Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin

Wisconsin Department of Health Services | Division of Public Health
August 2020 | P-02757

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I. Introduction, Purpose, and Scope

COVID-19 is an illness caused by a newly identified type of coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2 (1). Symptoms of COVID-19 include cough, fever or chills, shortness of breath or difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea, and headache (2). COVID-19 is easily transmitted from person to person in close contact through the respiratory droplets released by infected persons during coughing, sneezing, or even talking. The World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic in March 2020 (3). Prevention of COVID-19 includes frequent and thorough handwashing, properly covering coughs and sneezes, practicing social distancing, staying at home when you are ill, and wearing a cloth face covering (1).

Outbreaks of respiratory illnesses are common in the school setting. Viruses that cause respiratory illnesses, including COVID-19, are typically transmitted from **person to person** (including between students, teachers, staff, and parents). This novel form of coronavirus can persist in the environment for hours to days depending on the surface (4), and, as a result, **disinfection of the environment** also plays a role in preventing transmission.

Measures can be taken to identify COVID-19 outbreaks early by recognizing typical symptoms of illness, and can be controlled **by promptly implementing aggressive infection prevention and control measures** to prevent environmental or person-to-person transmission. When appropriate prevention and control measures are not implemented immediately, outbreaks can continue to cause illnesses and spread throughout a school and to close contacts of those who are ill, leading to hospitalization in some cases and occasionally to death in the most severe cases.

Based on the distance respiratory droplets are known to travel during basic activities, such as breathing, speaking, coughing, and sneezing, one of the most effective ways to prevent COVID-19 transmission in any setting is to practice social distancing between all people (5). In the school setting, this involves maintaining at least 6 feet between all students, teachers, and staff at all times. If interactions closer than 6 feet are unavoidable, then risk of transmission can be minimized by limiting the duration of the close interactions to be as brief as possible. Additional prevention measures such as 1) separating students into smaller groups within classrooms to minimize the number of potential contacts or exposures, 2) using masks or face coverings to block respiratory droplets, 3) washing hands and commonly touched surfaces frequently, 4) using physical barriers, and 5) maximizing time outdoors can provide additional layers of risk reduction, minimize the likelihood of transmission within the school or classroom, and prevent large-scale outbreaks.

The majority of children infected with COVID-19 experience milder illness than adults and are much less likely than adults to require hospitalization or intensive care (6, 7, 8). The most common signs and symptoms reported in young patients from China, Europe, and the U.S. were fever and cough (9, 10, 11); asymptomatic or sub-clinical infection in children is also commonly reported (12, 13, 14). The relative contribution to community spread from children and young adults is still under

study (15); however, recent data suggests that children under 10 years may play a lesser role in transmission, and that those aged 10-19 transmit the virus as well as adults (16). Older children are also more likely to have a higher number of contacts than younger children because of broader social circles, participation in extracurricular activities, and after-school employment. Thus, limiting the number of contacts and opportunities for transmission are key to slowing spread.

School closures may have detrimental impacts on educational growth, access to school lunch and special education programs, and school-based health services (17, 18, 19). It is also important to remember that teachers and staff may be at higher risk of serious illness, particularly those with underlying medical conditions (6, 20). Therefore, school administrators and local and tribal public health officials should weigh the benefits of school closure against the benefits of varying degrees of in-person instruction.

Most districts have already established plans for Fall 2020, with some schools in the state beginning classroom instruction at the beginning of the school year. Prior to the start of school it is essential for school districts and health departments to determine communication plans if a student or staff member tests positive for COVID-19. While the primary goal for public health is disease prevention, having plans in place to identify and quickly address COVID-19 cases and outbreaks in schools will promote the health of the community and the uninterrupted growth and education of its youngest members.

This guidance is a resource for local and tribal health departments as they investigate and control cases and outbreaks of COVID-19 in schools (grades K-12) in their jurisdictions. It provides recommendations that health departments can provide directly to school district administrators and staff to help prevent and control school outbreaks, and make decisions about when to move between different learning models.

This tool builds on existing guidance provided in *Education Forward,* Wisconsin's roadmap for operating schools during a pandemic, as published by the Wisconsin Department of Public Instruction (DPI). DHS' goals remain in line with those articulated in the DPI guidance, with a focus on keeping students and staff physically safe. In its guidance, DPI urges schools to develop instructional models that accommodate shifts between in-person and virtual learning. The guidance describes considerations across three different learning environments (in-person, physically distanced, and virtual learning), recognizing there are many variations within each of these options and that schools may need to shift rapidly between each option. Table 1 provides a brief description of each model.

Table 1: Descriptions of Learning Environment Options See Page 8 *Education Forward*	
In-person	The vast majority of students attend in-person. Some students with health concerns may participate virtually on an as-needed basis. Infection prevention measures are still in place.

Physically distanced	Learning occurs both in-person and virtually to support physical distancing.
Virtual	All students attend virtually using various instructional models.

The Wisconsin Department of Health Services (DHS) developed these recommendations with input from multiple sources, including the Wisconsin Department of Public Instruction (DPI), review of available literature, and guidance from the U.S. Centers for Disease Control and Prevention (CDC). For additional guidance on school reopening and specific infection prevention recommendations, refer to the CDC, DPI, and DHS websites.

These recommendations are not exhaustive. Implementation of these strategies and measures may not be appropriate or feasible in all situations. School-level assessment should be made by local health departments in consultation with school administration, DPI, and epidemiologists at DHS. Intervention and control measures should be based on the most recent guidance available from local, state, and federal public health and regulatory authorities.

II. Outbreak Prevention Measures

In June of 2020, DHS, in conjunction with DPI, released a risk assessment tool for reopening school buildings that outlines baseline mitigation measures that should be in place before school buildings can be reopened. In its *Education Forward* guidance, DPI has also included robust information on infection control and mitigation strategies that can be employed by schools to prevent and control the spread of COVID-19. The CDC has also provided considerations for ways schools can protect students, teachers, administrators, and staff, and slow the spread of COVID-19. These include social distancing and cohorting, use of face masks or coverings, screening of students and staff, staff and student absence policies, hand hygiene and respiratory etiquette, and other outbreak prevention measures described below.

Social Distancing and Cohorting

Whenever possible, the CDC recommends maintaining at least a 6-foot distance between all students and staff throughout the school day. In some settings, this social distancing may be difficult or impossible to maintain. Strategies to help maintain social distancing include, but are not limited to, staggered arrival/departure times, in-person and virtual classroom rotations, student cohorting, and, as weather permits, increased use of outdoor space for instruction. Please refer to the DPI Interim COVID-19 Infection Control and Mitigation Measures for Schools and the CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs documents for more specific options.

Face Masks/Coverings

All students and staff who are able to properly and safely wear and remove a cloth face covering should wear one. School staff and administrators should work with their local and tribal health departments to ensure that school cloth face covering policies align with any applicable state and local orders, rules, and recommendations. Cloth face coverings can help prevent the wearer from spreading disease if they are asymptomatic, pre-symptomatic, or do not realize they are sick. However, there are valid concerns that may prevent an individual from wearing one safely.

