



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION

Interim COVID-19 Infection Control and Mitigation Measures for Schools

October 15, 2020

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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INTRODUCTION

SARs-CoV2 virus continues to circulate. There is wide community transmission throughout Wisconsin. School districts should work with local health authorities to ensure a plan is in place to minimize health risks to the greatest extent possible.

This interim guidance is developed by the Department of Public Instruction in consultation with the Department of Health Services (DHS). Its purpose is to provide guidance for keeping school staff and students safe in schools and other settings when face to face interactions occur. These are not requirements but state-level guidance, meant to provide you with what is considered promising practices at the current time based upon what is currently known and understood regarding COVID-19. Currently as of the date of this revision (October 15, 2020), Wisconsin is under an [Emergency Order](#) requiring the use of face coverings. This guidance reflects that order and the supporting [FAQ](#). This guidance is also reflective of the DHS published [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#)

The degree to which a school district is able to implement social distancing, cohort students and staff, conduct regular cleaning and disinfection, and teach, encourage, and support the proper use of facial coverings, hand hygiene practices, and cough etiquette will directly affect the risk of transmission of COVID-19 in the school setting. These practices will also have a direct impact on how many individuals are exposed and how many individuals (students and staff) will be required to isolate or quarantine at home.

It is understood that districts have situations that may not fit with aspects of this guidance. Districts and schools should work with their local and tribal health department to best implement this guidance in order that the measures implemented meet your district's unique circumstances. Further, it is understood that no guidance or mitigation measures will completely remove the risk of exposure to COVID-19 while the SARS-CoV2 virus is still in wide circulation. It is recommended you work with your local health authority, insurance carrier, and legal counsel in determining to what degree your district is able to implement mitigation measures. See [Reopening School Buildings Risk Assessment Tool](#). Additional tools include DHS's [COVID-19 Activity Level Data Dashboard](#) and the Centers for Disease Control and Prevention' (CDC) [Indicators for Dynamic School Decision -Making](#).

INDIVIDUAL GUIDELINES

Continue To Practice Good Hygiene

- ✓ Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
- ✓ Avoid touching your face.
- ✓ Sneeze or cough into a tissue or the inside of your elbow. Sneeze into mask, if wearing one, rather than removing mask before sneezing. Change mask after sneezing into it.
- ✓ Clean and disinfect frequently used items and surfaces as much as possible.
- ✓ Use cloth face coverings while in public.

People Who Feel Sick Must Stay At Home

- ✓ Do NOT go to work, school, or any other public place.
- ✓ Contact and follow the advice of your medical provider.

EMPLOYER GUIDELINES

- ✓ All employers are encouraged to use federal, state, and local regulations and guidance, informed by [DHS](#) and the [Wisconsin Economic Development Corporation](#), to develop and implement appropriate policies regarding:
 - Physical distancing and protective equipment
 - Symptom screening
 - Testing, isolating, and contact tracing
 - Sanitation
 - Usage of common and high-traffic areas, and their regular cleaning and disinfection
 - Business travel
- ✓ Do NOT allow symptomatic people to work. Send them home if they arrive at work and do not allow them to return until they have [completed home isolation](#).
- ✓ Work with local public health staff, develop and implement policies and procedures for workforce contact tracing following an employee COVID-19 positive test result.

General Behaviors to Decrease Risk of Transmission of COVID-19

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

Staying Home

Educate staff about when to stay home. For example, if they have [symptoms](#) of COVID-19, have tested positive for COVID-19, or were exposed to someone with COVID-19 within the last 14 days. And educate staff on when they can safely [end their quarantine or isolation period](#).

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). Supervise use of hand sanitizer in younger students.
- ✓ 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.

Cloth Face Coverings

Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Face coverings slow the spread of the virus and help people who may have the virus from spreading it to others. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

Cloth face coverings are a critical preventive measure and are most essential in times when physical distancing is difficult. If cloth face coverings cannot be used, make sure to take other measures to reduce the risk of COVID-19 spread, including social distancing, frequent hand washing, cleaning and disinfecting frequently touched surfaces, implementing physical barriers, and improving ventilation.

