, and replacements in Heating, Ventilation, and Air Conditioning (HVAC) systems; purchase of MERV-13 air filters and portable air cleaners; as well as implementation of other public health protocols and CDC guidance. See DPI's webpage: https://dpi.wi.gov/crrsaa/response-relief-covid

Suggested resources for schools include:

- EPA Indoor Air Quality Tools for Schools Action Kit
- Ventilation in Schools and Childcare Programs
- Interactive School Ventilation Tool
- Ventilation in Buildings

Cleaning and Disinfection

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.

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](#)

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

Supporting Students with Special Health Needs

- [Restarting Safe Education & Testing For Children with Medical Complexity](#)

- [Family Decision Making Tool](#)

- [Food Allergy and Anaphylaxis in School during COVID-19](#)

- [Autism and the Coronavirus: Resources for Families](#)

- Information for School Nurses from the Specialized Health Needs Interagency Collaboration (SHNIC)

- COVID-19 Planning Considerations for Students with Special Health Needs

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 (11.11.21)

- Kaiser Permanente and National Association of School Nurses (NASN): Managing a Covid-19 Vaccine Clinic at a School Site

- School-Located Vaccination Clinics: Best Practices for School Districts

- How Schools Can Support COVID-19 Vaccination