Cloth face coverings should NOT be placed on children under age 2, anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. Medical considerations, including sensory concerns and respiratory conditions, mean some individuals are not able to wear a face covering safely. Wearing a cloth face covering may be dangerous or stressful for individuals with intellectual or developmental disabilities. Local public health and school-based health care providers are encouraged to review the CDC's specific feasibility and adaptation guidance to find alternatives.

Screening of Students and Staff

The CDC recommends daily home symptom screening of students by their parents, guardians, or caregivers to promptly identify illness. Schools should reinforce the message that students should not attend school when they are sick, and that when a student can return to school will depend on the duration of illness, type of symptoms, laboratory testing for COVID or other illnesses, and whether or not the student has been in close contact with an individual with COVID-19. Teachers and staff can help by monitoring students for overt symptoms of illness during the school day, and follow the steps outlined in the **Exclusion from In-person Instruction** section of this guidance.

Teachers and staff should self-monitor for signs of illness and, if ill, immediately notify their employer and remain home (or return home if at school and they develop symptoms). They should refer to the **Exclusion from In-person Instruction** section for next steps, and how and when to safely return to work.

Staff and Student Absence Policy Changes

Encourage students, teachers, and staff to stay home when they are not well by adapting policies around absenteeism that follow federal, state, and local guidance and regulations. When ill people stay home, they reduce the risk of infectious disease transmission to others, including COVID-19 infection. Ensure that students, parents and guardians, staff, and school-based healthcare providers are aware of the signs and symptoms of COVID-19 infection, including symptoms that should exclude persons from attending school or work. Do not allow staff or students to work or study in-person while sick. Refer to the Wisconsin Department of Public Instruction guidance on leave policies and absenteeism.

Hand Hygiene and Respiratory Etiquette

Teachers should teach and remind students how and when to properly wash their hands, how and when to wear a mask or face covering, and if unmasked, how to cover coughs and sneezes to

minimize droplet spread. School administration should ensure that handwashing and hand-sanitizer supplies are readily available throughout the school for staff and student use. It is important to use hand sanitizer that contains at least 60% alcohol. Review the CDC and DPI guidance for more specific recommendations.

Signage and Communication

Post clear messages about COVID-19 signs, symptoms, and prevention throughout the school in highly visible places. Use regular social media posts, parent and guardian emails and letters, and schoolwide announcements on the PA system to share COVID-19 updates and reminders. See the CDC and DHS websites for communications resources (for example, posters, fact sheets, signs, toolkits, images, videos). Instruct students and staff how to notify the school if they are staying home due to illness or public health's direction to isolate or quarantine so they are not penalized.

Exclusion of Nonessential Visitors

School administrators should reduce the risk of introduction of viruses into the school by limiting the number and types of visitors to the building. See the CDC's online guidance for more details.

Testing

DHS recommends that anyone with COVID-19 symptoms should be tested for infection. In addition, anyone who is a close contact of a confirmed case should be tested. See the **Identifying Close Contacts** section of this guidance for help determining who must be considered a close contact. Routine screening testing for COVID-19 is not currently recommended for K-12 students and staff. Using a screening test prior to entry or requiring two negative test results before allowing a student to return to school are also not recommended. Overall, younger people are less at risk for the severe health impacts of COVID-19.

Routine Vaccinations

At the time of this writing, vaccine trials for COVID-19 are ongoing, but there is currently not a vaccine for COVID-19. However, vaccine-preventable disease outbreaks in schools can be prevented by encouraging eligible students, parents and guardians, teachers and staff to stay up to date on routine and seasonal vaccinations. As COVID-19 and the influenza virus will be circulating at the same time, it is especially important to receive an influenza vaccine to avoid becoming ill with both COVID-19 and influenza. The more people who receive the influenza vaccine, the less the overall impact of respiratory illnesses will be within schools. Refer to the CDC and American Academy of Pediatrics (AAP) guidance on childhood vaccinations for more information.

III. Detecting Cases and Outbreaks in Schools (K-12)

Outbreak Investigation and Mitigation: An Overview

Investigation of an outbreak of COVID-19 in any setting involves the same basic public health principles: detection of cases, isolation of ill persons, contact tracing, quarantine of cases and close contacts, laboratory testing, and institution of control measures at the facility to prevent additional transmission.

The local COVID-19 activity levels and public health capacity will vary across jurisdictions in the state. There is also a great deal about COVID-19 that we still do not know. Therefore, outbreak response measures should be adaptable, and local public health departments should evaluate each outbreak on a case-by-case basis. Local health departments are encouraged to adapt these recommendations according to local conditions both when responding to outbreaks and in developing local policies to prevent outbreaks.

Detecting cases among students (for parents)

- Notify the school when the student has had close contact with a confirmed case of COVID-19. Parents will likely be notified by their local health department if their child has been named as a close contact to a COVID-19 case.
- Use the parental screening tool and monitor the student's temperature for symptoms daily. See the **Resources** section for a template.
- Follow all local and state public health orders and recommendations.

Detecting cases and identifying close contacts among students (for teachers and staff)

- Be alert to any students experiencing COVID-19-like symptoms and send them to the school-based health care provider. Ensure the school-based health care provider knows the students' symptoms so they can properly isolate them and wear the proper personal protective equipment (PPE).
- Systematically collect information on absenteeism so that increases in absences due to respiratory illness are detected early. Refer to the **Resources** section for a template or the DPI COVID-19 Absence Tracking Sheet.
- Assist local health department staff to identify close contacts of cases in the classroom and other school-based activities. Depending on the age of the student, school staff may be more informed as to the contacts and activities of the student at school than the student or their families.

Detecting cases and suspect outbreaks among students and staff (for school-based health care providers)

- Use the symptom screening questions to identify illnesses consistent with COVID-19 infection when referred to the school-based health care provider. Refer to the **Resources** section for a template.
- Conduct temperature checks on ill students presenting to the school health office or clinic. Refer to the **Exclusion from In-person Instruction** section for specific guidance on symptom evaluation, isolation, and PPE use.
- Keep a detailed daily log of student and staff absences including:
  - Date
  - Full student name
  - Student's date of birth
  - Reason for absence (symptoms)

  - Date symptoms first experienced (onset date)
  - Grade level, student cohort name, teacher name, or classroom
  - Contact information (phone number, full address) of parent or guardian
  - See the **Illness Log/Line List** or DPI COVID-19 Absence Tracking Sheet
- Review absence lists at least daily for increased absenteeism, multiple cases of similar illnesses, or illnesses occurring within the same population (for example, a classroom, a cohort, a grade level).
- Report to local public health any three or more acute respiratory absences among students, teachers, and staff with symptom onset within 72 hours of one another.
- Report to local public health any single confirmed or probable case of COVID-19 among students, teachers, or staff. Refer to the DPI FAQ on information privacy of students for important considerations.
- Assist local public health to conduct contact tracing efforts in the school.

Detecting additional cases and suspect outbreaks (for local and tribal health departments)

- Notify school administration and school-based health care provider(s) when any single confirmed case attending their school (student, teacher, or staff) is reported.
- Work with school-based health care providers, teachers, staff, and students to identify close contacts of cases within the school setting (note that in addition to cohort or classroom contacts, after-school programs, sports, and volunteering in the school setting should also be considered).
- Work with parents, guardians, and students to identify close contacts of cases outside the school setting.
- Conduct case and contact interviews.
- DHS provides additional guidance to local and tribal health departments on the PCA portal.