- ✓ Cloth face coverings **do not** replace physical distancing or other safety precautions.
- ✓ DHS recommends adults and students over age 2 wear cloth face coverings, if they can properly wear and remove them.
- ✓ The current [Emergency Order](#) requires every individual, age five and older, in Wisconsin to wear a face covering if both of the following apply:
 - The individual is indoors or in [an enclosed space](#), other than at a private residence; and;
 - Another person or persons who are not members of individual's household or living unit are present in the same room or [enclosed space](#).
- ✓ Per the [Emergency Order](#) certain individuals may be exempt from wearing facial coverings. Individuals are not required to provide documentation that they do not need to wear a face covering in public.
- ✓ Teach and reinforce use of [cloth face coverings](#). Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. See DPI's [Considerations In Using Facial Coverings When Supporting Students During In-Person Instruction](#). Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to staff, students, and students' families on [proper use, removal, and washing of cloth face coverings](#).
 - Note: [Cloth face coverings](#) should not be placed on:
 - Children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance

- ✓ In situations where risk of burn or injury from use of face covering – such as chemistry lab with open flame- cloth facial coverings should not be used. Physical distancing should be strictly maintained and other protective equipment should be used.
- ✓ Provide families with instructions on how to wear, [launder](#), or sanitize, and properly maintain cloth face coverings.
- ✓ Provide families with resources to acquire face coverings noting the lack of ability to acquire may be an equity issue. Consider district providing and laundering face coverings.
- ✓ Work with those who are uncomfortable or unable to wear a cloth face covering – due to health, sensory or racial discrimination concerns – to develop an appropriate alternative.
 - Consider providing education to staff regarding implicit bias and racial profiling in the context of COVID-19 and face coverings.
 - Consider providing training to all school to increase knowledge and understanding of the district anti-bullying policy so that all staff know the protocol for consistently responding to both witnessed and reported incidents of bullying.
 - Consider providing education to staff regarding varied sensory needs, as well as alternative options, such as face shields, to those who communicate via American Sign Language.
 - Consider scheduling “breaks” from wearing of facial coverings. This is beyond the time facial coverings are removed for eating or drinking. Given the current [Emergency Order](#) an allowed time to remove facial coverings would be when outdoors.
 - Face shields are not considered the same as facial coverings. Nor, are they recommended in place of facial coverings. See [PPE Considerations for Schools](#).
 - Students and staff should be taught to “talk louder, don’t lower” facial covering when communicating.
- ✓ Per the [Emergency Order](#) staff or students may remove face coverings :
 - When eating or drinking.
 - When communication with someone who is deaf or hard of hearing and cannot communicate while wearing a face covering.
 - When sleeping (may apply during nap time for younger students).
 - When giving an, educational, artistic, cultural, musical, or theatrical presentation for an audience, so long as at least 6 feet between performer and other individuals).
 - When need to temporarily remove face covering to confirm identify.

Signs and Messages

- ✓ Post highly visible [signs](#) about [stopping the spread](#) of COVID-19, including how [to properly wash hands](#), [use everyday protective measures](#), and [wear a cloth face covering](#). For example, post signs on the cafeteria entrance door or on lunch tables.
 - Ensure that messaging is translated into the appropriate prevalent languages (including braille) used by students and staff.
 - Ensure signs include visual clues.
- ✓ Provide [regular announcements about how to stop the spread on PA system](#).
- ✓ Share messages about how students and families can stop the spread of COVID-19 in emails, websites (for example, posting online [videos](#)), and through [social media accounts](#).

- Ensure that messaging is appropriate for students from diverse backgrounds, abilities, and living situations.
- Consider the home language of students and families when posting signs and sending messages.
- Ensure signs and messaging are provided in alternative formats to successfully communicate information to individuals whose primary language is not English, and to individuals with hearing or vision impairment.
- Ensure that messages are communicated in multiple modalities to ensure that students and families without internet connectivity are included and receive the same important information as is communicated to all families.

Adequate Supplies/Tissues

- ✓ Ensure adequate cleaning and protective supplies to support healthy hygiene and proper cleaning and disinfecting practices.
 - Provide tissues, no-touch trash cans, soap, and hand sanitizer with at least 60 percent alcohol for students and staff to use. Young children should be supervised when using hand sanitizer.
- ✓ Educate students and post signs on proper disposal of used tissues.

