



*School Health Services Interim COVID-19 Infection
Control and Mitigation: Toolkit*

Wisconsin Department of Public Instruction

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INTRODUCTION

Engaging in face-to-face learning while the virus causing COVID-19 remains in circulation, and while no vaccine is yet available, requires thoughtful considerations and careful and detailed planning. The Wisconsin Department of Public Instruction (DPI) offers school districts guidance regarding considerations, strategies, and rationale for making decisions. The tools provide school nurses and school staff with resources to implement the strategies. This document is in support of the DPI's *Education Forward*, DPI's [Interim COVID-19 Infection Control and Mitigation Measures for Schools](#), DPI's [Interim COVID-19 Transportation Guidance](#), and DPI's [Interim COVID-19 Cafeterias and Food Service Guidance](#). The strategies presented constitute what are considered promising practices at the current time, based upon what is currently known and understood regarding COVID-19. Promising practices and recommendations are based upon information from the Centers for Disease Control (CDC) and the Wisconsin Department of Health Services (DHS). It is understood that both CDC and DHS guidelines may change based upon new scientific information and epidemiological data. This document and the tools will be updated as new tools and resources are created and as mitigation strategies evolve. (Tools marked by an asterisk [*] are in development.) The DPI strongly encourages school districts to involve school nurses and local public health professionals in their planning and operations.

The DPI recognizes that each school community is unique, and that it may not be possible for the proposed strategies to be implemented in every setting. Any decision about what strategies to implement should be made in consultation with local health authorities who can help assess the current level of mitigation needed based on the level of COVID-19 transmission in your community, the capacities of your local public health department and health care systems, and other relevant factors. Additionally, see [Reopening School Buildings Risk Assessment Tool](#).

7/21/20 Updates & Additions:

- [COVID-19 Activity Level Data Dashboard \(DHS\)](#)
- [Autism Society-Wearing Masks Keeps Everyone Safe!](#)
- [Difference between Surgical Masks and Respirators](#)
- ["What Families Need to Know-Cloth Facial Coverings in Schools"](#) (see Tools and Resources)
- COVID-19 Absence/Exposure Tracking Form (see Tools and Resources)
- [NASN/NASSNC Guidance for Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#)
- Classroom First Aid Management Protocols (see Tools and Resources)
- [Department of Safety and Professional Services PPE Training for Schools](#)

1. SOCIAL AND PHYSICAL DISTANCING

Determine what physical infrastructures are required to promote social distancing (desks and classrooms, hallways, cafeteria, gym, playground) and isolate ill students and staff.

Develop a continuum of strategies for the implementation of social distancing. Identify all locations and times where students are in close contact with each other and create strategies to restructure those locations and activities. Consider the impact of physical distancing on school provided transportation.

Strategies	Rationale	Tools * in development
<p>Reduce class size to allow physical distancing.</p> <p>Stagger arrival and/or dismissal times.</p> <p>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.</p> <p>Develop a learning schedule in cohorts to minimize the inter-mixing of large groups of students.</p> <p>It is recommended that classes include the same group of students, teachers, and support staff each day. In the event of an outbreak or positive case of COVID-19 this will facilitate contact tracing.</p> <p>Consider having teachers change classrooms when feasible and students remain in the same location as much as possible. This</p>	<p>The overall goal of social distancing is to increase the physical space between members of the school community to reduce unintended exposures. Consider implications on singing, musical instruments, physical education and shared art supplies/spaces.</p> <p>The more people a student or staff member interacts with, and the longer the interactions, the higher the risk of COVID-19 spread.</p> <p>Small, closed classroom groups that serve a consistent group of students and teacher(s) offer the opportunity to more closely control the environment and supports contact tracing if exposure occurs.</p>	<p>CDC Considerations for Schools</p> <p>Example room layout models/floor plans (see Tools and Resources):</p> <ul style="list-style-type: none"> Classroom Plan A (pdf) Classroom Plan B (pdf) <p>*Classroom layouts</p> <p>Use of least restrictive physical distancing measures should consider the use of masks on buses (see Tools and Resources):</p> <ul style="list-style-type: none"> Bus with 24 passengers- 3 feet social distancing (pdf) Bus with 12 passengers - 4 feet distancing (pdf) Bus with 6 passengers - 6 feet social distancing (pdf) <p>CDC Coronavirus printable resources</p> <p>OSHA Guidance on Preparing Workplaces for COVID-19</p>