Detecting outbreak cases in other public health jurisdictions (for local and tribal public health departments)

Students, teachers, and staff from a single school may reside in more than one local public health jurisdiction. When investigating school outbreaks, remember to ask colleagues in neighboring jurisdictions about additional cases. Frequent and open communication between health departments may improve the timeliness of outbreak detection and response, make coordination of efforts easier and less redundant, and improve data accuracy in WEDSS by ensuring that all cases and contacts are linked to the same outbreak record.

IV. Case and Outbreak Investigations in Schools (for local and tribal public health departments)

Whenever a probable or confirmed case of COVID-19 is identified among students, teachers, or staff, the local health department should begin case investigation with the school as soon as possible. Case and outbreak investigations both include a number of necessary steps, although these steps are not always sequential. Steps may need to be revisited more than once during the course of an outbreak. Below is a brief description of essential activities that should happen in response to a COVID-19 case or outbreak investigation in a school. This is not an exhaustive list, and additional steps may be needed depending on the specifics of a particular case or outbreak. For determining whether a case is probable or confirmed, refer to the DHS guidance for health care providers. For assistance with case or outbreak investigations, you can always reach out to the DPH Bureau of Communicable Diseases.

Establish Contact with the School

Hold an initial conference call or meeting with the school and members of your investigation team. The goals of this initial call are to:

- Communicate important information about the disease, including communicability, mode of transmission, incubation period, and exclusion recommendations.
- Gather information about the school:
  - Full name and address of the school
  - Number of students and staff
  - Names and phone numbers of key contacts at the school (for example, administrators, school-based health care providers)
  - COVID-19 prevention measures already in place (for example, cohorting, social distancing, barriers, routine disinfection)
- Gather information about each case or outbreak:
  - Number and types of confirmed COVID-19 cases (for example, students, staff)
  - How the case was detected or reported
  - Symptoms
  - Onset date(s)
  - Date of last exposure at the facility (date last attended while symptomatic)
  - Number of any other absent students or staff and their symptoms
  - Known exposures or close contacts at the school
  - Known location(s) in the facility where case patient(s) spent time (for example, auditorium, room 301 and 302)
  - Contact information of case(s) and their parent(s) or guardian(s)
  - Contact information for any other absent (ill) students or staff
- Determine next steps, specific action items, and responsibilities of each person in the meeting.
- Schedule the next time and venue for sharing updates and information.

Make a Line List

An organized system of data collection and management is essential to coordinate contact tracing, calculate dates of isolation and quarantine release, and document case status and test results for each person under investigation. A line list, or a log of all illnesses occurring in a facility, should be initiated as soon as possible, and should be updated in real time. At the beginning of each investigation, decide who will maintain the line list, and how information that may be personally identifiable will be shared confidentially. A line list template is available in the **Resources** section of this document, but if you create your own, a line list should capture, at a minimum, the following information for each student, teacher, staff person, or other household or close contact:

- Name
- Date of birth (or age)
- Sex
- Room and grade level
- Teacher(s) (if a student)
- Onset date and time
- Date when person was well following illness
- Symptoms
- Any relevant hospitalization data
- Laboratory results (and dates of testing)
- Dates of attendance during the infectious period (two days before symptom onset to last date case attended/worked)
- Fatality data (if applicable)
- During outbreak investigations, additional information on rooms, areas, bathrooms, and equipment used by ill persons will also be helpful to help recognize commonalities between cases

Contact Tracing

As explained in the **Detecting Cases and Outbreaks in Schools (K-12)** section above, cases can be identified in a number of ways. Here are a few examples:

- During contact tracing efforts, the local health department identifies a close contact of a confirmed case who works at the school, and who now has COVID-like symptoms (probable case).
- The school receives a call from a parent or guardian who reports that their child had close contact with a confirmed COVID-19 case three days ago, and who now has COVID-like symptoms (probable case).
- The school receives a call from a parent or guardian who reports that their child tested positive for COVID-19 (confirmed case).
- An asymptomatic teacher calls to notify the school that they tested positive for COVID-19 at a community-based testing site (confirmed case).

Regardless of how a confirmed or probable COVID-19 case is detected in the school, contact tracing should begin as soon as possible to quickly identify anyone who may have been exposed on

school grounds or during school-sponsored events. Following identification of students, teachers, or staff who have been exposed, they should be informed of the need to quarantine to prevent further transmission. Local health department staff should work closely with school-based healthcare providers and teachers to identify anyone who had close contact with the case patient during school hours, or while attending school events or activities.

Case and Contact Interviews

As soon as possible, the local health department should work to establish who had close contact with the confirmed case during their infectious period. School-based health care providers, teachers, and/or staff can help to determine which students and staff may have had contact with the case patient. For interviews with students under the age of 16, first speak to and offer to conduct the interview through a parent or guardian. Children whose parents give consent to conduct the interview directly with their child should generally be age 12 or older (old enough to understand the questions and provide the necessary information). All responses should remain confidential, and should be shared only with public health and healthcare personnel.

Goals of the Case Interview

- If applicable, determine the dates of:
  - Symptom onset
  - Resolution of fever (measured or perceived)
  - Improvement of other symptoms
- Calculate the infectious period:
  - **Symptomatic case:** The start of the infectious period is two days prior to symptom onset and the end of the infectious period is 24 hours after fever resolution without the use of fever-reducing medication AND improvement in other symptoms AND 10 days after symptom onset.
  - **Asymptomatic case:** The start of the infectious period is two days prior to laboratory sample collection of the positive test and the end of the infectious period is 10 days after laboratory sample collection of the positive test.
- Identify potential exposures (close contact with ill or positive persons) in the 14 days prior to illness onset. Consider:
  - Travel
  - Contact with ill persons
  - Attendance at events and gatherings
  - Participation in group activities, both within and outside of school hours
  - Contact with social groups, both within and outside of school hours
  - After-school employment or volunteering
- Identify potential for transmission to others (close contacts) during infectious period, both within and outside of school hours. Consider:
  - Cohort groups
  - Shared activities such as lunchtime, gym class, and recess
  - Extracurricular activities, clubs, and lessons (for example, swimming, horseback riding, karate)
  - Social groups

  - Household or family contacts
  - After-school employment or volunteering
- Provide initial self-isolation guidance.
- Give an estimated date for returning to school.
- Answer any questions they may have.
- Collect the best contact information to reach them.
- Depending on the specific circumstances, let them know what to expect next (e.g., a call from the local health department or school-based healthcare provider, an email with specific instructions).
- Identify who they can contact with additional questions.
- Send additional information via email or mail. Refer to the **Notification of Families and Staff** section of this guidance for details.

Goals of the Contact Interview

- Confirm the exposure reported during the case interview.
- Ask if anyone else was present when or where they were potentially exposed.
- Gather contact information for others with shared exposure (i.e., full name, phone number, email address).
- Ask about symptoms and date of symptom onset, if applicable.
- Refer to healthcare provider for testing and evaluation.
- Provide self-quarantine guidance.
- Answer any questions they have.
- Collect the best contact information to reach them.
- Depending on the specific circumstances, let them know what to expect next (for example, a call from the local health department or school-based healthcare provider, an email with specific instructions).
- Identify who they can contact with additional questions.
- Send additional information via email or mail. Refer to the **Notification of Families and Staff** section of this guidance for details.