Specific Recommendations

To maintain school environments that are as safe as possible, school should consider:

Physical Distancing, Barriers and Cohorting

Taking measures to ensure that all students and staff maintain a distance of at least six feet decreases the risk of transmission of COVID-19. Students from the same household or living unit may sit together.

DHS continues to recommend six feet of spacing in accordance with the CDC's [FAQ for School Administrators on Reopening Schools](#). Currently, the body of scientific evidence falls short of establishing that three feet distancing is as safe as six feet. For this reason, DHS is still recommending six feet of distance whenever possible in school settings. DHS will also continue to define a close contact as anyone who was within six feet of an infectious person for more than 15 minutes (in a 24 hour period of time). This means that if six feet of distance is not regularly maintained, there could be higher numbers of close contacts requiring quarantine in the event of a positive COVID-19 case in a classroom or school. Additionally, there are [other circumstances](#) that would define a person as a close contact. These circumstances include anyone who had direct physical contact for any length of time (e.g., handshake, hug) and anyone who had contact with a case's respiratory secretions (e.g., coughed/sneezed on, shared water bottle).

Develop a continuum of strategies for implementation of physical distancing (keeping 6 feet distance between individuals). Identify all locations and times where students are in close contact with each other and create strategies to restructure those locations and activities.

- ✓ Measures to create an optimum distance of at least six feet or physically separate students should be implemented to the full extent possible. Examples of ways to create physical distance may include:
 - Create a staggered schedule for students to attend school on different days (alternating days) or different parts of the day/morning.
 - Reduce the number of students in a classroom to allow physical distancing.
 - Create a staggered schedule for cohorts to start/end at different times to avoid contact.
 - Consider dividing up student entry points rather than funneling all students through the same entry space. These approaches can limit the amount of close contact between students in high-traffic situations and times.
 - Establish controlled entrances and exits (e.g. based on grade levels, students and teacher entry) and flows (e.g. one way traffic in tight corridors).
 - Develop a learning schedule in cohorts (or pods) to minimize contact with a broader group of students. [Cohorting](#) forms groups of students, and sometimes teachers or staff that stay together throughout the school day to minimize exposure for students, teachers, and staff across the school environment.
 - Ideally, students and staff within a cohort would only have physical proximity with others in the same cohort. This practice may help prevent the spread of SARS-CoV-2, the virus that causes COVID-19, by limiting cross-over of students, teachers, and staff to the extent possible, thus:
 - decreasing opportunities for exposure to or transmission of SARS-CoV-2,
 - facilitating more efficient contact tracing in the event of a positive case, and
 - allowing for targeted testing, quarantine, and isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases.
 - [Cohorting](#) can be done as part of a traditional model with all students attending school in-person, on a full-time basis, or as part of a hybrid school model (i.e., students attending in-person school on an alternating schedule). Different strategies may be needed for elementary, middle, and high schools. [Cohorting](#) is a commonly used strategy in many elementary schools, in which students have the same teacher and classmates during the entire day and often for the entire school year. Implementation of this strategy varies, depending on setting and resources. For example, schools may keep cohorts together in one classroom, and have teachers rotate between cohorts. Alternatively, schools may assign student cohorts to specific days or weeks for in-person and online learning.
 - [Cohorting](#) may be implemented as one of a variety of mitigation strategies that schools can use to help minimize SARS-CoV-2 transmission. Other ideas include:
 - Staggering recess, lunch hours to avoid contact between cohorts.
 - Canceling assemblies and other large gatherings.
 - Exploring the use of alternate spaces (e.g., classroom) for eating lunch and breakfast.
 - If alternate spaces are not available, ensuring classroom groups sit together in lunchrooms.
 - If breakfast or lunch is served in classrooms, making sure to take measures to ensure the safety of individuals with food allergies.