Identifying Close Contacts

The definition of an exposure or close contact in a school setting is the same as in any other community setting, and triggers a specific set of public health recommendations for quarantine, symptom monitoring, and testing.

Close contact has occurred if **any** of the following situations happened while an individual (student, teacher, or staff person) spent time with the person with a confirmed or probable case of COVID-19, even if they didn't have symptoms during their infectious period:

- Had direct physical contact with the person (for example, a hug, kiss, or handshake).
- Were within 6 feet of the person for more than 15 minutes. This includes single encounters of more than 15 minutes OR multiple encounters within a single day adding up to more than 15 minutes.

- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).

This definition applies regardless of if protective measures such as face coverings, face shields, or physical barriers (for example, plexiglass, partitions) were used. While these protective measures reduce the risk of spreading COVID-19, it does not negate the need for a quarantine if the criteria above are met. School-based health care providers may not need to quarantine if they are wearing the proper personal protective equipment outlined in the CDC guidance for healthcare providers.

A household contact includes anyone who lives, or lived temporarily, with the COVID-19 case patient for at least one night in the same room or household during their infectious period. Because of the amount of time and space shared between household contacts, they are at greater risk of infection. Therefore, household contacts have different considerations for quarantine and release from quarantine measures, compared to close contacts. Refer to the **Isolation and Quarantine** section of this document for additional guidance.

Special Considerations for Identifying Close Contacts

Classroom Setup

Determine if the classroom was arranged such that students and teachers were able to maintain 6 feet of distancing between themselves at all times or for no more than 15 minutes of cumulative time each day.

- If desks are placed **6 feet apart**, students remain at their desks throughout the duration of class, and the teacher remains at the front of the class at least 6 feet away from any students, there would be no close contacts identified in the classroom.
- If desks are placed **less than 6 feet apart**, students remain at their desks throughout the duration of class, and the teacher remains at the front of the class at least 6 feet away from any students, those students within the 6-foot radius of the case would be considered close contacts and should be placed in quarantine. The teacher and students outside the 6-foot radius would not need to quarantine.
- If the classroom is arranged such that students are **moving freely throughout the classroom without maintaining 6-foot distance and interacting with the teacher**, all students and the teacher would be considered close contacts and should be placed in quarantine, given that the duration of free movement exceeded 15 minutes total in a day.
- If the students move between multiple classrooms throughout the day and desks are placed less than **6 feet apart,** those students within the 6-foot radius in each of the classrooms the case was in would be considered close contacts and should be placed in quarantine.

Student Age

A student's ability to maintain social distance in a classroom and avoid other forms of close contact with students, teachers, and staff will vary considerably with age. Younger elementary-aged children may not be able to maintain strict social distancing, and case interviews may not reliably identify close contacts. In these circumstances, the local health department may decide to

quarantine classrooms/cohorts instead of individual students. In contrast, middle or high school aged youth are better able to maintain some level of social distancing. If a case is identified in this age group, a more refined approach to contact tracing would be warranted as not all individuals in the classroom may meet the definition of a close contact.

Level of Cohorting

Cohorting can limit the number of students, teachers, and staff who need to quarantine following the identification of a case of COVID-19 in the school. When working to identify close contacts, consider whether students were kept in a single cohort during classes (including art, music, etc.), lunch periods, recess, parent pick-up and drop-off, bus stops and bussing, carpools, sports teams, extracurricular activities, and social groups outside of school.

Public Health Follow Up

Once confirmed and probable cases have been identified and contacted, public health staff should recommend quarantine and self-monitoring for all close contacts and household contacts of the case(s). They should explain and provide information on how to self-quarantine and self-isolate using the DHS Next Steps: close contacts with someone with COVID-19 flyer. For detailed guidance on quarantine, refer to the **Isolation and Quarantine** section of this document. Public health staff should follow contacts throughout the quarantine period, to make sure they are self-monitoring, have not developed symptoms, and have questions or concerns addressed. During quarantine, contacts should:

- Monitor for symptoms and check temperature twice daily. Public health staff can offer a symptom monitoring log or use the email-based monitoring system in WEDSS.
- Stay home and maintain social distance from others for 14 days from last exposure.
- Notify the local health department or school-based health care provider if symptoms of COVID-19 develop.
- Promptly isolate in the home and seek medical evaluation if symptoms of COVID-19 present.
- Get tested for COVID-19 at least 48 hours after exposure. If test results are negative, the contact must still complete the full 14 days of quarantine.
- Maintain contact with the local health department and school staff for advice on when to safely return to in-person instruction.

Contact Tracing Roles and Responsibilities

The roles and responsibilities for conducting contact tracing in schools may be assigned at a granular level (for example, public health jurisdiction, school district). However, either approach should include input from both the school district administration and local public health staff. When planning school-based contact tracing, we encourage local health departments to consider local resources, existing working relationships within their jurisdiction, and the interest, resources, and skill level of all partners. Several options can be considered when assigning contact tracing roles and responsibilities. These outbreak response roles and responsibilities should be determined before cases have been identified in the school.

Options may include:

- The local health department works directly with school teachers, staff, and the case patient(s) (or their parent/guardian) to identify close contacts of the case(s) both within and outside of the school. The local health department conducts all interviews and follow up.
- The local health department trains school-based health care providers to identify school-based close contacts of case patients. School-based health care providers work with teachers and staff to identify the close contacts of the case(s) in the school. Contact information for each case and close contact is securely shared with the local health department, who then conducts interviews and follow up. The local health department conducts interviews with the case patient(s) (or their parent/guardian) to identify, contact, interview, and follow close contacts outside the school.
- The local health department trains school-based health care providers to conduct contact tracing independently. School-based health care providers identify, contact, interview, and follow the close contacts of the case(s) in the school—including symptom monitoring—with regular input from the local health department. The local health department conducts interviews with the case patient(s) (or their parent/guardian) to identify, contact, interview, and follow close contacts outside the school.

Contact Tracing Support (for local health departments)

As the local health department, if the number of cases or contacts surpasses local capacity, please contact the Department of Health Services Contact Tracing Team for assistance.

- Cases and contacts assigned to the DHS Contract Tracing Team (CTT) are addressed in the order they are received.
- Cases and contacts with a preferred language other than English are assigned to a bilingual team member or interviewed through a translator.
- The team will attempt to connect with each contact within 48 hours. If they have not reached somebody after three attempts, they will flag the record and return it to the local health department for additional follow up.
- The CTT is not able to tailor interviews to specific outbreaks. Therefore, local health departments may wish to conduct contact tracing on outbreak-associated cases, referring sporadic cases to the CTT instead.

Notification of Families and Staff

School administration should notify the families of students and all teachers and staff whenever a single confirmed or probable case of COVID-19 is identified in the school. The local health department should work with the school to draft a notification letter that provides actionable information in plain language. The letter should:

- Outline the current situation at the school.
- Describe the signs and symptoms of COVID-19, and when to seek medical attention.
- Describe what interventions are already in place, and what the school (in coordination with local public health) is doing to identify new cases, potentially exposed persons, and to prevent additional cases.

- Remind students (and their parents/guardians), teachers, and staff to stay home when they are sick, and to notify the school if they are sick or if they are diagnosed with COVID-19.
- Remind students (and their parents/guardians), teachers, and staff to notify the school if they have contact with a person with COVID-19.
- Recommend that staff and parents of children at increased risk for severe illness discuss with their health care provider whether they should switch to online instruction.
- If temporary closure (classroom or school-wide) is required, notify families and staff of this decision and explain the reasons.
- If changes are being made or new interventions or policies are being enacted in response to the case(s), describe these, and explain their purpose.
- Ask that students, parents/guardians, and staff remain in contact with, and follow the recommendations of, the school and local public health department.
- Provide a point of contact at the school and/or local health department for questions.
- IMPORTANTLY, the letter **should not** include the name or identity of the person(s) who are ill. Confidentiality is required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and the Health Insurance Portability and Accountability Act (HIPAA).

Template notification letters are available in the **Resources** section for the following situations:

- Notification to parents/guardians of one (or more) confirmed or probable COVID-19 cases in a school.
- Notification letter to parents/guardians that their child has been identified as a close contact of a confirmed or probable case.

V. Case and Outbreak Mitigation Measures

Exclusion from In-person Instruction

In children, symptoms of COVID-19 infection are non-specific, and illness may mimic a number of other childhood viral infections. The most common COVID-19 symptoms for children are fever and cough. However, children are less likely than adults to present with a fever, and are more likely to have mild or even sub-clinical infection. Teachers and school-based health care providers are encouraged to **use a liberal approach when determining whether to send a child home due to illness**. In other words, if a child is displaying mild symptoms, it may be best to send them home in case it is the beginning of a COVID-19 infection. This decision-making can reduce the risk of the virus transmitting to one or more students or staff in the school. Clear communication between parents, teachers, staff, and school-based health care providers can encourage acceptance of this approach. Additionally, planning to ensure that students can easily access online or remote instruction will be vital to maintaining educational continuity. School-based healthcare providers or teachers should **send students home if**:

- They have taken any medications (for example, ibuprofen, Tylenol) to reduce fever in the last 24 hours.
- They have tested positive for COVID-19, with or without having symptoms, and have not yet finished their isolation period per public health recommendations.

- Have been diagnosed with COVID-19 by a health care provider, and have not yet finished their isolation period per public health recommendations.
- Within the last 2 weeks, they have come in close contact with anyone who has COVID-19.

OR within the last 24 hours, they have experienced the follow symptoms above their baseline:

- Either cough, shortness of breath, difficulty breathing, new loss of smell or taste OR
- At least **two** of the following symptoms:
  - Fever (measured or subjective), or chills or rigors
  - Myalgia (muscle aches)
  - Headache
  - Sore throat
  - Fatigue
  - Muscle or body aches
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

These symptom criteria apply to COVID-19-related exclusions for in-person instruction. Other symptoms may also require exclusion for a different communicable disease. Refer to the childhood communicable diseases wall chart for additional information. Generally, children with fever, diarrhea, or vomiting alone should be sent home for at least 24 hours, even if it is unrelated to COVID-19 infection.

If a student develops symptoms (described above) consistent with COVID-19 infection during the school day, the school-based healthcare provider or staff should take the following steps:

- Immediately isolate the ill student to a pre-designated room or assigned area away from others
- Call the student's parent or guardian to inform them their child is ill, and will need to go home or be picked up as soon as possible
- Provide the student or parent/guardian a short handout in their primary language that includes the following information:
  - Signs and symptoms of COVID-19 infection
  - School policy on exclusion and return to in-person instruction
  - Instructions on in-home isolation measures (offered in multiple languages)
  - Information regarding quarantine recommendations for siblings and household contacts
  - Recommendation to seek medical evaluation and/or testing for COVID-19, influenza, and other childhood infections
  - Instructions on what to do if serious symptoms appear
  - Contact information for the school and the local health department
  - The DHS COVID-19 factsheet can be used to share some of this information with the student or parent/guardian. Besides English, this fact sheet is also available in Chinese, Hindi, Hmong, Somali, and Spanish.
- Be prepared to answer questions that the student or parent/guardian may have.
- Clean and disinfect the isolation area, student's desk, locker or other areas and surfaces following CDC guidance. A one-page flyer is available.
- Consult with the local health department for next steps.

Adults with COVID-19 infection are more likely than children to have a fever, cough and shortness of breath (6). However, not all adult cases of COVID-19 include these symptoms. As schools resume in-person instruction, teachers and other school staff should be vigilant in self-monitoring including regular temperature checks.

If a teacher or staff member develops symptoms during the school day consistent with COVID-19 infection described above, they should:

- Report their illness to their supervisor(s) and leave work as soon as possible. It is essential that after the ill person has left, all relevant areas should be cleaned and disinfected following CDC guidance. This includes the isolation area, the staff member's desk or work area, and any other areas and surfaces the teacher had likely touched.
- Maintain at least a 6-foot social distance from others.
- Continue to wear a mask or face covering, if medically possible.
- Perform hand hygiene and disinfect frequently-touched surfaces.
- Seek medical evaluation, including COVID-19 or other relevant testing.
- Contact their medical care provider and/or the local health department with any questions.
- Refer to relevant DHS, CDC, and health care provider resources for next steps.
- Be prepared to provide a list of activities and close contacts to the local health department.

Isolation and Quarantine

One of the most effective measures for halting respiratory transmission in an indoor, shared space is to identify and isolate sick persons and quarantine the household contacts and close contacts of those who are ill. In the school setting, **isolation and quarantine should be the primary strategy** for COVID-19 outbreak mitigation. The following information is summarized in the **COVID-19: Return to School** table. The CDC recommends that public health staff use symptom improvement, rather than two negative test result(s) collected at least 24 hours apart, to determine when to return to work safely. This guidance also follows a symptom-based approach.

This guidance recognizes there will be multiple viruses circulating throughout the school year in addition to COVID-19, and uses testing as a way to rule-out COVID-19.

Not a Close Contact to a COVID-19 Case

The following isolation and quarantine periods apply to students and staff who are **not close contacts to a COVID-19 case**. School-based healthcare providers should use these criteria, in consultation with the local health department, to determine when students and staff can return to in-person instruction:

Students and staff who **test negative** for COVID-19 infection by PCR and **have symptoms**:

- The individual has been fever-free for 24 hours without the use of fever-reducing medications.
- If diagnosed with another condition, the individual must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required.

Students and staff who **test positive** for COVID-19 infection by PCR or antigen test and **have symptoms**:

- The individual must isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school.
- Siblings, household members, and other close contacts should follow the Close Contact to a COVID-19 Case below.

Students and staff who **test positive** for COVID-19 infection by PCR or antigen test **in the absence of symptoms** (are asymptomatic):

- The individual must isolate at home for 10 days after the day the sample was collected.
- Siblings, household members, and other close contacts should follow the Close Contact to a COVID-19 Case below.