- Minimize risk of cross-contact of allergenic proteins in the classroom by reinforcing strict hand washing with soap and water after food contact, disinfection of surfaces after food contact is made, and implement blanket “do not share” food practices. [These strategies are consistent with those outlined in the CDC’s 2013 publication [“Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.”](#) and synergize with the principles of hand hygiene and surface washing that also reduce infection spread.
- Modify classes where students are likely to be in very close contact.
 - Bring in specialist teachers (e.g., music, art, physical education) to individual classrooms versus rotating all kids through a shared space that is not able to be cleaned with each new student introduction. Consider virtual instruction by specialist teacher.
 - Whenever possible, hold physical education and music classes outside and encourage students to spread out.
- Discourage the sharing of music stands. It is important that students in music classes maintain social distancing. Have students in one line or stagger spacing to ensure maximum distancing. Recognize singing and playing of some musical instruments increases the risk of transmission of COVID-19 via respiratory droplets. Consider increasing the amount of social distancing beyond six feet. Consider emphasizing music history and theory versus music performance.
 - [Wind Instrument Aerosols in the era of COVID](#)
 - [U.S. Army Band Mitigation Plan](#)
 - [American Music Therapy Association](#)
 - [National Federation for State High School Associations](#)
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Arrange classrooms to allow teachers to practice social distancing.
 - Turn teachers’ desks to face in the same direction (rather than facing students) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- Restrict access to places that allow larger gatherings (e.g. cafeteria, staff rooms, and libraries) and stagger use and disinfect between use, or close these entirely.
- Grid off sections for common spaces and lunch areas to help students separate and reduce seating to ensure greater than six feet of physical distance.
- Erect partitions in open spaces with high risk of interaction/contact (e.g. playground, blacktop) to create several separate areas to prevent large groupings.
- Change bus schedules to bring students in batches that align to cohorts (grade level, floors).
- Encourage use of safe bike/walking routes to school.
- Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.
- Assign seating on buses and in classroom to assist with tracking of virus spread if student/staff tests positive for COVID-19.
- Limit nonessential visitors.
- Limit the presence of volunteers for classroom activities.

Screening

The CDC recommends daily home symptom screening of students by their parents, guardians, or caregivers to promptly identify illness. See [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#). Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day. Students who are sick should not attend school in-person. When a student can return to school will depend on the duration of illness, type of symptoms, laboratory testing for COVID-19 or other illnesses, and whether or not the student has been in close contact with an individual with COVID-19. See **Exclusion from In-person Instruction** section of [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#)

It is essential for schools to reinforce to students, parents or caregivers, and staff the importance of staying home when sick until at least 24 hours after they no longer have a fever (temperature of 100.4 or higher) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., Tylenol). Policies that encourage and support staying home when sick will help prevent the transmission of SARS-CoV-2 (and other illnesses including [flu](#)) and help keep schools open.

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

1. currently has an infectious illness that could impair their ability to learn, or
2. is at risk of transmitting an infectious illness to other students or to school staff.

Daily home screenings should ask staff, families, or caregivers to report their answers on two topics: **symptoms** and **close contact/potential exposure**. Staff, parents, guardians, and caregivers can self-report the answers to these questions through existing school health portals or school communication platforms in the morning before the student leaves for school. See DPI's [School Health Services Interim COVID-19 Infection Control and Mitigation: Toolkit](#) for resources to assist with home screening. Additionally, [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) contains a COVID-19 Health Screening Checklist for Children.

Through clearly communicating symptoms, which when evident, indicate that staff and students should stay home, districts can screen for illness before students enter the school building. See [Returning to School after COVID-19 Information for Parents and Guardians](#).

- ✓ It is critical that districts establish in writing, the threshold conditions for excluding someone from campus, to ensure consistency.
- ✓ Districts should consider the additional risk to school staff assigned to the role of health screener.
- ✓ Staff conducting health screenings will need adequate PPE in consideration of the risk posed by the personal contact.

- ✓ Health checks and screenings may trigger privacy laws including FERPA, HIPAA and the ADA. Districts should consult with their counsel to ensure compliance with all applicable state and federal statutory requirements.

Any screening policy should take into account students with disabilities and accommodations that may be needed in the screening process for those students.

- ✓ If schools learn that a staff member or student has tested positive for COVID-19, consult [CDC guidelines](#), the exclusion from In-person Instruction section of [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) and contact the [local health department](#) to discuss the appropriate management of potentially exposed staff and students. Cooperate fully with any state or local health department contact tracing efforts. Staff, students, and their families' health may be at risk.