Students and staff who are **not tested** for COVID-19 infection but **meet the symptom** criteria described above in **Exclusion from In-person Instruction**:

- The individual must remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.
- Siblings and household members should follow the Close Contact to a COVID-19 Case below.
- If diagnosed with another condition that explains the symptoms, such as influenza or strep throat, no isolation or quarantine of close contacts is necessary. Follow guidance from the health care provider and exclusion period of the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart.

Close Contacts to a COVID-19 Case:

The following **isolation and quarantine** periods apply to students and staff who are **close contacts of a confirmed or probable COVID-19 case**. School-based health care providers should use these criteria, in consultation with the local health department, to determine when students and can return to in-person instruction:

Students and staff who **remain asymptomatic** during their quarantine period and are either **not tested or test negative for COVID-19** infection by PCR test:

- Must quarantine for 14 days from the date of last exposure before returning to school or day care.
- If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.

Students and staff who **remain asymptomatic** during their quarantine period and **test positive for COVID-19** infection by PCR or antigen test:

- Must isolate at home for 10 days from the day the sample was collected.
- Siblings and household members and other close contacts should also follow the Close Contact to a COVID-19 Case to determine quarantine length.

Students and staff who **develop COVID-19 symptoms** during quarantine and are **not tested** for COVID-19 infection:

- The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.
- The individual must also remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.
- **The criteria in both of the above bullets must be met before returning to school.**
- Siblings, household members, and other close contacts should also follow the Close Contact to a COVID-19 Case to determine quarantine length.

Students and staff who **develop COVID-19 symptoms** during quarantine and **test negative** for COVID-19 infection by PCR while symptomatic:

- The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.
- The individual must also be fever-free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required.
- **The criteria in both of the above bullets must be met before returning to school.**

Students and staff who **develop COVID-19 symptoms** during quarantine and **test positive** for COVID-19 infection by PCR or antigen test while symptomatic can return to in-person instruction and school activities when:

- The individual must isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school.
- Siblings, household members, and other close contacts should also follow the Close Contact to a COVID-19 Case to determine quarantine length.

Enhanced Cleaning and Disinfection

The SARS-CoV-2 virus that causes COVID-19 is easily inactivated (killed) by common household disinfectants. The virus may survive several hours to days in the environment depending on the surface. However, there is very limited information available on the survival of the virus on some surfaces and environments. For the duration of the COVID-19 pandemic, even in the absence of confirmed cases, school-wide cleaning and disinfection should be routine. Refer to the CDC guidance for detailed instructions.

In response to any case of COVID-19 in the school, all rooms/areas that the case(s) visited should be thoroughly cleaned and disinfected.

- Close off areas used by the case(s), if possible.

- Open outside doors and windows to increase air circulation.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle.
- Clean and disinfect all the areas visited by the case(s), such as school busses, classrooms, bathrooms, offices, and common areas.
- Start with areas of a lower likelihood of contamination, moving to areas with highly contaminated surfaces (for example, frequently handled items). This includes cleaning rooms of non-affected areas of the school before rooms where the case(s) were present.
- Focus on objects that are frequently touched such as doorknobs, light switches, bathroom sink and flush handles, desks, chairs, lockers, and playground structures.

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.

Moving Between Different Learning Environments During an Outbreak

Generally, school and district administrators should consider **temporary classroom, school, or district-wide closures or dismissals** linked to cases in the school when:

- Other outbreak mitigation measures were implemented, and ineffectual at halting outbreak transmission, and/or
- Logistics of in-person instruction have been seriously impacted due to staff and/or student absences, and/or
- Classroom or school-wide cleaning and disinfection needs to be completed, and/or
- Extensive contact tracing is needed to identify all contacts (e.g., in response to a case that attended a large school event).

School and district administrators should work closely with their local health department to determine the least disruptive level of temporary closure/dismissals needed, or transition to virtual learning, to halt outbreak transmission. The scope of the temporary closure/dismissal should be limited to the smallest unit affected (e.g., a cohort, a classroom). Instruction should continue through all-virtual learning methods, and can resume in-person (but socially distanced) instruction as soon as safely feasible.

Local health departments can use the following framework for decisions on moving between various learning environments. However, this is not an exhaustive list, and does not include all factors needing consideration in any given situation. For complex outbreaks, or inquiries on specific situations, local health departments can contact the DPH Bureau of Communicable Diseases for guidance.

Classrooms and Cohorts

School administrators and local and tribal public health officials should consider temporarily halting in-person instruction in an **individual classroom or student cohort** when:

- Individual classrooms need to be cleaned and disinfected and no additional rooms are available, or

- Contact tracing is being conducted to identify close contacts and additional cases within the classroom/cohort especially when multiple cases need to be traced, or
- Other outbreak mitigation measures were implemented, and were ineffectual at halting transmission between classmates, or
- A teacher is absent, and a substitute teacher cannot be hired for the full length of the anticipated absence, or
- A greater number of students in the classroom are absent than present.

Individual Schools

School administrators and local and tribal public health officials should consider temporarily halting in-person instruction in an **individual school** when:

- The number of absences among teachers or school staff is impeding student instruction, ability to provide student lunch, or other vital school functions, or
- A greater number of classrooms or student cohorts are absent than present, or
- School-wide cleaning and disinfection needs to be conducted, or
- Contact tracing is being conducted to identify close contacts and additional cases from multiple classrooms/cohorts especially when multiple cases need to be traced, or
- Other outbreak mitigation measures were implemented, and were ineffectual at halting transmission between classmates.

School Districts

School administrators and public health officials should consider temporarily halting in-person instruction across a **school district** when:

- The local, county, state or the federal government recommend closure, or
- The number of absences among school and district staff is impeding vital district functions, or
- Contact tracing is being conducted to identify close contacts and additional cases from multiple schools (e.g., in response to a large outbreak linked to a multi-school sporting event), or
- Other outbreak mitigation measures were implemented, and were ineffectual at halting transmission at schools in the district.

VI. References

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VII. Resources

Centers for Disease Control and Prevention:

- Preparing K-12 School Administrators for a Safe Return to School in Fall 2020
- Considerations for Schools: Operating Schools During COVID-19
- COVID-19 Communication Resources
- Guidance for Childcare Programs that Remain Open
- Routine Vaccination During the COVID-19 Outbreak
- Considerations for Wearing Masks: Help Slow the Spread of COVID-19
- Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations
- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
- Cleaning and Disinfecting Your Facility: Everyday Steps, Steps When Someone is Sick, and Considerations for Employers
- What to Do If You Are Sick
- Duration of Isolation and Precautions for Adults with COVID-19
- Cleaning and Disinfection for Community Facilities: Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)
- Interim Guidance for Administrators of US K-12 Schools and Child Care Programs: Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

Wisconsin Department of Public Instruction:

- Interim COVID-19 Infection Control and Mitigation Measures for Schools
- Interim Guidance for Administrators of US K-12 Schools and Child Care Programs
- DPI Data Collections, Reporting, and Student Data Privacy: Frequently Asked Questions

Wisconsin Department of Health Services, Division of Public Health:

- COVID-19: ASL, Language, and Print Resources
- COVID-19: How to Get Tested
- COVID-19: Health Care Providers
- Next Steps: close contacts with someone with COVID-19
- Next Steps: after you are diagnosed with COVID-19
- Next Steps: while you wait for your COVID-19 test results
- COVID-19 factsheet
- Wisconsin Childhood Communicable Diseases wall chart
- Cleaning and Disinfecting after a confirmed COVID-19 case