Recommendations for Students or Staff who Become Sick

- ✓ Work with administrators, school nurse, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. Nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See [PPE Considerations for Schools](#).
- ✓ If a student becomes ill while at school:
 - School should provide an isolated space for the ill student to safely rest while waiting for the arrival of parent/guardian. Ensure adequate space for a student to remain isolated. See DPI's [School Health Services Interim COVID-19 Infection Control and Mitigation: Toolkit](#) for considerations for an isolation room.
 - Distinguish this space from areas where student health services will be delivered to those who are well and need routine types of care (e.g., medication administration or first aid).
 - The designated space should accommodate social distancing of at least 6 feet for multiple people if needed.
 - Only essential employees and children assigned to the rooms should enter, everyone should sign in and out so that there is a record of the persons who entered the room.
 - Employees should wear protective PPE (fluid resistant surgical mask or higher and a face shield or goggles).
 - Develop cleaning processes for the dedicated space between uses and as needed.
 - Students who are ill may be walked out of the building to their parent or guardian if schools are limiting visitors.
 - Contact the student's parent/guardian to pick up the student as soon as possible.
 - Staff person, wearing a cloth face covering and eye protection, should stay within the line of sight of the student while awaiting parent/guardian's arrival.

- ✓ Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility, if necessary.
- ✓ Close off areas (for example classrooms) used by a sick person and do not use these areas before cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- ✓ Notify local health officials, staff, and families immediately of a confirmed or suspected case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) and Family Education Rights and Privacy Act (FERPA).
- ✓ School districts should remind school staff regarding confidentiality laws and statues that protect student and staff health information. Student communicable disease related information is protected health information. Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials should not participate in discussions or acknowledge a positive test if personally identifiable information (PII) is involved. Consider community circumstances that affect if such information may be PII. See <https://dpi.wi.gov/sspw/pupil-services/school-social-work/contents/confidentiality>
- ✓ Advise students and staff members ill with COVID-19 not to return until they have met DHS criteria to discontinue home isolation. Students or staff determined to be ill with other infectious conditions (strep, pink eye, etc.) should follow usual school protocols for returning to school.
- ✓ Attendance policies should be reviewed and revised as necessary to support ill or exposed students remaining home.
- ✓ Consider not requiring a healthcare provider’s note for students who are sick with acute respiratory illness to validate their illness or to return to school, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- ✓ Districts should work with their [local health departments](#) to develop contact tracing protocols when a student or staff member tests positive for or is exposed to COVID-19.
- ✓ Contact the [local health department](#) to discuss the appropriate management of potentially exposed staff, students and community members. Work with local health department, as necessary, to inform those who have had close contact to a person diagnosed with COVID -19 to stay home and self-monitor for symptoms, and to follow guidance if symptoms develop. If a person does not have symptoms they should follow appropriate DHS guidance for home quarantine.
- ✓ See [Returning to School After COVID-19](#)
- ✓ See [Recommendations FAQs on Testing for Schools](#).

- ✓ See [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#)

Hand Washing and Hand Sanitizer Stations

- ✓ 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.
- ✓ Encourage frequent hand washing and/or hand sanitizing.

Drinking Fountains

- ✓ If drinking fountains are turned on and available for use, they should be [frequently cleaned and disinfected](#). When possible, usage of drinking fountains should be reduced by encouraging students to bring their own water bottles labeled with their name from home, or schools can provide cups that are disposable or labeled with student's names. Students and school staff are recommended to wash or sanitize their hands after using a fountain if the fountain is not a no-touch fountain.

Limit Sharing

- ✓ Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- ✓ Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g. art supplies, pencils, physical education equipment) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- ✓ If food is offered at any event, have pre-packaged boxes or bags for each student.
- ✓ Avoid sharing of foods and utensils.
- ✓ Avoid sharing electronic devices, toys, books, and other games or learning aids.

Recommendations for Cleaning and Disinfecting

- ✓ *Cleaning* is physically removing dirt, debris, and sticky film by washing, wiping, and rinsing.
- ✓ *Disinfecting* kills nearly all germs on a hard, non-porous surface when applied correctly. Prior to disinfecting, cleaning must be completed. **Note:** Disinfecting is different than sanitizing.
- ✓ *Sanitizing* is the reduction of bacteria to safe levels as set by public health standards. It is required for any surface that comes in contact with food.
- ✓ Discourage families from bringing materials/toys from home.
- ✓ The following should be cleaned and disinfected at least daily:

- Playground equipment
 - Door and cabinet handles
 - Sink handles
- ✓ Shared objects (e.g., toys, games, art supplies) should be cleaned and disinfected in between uses.
 - ✓ Shared objects that cannot be cleaned and disinfected should not be used for at least 24 hours.
 - ✓ Ensure safe and correct application of disinfectants and keep products away from children.
 - ✓ For additional cleaning and disinfecting information see the following:
 - DCF's publication: [Cleaning, Sanitizing, and Disinfecting in Child Care Settings](#)
 - CDC's [Cleaning and Disinfecting Your Facility](#)
 - CDC's website: [CDC's Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Home](#)

Recommendations for Gym/Fitness Centers/Locker Rooms/Bathrooms

- ✓ According to Johns Hopkins School of Medicine and other credible health resources, COVID-19 is not spread through sweat. Still, items touched by many people in a gym (like barbells, weight machines and aerobic fitness equipment) must be regularly disinfected because respiratory droplets can settle on them. If surfaces are dirty, they should be cleaned using detergent or soap and water prior to disinfection.
- ✓ Consider using a checklist or audit system to track how often cleaning is conducted.
- ✓ Identify staff members who will be responsible for ensuring regular cleaning and disinfection.
- ✓ If students do not wipe/disinfect equipment after exercise, consider providing "ready to clean" tags that students can place on equipment after use, signaling staff to ensure equipment is disinfected before the next use.
- ✓ Establish "before and after" workout and locker room handwashing or sanitizing for all students and staff. Provide handwashing stations or provide hand sanitizer if handwashing is not feasible.
- ✓ Minimize sharing of equipment as much as possible and disinfect shared equipment between use.
- ✓ Enforce use of personal towels and exercise clothing. Both should be taken home each day and laundered before reuse at school.

- ✓ If fans such as pedestal fans or hard-mounted fans are used in the facility, take steps to minimize air from fans blowing directly from one person toward another.
- ✓ Increase cleaning frequency for restrooms, showers and locker rooms, and consider design changes:
 - Doors to multi-stall restrooms should be able to be opened and closed without touching handles if feasible. Consider adding a foot pull to the door if one is not already in place. Place a trash can by the door if the door cannot be opened without touching the handle, so restroom users can cover the handle with a paper towel and easily dispose of it afterward.
 - For single-occupancy restrooms, provide signage and materials (paper towels and trash cans) for individuals to use without touching the handles.
 - Post signs indicating that toilet lids (if present) should be closed before flushing.
 - Post signs asking students and staff to wash hands before and after using the restroom.
 - Provide paper towels and disconnect or tape off hand air dryers.
 - Only allow shower and locker room use if partitions are in place or signs have been posted to specify physical distancing requirements. If partitions or proper distancing are not possible, these facilities should remain closed.
- ✓ Water shoes should be worn in locker rooms and showers.
- ✓ Ensure physical distancing for equipment layout and activities.
 - Consider spacing equipment at least six feet apart, with greater distancing for treadmills and other high-exertion aerobic fitness equipment.
 - Equipment can be arranged in an “X” pattern to provide greater distancing.
 - Physical barriers can also be helpful to create distancing or segregate exercise areas.
 - Use tape, markers, paint and signage to mark safe distancing for students and staff.
 - Limit the number of student and staff in the facility at one time. Only those individuals that are actually exercising (or supervising students) should be inside the facility.
 - Basketball courts and other areas where physical contact sports occur should be closed. (See local public health guidance.)
- ✓ The use of face coverings are required per current [Emergency Order FAQ](#) when exercising indoors or in an enclosed space (such as a school gymnasium) when other people are present.
- ✓ Face coverings are required for sport or athletic competition if the competition is indoors. Spectators sitting in stadium or bleachers should wear face coverings.

Recommendations for Arts Education

The arts continue to play a pivotal role in education despite the limitations imposed by mitigating the spread of COVID-19. See DPI's [Arts Education School Operating Considerations](#).

Ventilation

- ✓ Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Use a trained HVAC technician to make any changes to your ventilation systems. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to children or staff using the facility.
- ✓ See [EPA Air Cleaners, HVAC Filters, and Coronavirus \(COVID-19\)](#)
- ✓ See [EPA Indoor Air and Coronavirus \(COVID-19\)](#)
- ✓ See Wisconsin DSPS [Operating and Supplementing HVAC Equipment During COVID-19 Pandemic](#)
- ✓ See [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- ✓ See [CDC guidance](#) on this topic

Preparing for Possible School Closure

In the event a person diagnosed with COVID-19 is determined to have been in the building and possibly exposed others, schools may consider or be directed to have a full or partial closure to in person learning for a short period of time to allow for cleaning, disinfection, and contact tracing to be completed.