Other:

- American Academy of Pediatrics (AAP): Immunizations
- WI Administrative Code Control of Communicable Diseases
  Office of the Governor: Emergency Order #1

Public Health Investigation Checklist

☐	When notified of a suspected outbreak, obtain all school details, contact information, and outbreak details and report the outbreak using the WEDSS outbreak module.
☐	Hold an initial conference call or meeting with the school and members of your investigation team. The goals: unicate important information about the disease, including communicability, mode of transmission, tion period, and exclusion recommendations. information about the school: Full name and address of the school Number of students and staff Names and phone numbers of key contacts at the school COVID-19 prevention measures already in place information about each case or outbreak: Number and types of confirmed COVID-19 cases (e.g., students, staff) How the case was detected or reported Symptoms Onset date(s) Date of last exposure at the facility (date last attended while symptomatic) Number of any other absent students or staff and their symptoms Known exposures or close contacts at the school ➢ Known location(s) in the facility where case patient(s) spent time Contact information of case(s) and their parent(s)/guardian(s) Contact information for any additional absent (ill) students or staff nine next steps, specific action items, and responsibilities of each person. le the next time/venue for sharing updates and information.
☐	Explain the contact tracing process to the school administrator, the definition of close contact, and the need to work with the school to identify and exclude any close contacts ASAP.
☐	Obtain information about known exposures and contacts and begin public health follow-up.
☐	Ask school to review best practices for COVID-19 prevention and help to identify any areas for improvement.
☐	Review immediate infection prevention and control recommendations with the school.
☐	Encourage notification of students, families, teachers, and staff.
☐	Establish communications and set a check-in schedule with the facility.
☐	Start a line list with the help of the school administrator or school-based healthcare provider.
☐	Manage outbreak data.
☐	Begin the **contact tracing** process in collaboration with the school (see **Contact Tracing** section) and quarantine any household and close contacts.
☐	Recommend testing of all ill individuals and exposed contacts.
☐	Isolate any confirmed cases and quarantine close contacts and household contacts according to test results. Conduct public health follow-up for cases including routine interview, any supplemental interview developed, and contact tracing interview. Provide public health education.
☐	Calculate release from isolation dates and release from quarantine dates for students, teachers, and staff according to current DHS guidelines.
☐	Continue to monitor for new illnesses, review and improve school policies/practices as necessary, evaluate efficacy of control measures put in place and revise as necessary.

COVID-19: When a student, or faculty/staff member can return to school

Purpose:

The purpose of this document is to assist school health care staff and public health officials in determining if a student, or faculty/staff member needs to be excluded from the facility for COVID-19 quarantine or isolation. The chart uses three criteria to determine this: close contact, symptoms, and COVID-19 test status.

How to use:

The first step is to determine if the individual was a close contact to a COVID-19 case based on the definition below and then selecting the appropriate chart on the next page. The second step is to determine if the individual is showing symptoms of COVID-19 (symptomatic) or not. Finally determine if they were tested for COVID-19 and the result of the test. Key definitions are provided below.

Definitions:

Isolation means keeping sick people away from healthy ones. This usually means that the sick person rests in their own bedroom or area of your home and stays away from others. This includes staying home from school.

Quarantine means separating people who were around someone who was sick, just in case they get sick. Since people who were around other sick people are more likely to get sick themselves, quarantine prevents them from accidentally spreading the virus to other people even before they realize they are sick. Usually people who are in quarantine stay at home and avoid going out or being around other people. This includes staying home from school.

Close contact: An individual is considered a close contact if <u>any</u> of following is true:
(1) were within 6 feet of a positive person for more than 15 minutes total in a day,
(2) had physical contact with the person,
(3) had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, or other personal items),
(4) lives with or stayed overnight for at least one night in a household with the person.

These close contact criteria apply regardless of mask use, face shields, or physical barriers such as Plexiglas or plastic barriers. The only exception is if a healthcare worker in a school setting is wearing the proper personal protective equipment. When an individual's symptom, contact, or test status changes, their quarantine or isolation requirements should be reassessed.

Symptoms

Symptoms are considered consistent with COVID-19 when one of the symptoms marked with a (^) or two of the other symptoms are present above baseline for that individual.

Cough^ **Shortness of breath or difficulty breathing^** **New loss of taste or smell^** **Congestion or runny nose** **Fever or chills**

Nausea or vomiting **Diarrhea** **Headache** **Fatigue** **Muscle or body aches** **Sore throat**

Individual is NOT a known close contact to a COVID-19 case:

Individual	Symptomatic	No Symptoms
Not tested for COVID-19	• The individual must remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms. • Siblings and household members should follow the close contact chart below for exclusion. • *If diagnosed with another condition that explains the symptoms, such as influenza or strep throat, no isolation or quarantine of close contacts is necessary. Follow guidance from the health care provider and exclusion period of the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart*	May attend school.
Tested and negative for COVID-19	• The individual must be fever-free for 24 hours without the use of fever-reducing medications • If diagnosed with another condition, the individual must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required.	May attend school.
Tested and positive for COVID-19	• The individual must isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school. • Siblings, household members, and other close contacts should follow the close contact chart below.	• Must isolate at home for 10 days after the day the sample was collected. • Siblings, household members, and other close contacts should follow the close contact chart below.

Individual IS a knowj n close contact to a COVID-19 case:

Individual	Symptomatic	No Symptoms
Not tested for COVID-19	• The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. • The individual must also remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms. • **The criteria in both of the above bullets must be met before returning to school.** • Siblings, household members, and other close contacts should also follow this chart to determine quarantine length.	Must quarantine for 14 days from the date of last exposure before returning to school or day care. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.
Tested and negative for COVID-19	• The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. • The individual must also be fever-free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required. • **The criteria in both of the above bullets must be met before returning school.**	Must quarantine for 14 days from the date of last exposure before returning to school or day care. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.

Tested and positive for COVID-19	• The individual must isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school. • Siblings, household members, and other close contacts should also follow this chart to determine quarantine length.	• Must isolate at home for 10 days from the day the sample was collected. • Siblings and household members and other close contacts should also follow this chart to determine quarantine length.

Illness Log / Line List

Illness Log / Line List of Ill for Absent Students and Staff

School Name: _____ School Address: _____ Date: _____

First name	Last name	Street address	City	Parent/Guardian name(s)	Staff or Parent/Guardian phone number(s)	DOB	Sex (M/F)	Symptom onset date	SYMPTOMS Fe=Fever; C=Cough; SOB=Shortness of breath; MA=Muscle/body aches; HA=Headache; Ch=Chills; ST=Sore throat; Fa=Fatigue	Student (Sd) or Staff (Sf)	Last date attended/ worked in school	Areas in facility attended/ visited/ worked in 2 days before symptom onset until the time they left facility	Contact tracing category (C=Case, CC=Close contact, HC=Household contact)
Example: John	*Doe*	*123 Main St*	*City*	*Donna Doe*	*123-456-7890*	*1/1/2010*	*M*	*6/10/2020*	*C, Fe (100.4); ST, Fa*	*Sd*	*6/10/20*	*2nd grade - room 203, health office, lunch room*	*HC*

Template Letter to Parents/Guardians – COVID-19 Case(s) in the School

[date]

Dear [Insert parent/guardian names],

This letter is to notify you that [a] student[s] or staff member[s] at [Insert school name] has tested positive for COVID-19. We are actively working with the [insert county/city] Health Department to quickly identify, notify, and quarantine any students or staff who may have come into close contact with them and who may be at risk of getting sick. We are also cleaning and disinfecting the school to control the spread of illness.

About COVID-19

COVID-19 is an illness caused by a new coronavirus. It spreads from person to person through droplets created when we cough, sneeze, talk, sing or laugh. Most people – especially young people – who get COVID-19 have mild illness, similar to having a cold or the flu. However, in others it can cause severe illness, such as pneumonia. Symptoms of COVID-19 include:

- Fever (temperature 100.4°F or higher)
- Cough
- Trouble breathing
- Chills
- Muscle/body aches
- Loss of sense of taste or smell
- Runny nose or nasal congestion
- Fatigue
- Nausea, vomiting, or diarrhea

The CDC's website has good information about COVID-19: www.cdc.gov/coronavirus.

What to Expect

If your child had close contact with a person with COVID-19, you will receive a separate letter with special instructions about monitoring symptoms, testing, and how to keep others in your home from getting sick.

If your child did not have close contact with a person with COVID-19 in our school, you will not receive another letter. However, everyone in your household should continue to stay home as much as possible, wash their hands frequently, keep 6 feet away from others, wear a mask or cloth face covering in public, watch for symptoms of COVID-19, and seek medical care when sick. If you know your child has an underlying health condition, you may wish to discuss the option of switching to online instruction with your health care provider.

Someone from the [insert county/city] Health Department may reach out to you with questions. Please assist with them as they work to investigate and control COVID-19 in our school.

Prevent Further Spread

The following guidelines will help to prevent further spread of illness at our school:

- Notify the school if your child is diagnosed with COVID-19.
- Notify the school if your child had contact with someone who you know was diagnosed with COVID-19.
- Keep students home from school if they are sick.
- Encourage good habits: frequent handwashing, covering coughs and sneezes, use of face coverings in. public, and staying home as much as possible.

If you have any questions, please call [Full name and position] at [phone #].

Sincerely,

[Print name]

[Title]

Template Letter to Parents/Guardians – Close Contact to a COVID-19 Case in the School

[date]

Dear [Insert parent/guardian names],

This letter is to notify you that your son/daughter [insert child's name] has been in close contact with a person at our school who has COVID-19. This means that your son/daughter is at higher risk of becoming ill from the virus. [**Insert child's name**] **must stay home from school (self-quarantine) for 14 days.** This is because it can take up to 14 days for someone to start having symptoms of COVID-19. For 14 days starting today, please monitor [insert child's name] for any symptoms of COVID-19 and notify your healthcare provider and the [insert county/city] Health Department at [insert phone number] right away if he/she becomes sick. Household members may continue to attend school and work as long as no one in the household develops symptoms or tests positive for COVID-19. If this happens, please stay home and contact your local health department.

About COVID-19

COVID-19 is an illness caused by a new coronavirus. It spreads from person to person through droplets created when we cough, sneeze, talk, sing or laugh. Most people who get COVID-19 have mild illness, similar to having a cold or the flu. However, in others it can cause severe illness, such as pneumonia. Symptoms of COVID-19 include:

- Fever (temperature 100.4°F or higher)
- Cough
- Trouble breathing
- Chills
- Muscle/body aches
- Loss of sense of taste or smell
- Runny nose or nasal congestion
- Fatigue
- Nausea, vomiting, or diarrhea

The CDC's website has good information about COVID-19: www.cdc.gov/coronavirus.

Symptom Monitoring and Self-Quarantine

Twice a day, from today until [insert quarantine end date], please take his/her temperature and write down any signs of illness using the form on page 3 of "Next Steps: Close Contacts of Someone with COVID-19" (https://www.dhs.wisconsin.gov/publications/p02598a.pdf). If he/she becomes sick with any COVID-19 symptoms, please call the [insert county/city] Health Department at [insert phone number].

Get medical attention immediately if your son/daughter has any of these warning signs*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to be woken up
- Bluish lips or face

Testing

The Wisconsin Department of Health Services and the CDC recommend that anyone who has had close contact with someone with COVID-19 be tested, whether or not they have symptoms. The test for COVID-19 involves a quick swab of the inside of the nose. Your child can be tested at your regular health care provider, a local clinic, or a community testing site.

Call your health care provider before you go to get tested. Tell them about your child's symptoms (if any) and that they had close contact with someone who has COVID-19. Take this letter with you to show the doctor.

You can look for a community testing site near you at: https://www.dhs.wisconsin.gov/covid-19/community-testing.htm. Keep in mind that some community testing sites will not test children under a certain age. Call ahead to be sure.

Please note: Your child will still have to remain home from school until their quarantine end date, even if they test negative.

Prevent Further Spread

The following guidelines will help to prevent further spread of illness at our school:

- Follow the steps in the provided flier: "Next Steps: Close Contacts of Someone with COVID-19".
- Monitor your child for symptoms.
- Contact your healthcare provider and the local health department if your child becomes sick.
- Keep your son/daughter self-quarantined for 14 days, or until you are notified by the health department.
- Encourage good habits: wash hands frequently, cover coughs and sneezes, stay home unless absolutely necessary, and use face coverings when in public.

We will work with the _____ Health Department to notify you of the date when your child can return to school. In the meantime, if you have any questions, please call [Full name and position] at [phone #].

Sincerely,

[Print name]

[Title]

COVID-19 Health Screening Checklist for CHILDREN

Person conducting screening should maintain 6 feet of distance from child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. Tool intended to assist programs to screen for COVID-19, but should not replace other communicable disease screening tools or protocols for school programs.

Part 1

	YES	NO
Has your child been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days?	☐	☐
Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?	☐	☐
Has your child developed any of the following symptoms within the past 24 hours?		
➢ Cough	☐	☐
➢ Shortness of breath/trouble breathing	☐	☐
➢ New loss or sense of taste or smell	☐	☐
➢ Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)?	☐	☐

STOP

If YES to any question in Part 1, the child should be sent home.
If NO to all questions in Part 1, proceed to Part 2.

Part 2

Has your child developed any of the following symptoms within the last 24 hours?

	YES	NO		YES	NO
Sore throat	☐	☐	Headache	☐	☐
Unusual fatigue	☐	☐	Muscle or body aches	☐	☐
Nausea *(sick to stomach)* or vomiting▲	☐	☐	Fever (≥ 100.4°F) or chills *(would indicate fever)* ▲	☐	☐
Runny nose or nasal congestion	☐	☐	Diarrhea▲	☐	☐

STOP

If YES to 2 or MORE questions in Part 2, child should be sent home.

Child to be sent home

- Record child's name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be **immediately sent home** to isolate and should be tested for COVID-19.

If YES to 0 or 1 question(s) in Part 2, child may remain at facility.

Child may remain at facility

Child should wash (or sanitize) hands before having contact with other children or staff

▲Vomiting, diarrhea, and fever—alone or together—should exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.