- ✓ Where a community is deemed a [community with substantial transmission](#), schools should anticipate closing and to work with local health authorities.
- ✓ If administrators learn that a staff member or student has tested positive for COVID-19, consult [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).
- ✓ Contact your school nurse, if available, and your local or tribal health departments. Your health officer will guide you on managing potentially exposed staff and community members.
- ✓ School districts should plan for the possibility that students and staff who either contract COVID-19, have other respiratory COVID-19 like symptoms, or have been exposed to someone confirmed to have COVID-19 will be isolated or quarantined for 10 – 14 days. Quarantine periods may extend longer if additional exposures to people with suspected or confirmed COVID-19 occur during quarantine. Groups or cohorts of students and staff may be affected by quarantine periods at various times. See [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).
- ✓ Cooperate fully with any state or local/tribal health department's contact tracing efforts.

Attendance in Online and Blended Learning Environments

The DPI requires school districts to record attendance this school year for in-person, virtual, or remote 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.

- ✓ Honor requests of families who may have concerns about their children attending school due to underlying medical conditions of those in their home.
- ✓ Keep in mind situations or requests may change throughout the school year due to increased community spread of COVID-19, new risk factors, or changes in individual student or family health needs.

Staff Considerations

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

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

Leave Policies

- ✓ Implement and encourage paid sick leave (time off) policies and practices for staff that are flexible and non-punitive.
- ✓ Develop return-to-work policies aligned with CDC's [criteria to discontinue home isolation](#). Additionally, see [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#).
- ✓ Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
 - Consider not requiring a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Back-Up Staffing Plan

- ✓ Assess staff ability to work and their ability to work at different locations as needed.

- Some staff may not be available if they are part of a high-risk group, or if they need to care for someone in a high-risk group (e.g., persons over age 60 and persons with pre-existing health conditions).
 - Allow staff who are not able to work on-site to provide support remotely when feasible.
 - Tasks could include supporting outreach and communications, coordinating with partners, responding to inquiries, managing a meal pre-order system.
 - Monitor staff's health and attendance, and create a roster of trained back-up staff to call upon in case of a staffing shortage.
 - Identify staff who can serve as back-ups should an employee become unable to work or an entire team needs to be quarantined.
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.

Staff Safety

- ✓ Ensure that staff understand the importance of not coming to work while sick or under self-quarantine due to possible exposure.
- ✓ Remind staff that they may still transmit COVID-19 without or before developing symptoms, which can take up to 14 days from the time of exposure.
- ✓ Train staff in the proper use and removal of PPE. See DPI resources (<https://dpi.wi.gov/sspw/2019-novel-coronavirus/school-health-services-information>).
- ✓ Encourage influenza vaccination when available. Consider arranging for employer-based influenza immunization clinics.

Staff Exposure and Need to Quarantine

School administrators, staff, and employees other than school health care professionals, are required to quarantine per the exclusion from In-person Instruction section of [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#). School health care professionals licensed by the Department of Safety and Professional Services (RNs/LPNs/PT/OT/SLP) may not need to quarantine when considered a close contact of an individual that tested positive for COVID-19. This can be considered when the health care professional was wearing full PPE (fluid resistant surgical mask or higher and a face shield or goggles) during the exposure incident and follow the other steps outlined in the [CDC guidelines](#) for exposed health care personnel.

Non health care licensed school support staff working full time as health aides in schools without other assignments, and trained and supervised by a licensed health care professional such as a school nurse in the proper use of PPE, may also be considered a school health care professional.

This means that if a surgical mask (or N 95) and eye protection (face shield or goggles) were worn during the exposure, school health care personnel could continue to work while monitoring for symptoms twice daily and staying home once/if symptoms noted. This does not apply if an

exposure occurred while performing an aerosol-generating procedure unless an N95 respirator was worn.

Decisions to allow exposed health care workers to continue to work while asymptomatic should be made after a systematic review of the school's staffing and other resources. Schools are encouraged to continue to exclude exposed staff when possible. Communication and coordination with the local/tribal health department is important.