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<p>will minimize mixing of students during transfer and minimize cross contamination of surfaces.</p> <p>If a teacher sees multiple students a day, it is recommended that s/he clean and disinfect the areas commonly touched by students prior to new students arriving. It is also recommended that instructional groups be small enough to allow for social/physical distancing).</p> <p>Stagger recess, lunch hours to avoid contact between cohorts.</p> <p>Explore the use of alternate spaces (e.g., classroom) for eating lunch and breakfast.</p> <ul style="list-style-type: none">• If alternate spaces are not available, ensure classroom groups sit together in lunchrooms. <p>Rearrange student desks and common seating spaces to maximize the space between students.</p> <ul style="list-style-type: none">• Desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).• Consider using visual aids (e.g., painter’s tape, stickers, etc.) to illustrate traffic flow and appropriate	<p>The virus that causes COVID-19 will remain in circulation until a vaccine is developed and widely used.</p> <p>The vast majority of students and staff remain susceptible to COVID-19 and other communicable diseases.</p>	<p>If lunch is served in classrooms make sure to take measures to ensure the safety of food allergic individuals.</p> <p>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.</p> <p>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.</p> <p>Wind Instrument Aerosols in the era of COVID</p> <p>U.S. Army Band Mitigation Plan</p> <p>American Music Therapy Association</p> <p>National Federation for State High School Associations</p>
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<p>spacing to support social distancing.</p> <p>Arrange classrooms to allow teachers to practice social distancing.</p> <ul style="list-style-type: none"> • 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). <p>Restrict access to places that allow larger gatherings (e.g. cafeteria, staff lounge, libraries, music and art rooms) and stagger use and disinfect between use, or close these entirely.</p> <p>Grid off sections for common spaces and lunch areas to help students separate and reduce seating to ensure >6ft physical distance.</p> <p>Separate partitions in open spaces with high risk of interaction/contact (e.g. playground, blacktop).</p> <p>Increase the number of bus routes to reduce occupancy on each bus.</p> <p>Change bus schedules to bring students in batches that align to cohorts (grade level, floors).</p> <p>Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.</p>		
<p>Strategies</p>	<p>Rationale</p>	<p>Tools</p>

2. LIMIT SYMPTOMATIC AND ASYMPTOMATIC SPREAD AND EXCLUSION CRITERIA

Create and implement plans to limit symptomatic and asymptomatic spread of infectious diseases (COVID-19 and others).

Individuals should NOT be in school if they:

- Are showing symptoms of influenza like illness or COVID-19
- Have been in contact with someone confirmed of having COVID-19 in the last 14 days.

Reinforce flexible attendance policies and other educational options during quarantine period.

Determine exclusion criteria and plans to monitor students and staff for COVID-19 like symptoms.

Determine what screening protocol district will use. Consider availability of thermometers, type of thermometer used, and staffing issues when making determination along with current public health recommendations for screening.

Consider ways to accommodate the needs of children and families at risk for serious illness from COVID-19.

Consider ways to accommodate the needs of staff at risk for serious illness from COVID-19.

Strategies	Rationale	Tools * in development
<p>Require ill staff and students to remain home and contact local public health officials for guidance.</p> <p>Determine protocols for notifying local public health officials of suspected or confirmed cases of COVID-19.</p> <p>Ill student or staff should not return to school until they have</p>	<p>Additional waves of infections are expected, possibly coinciding with flu season in October or November. This could result in site, district, regional, or county or statewide school closures. Short-term closures of single or multiple schools will remain a</p>	<p>FERPA & Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions (FAQs) March 2020</p> <p>DPI Student Record Confidentiality</p> <p>Department of Health Services COVID-19 Symptoms of Illness</p>

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<p>met the criteria to discontinue home isolation.</p> <p>Conduct health screenings safely and respectfully in accordance with privacy laws and regulations. Confidentiality should be maintained.</p> <p>Create communication systems for staff and families for self-reporting of symptoms and notification of exposures and closures.</p> <ul style="list-style-type: none"> • If a student becomes ill while at school: the school should provide an isolated space for the ill student to safely rest while waiting for the arrival of parent/guardian. • School should contact the student’s parent/guardian to pick up the student as soon as possible. • Staff person, wearing a cloth face covering or surgical mask and eye protection, should stay with the student while awaiting parent/guardian’s arrival. <p>Consider implications of staff traveling between several buildings.</p> <p>Restrict nonessential visitors, volunteers and activities involving other groups at the same time.</p>	<p>possibility until a vaccine is widely used.</p> <p>Mitigation strategies can be scaled up or down depending on the evolving local situation.</p> <p>Limiting the number of individuals who have contact with a person ill with COVID-19 remains a critical mitigation strategy.</p> <p>Close contact is defined by DHS as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (usually 10-15 minutes) while they were symptomatic or in the 2 days prior to symptom onset. Close contacts are considered traceable contacts if someone at school or in a classroom tests positive for COVID-19.</p> <p>Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.</p> <p>Services for students with Individualized Educational</p>	<p>Recommendations FAQs on Testing for Schools</p> <p>Determining Release from Isolation and Quarantine Cases and their Contacts in Day Care Settings or Schools</p> <p>Returning to School After COVID-19</p> <p>CDC symptom based criteria to discontinue home isolation</p> <p>COVID-19 Absence/Exposure Tracking Form (see Tools and Resources)</p> <p>*Daily health questionnaire (staff) (students)</p> <p>*Exclusion criteria checklist (communicable disease)</p> <p>SAMPLE Attendance LineScript (COVID-19)</p> <p>The CDC lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html</p> <p>Implementation Strategies for Communities with Local COVID-19 Transmission (pdf)</p>
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<p>Honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of their children or of others in their home.</p> <p>Identify staff who cannot or choose not to be in school due to their own high-risk conditions or age. Staff who cannot be at school due to their own high-risk conditions could provide distance learning instruction or be reassigned to other duties that limit physical interaction.</p> <p>Medically fragile and or special education students may not be excluded from school solely on their underlying condition. The school nurse should work with the parent and healthcare providers in determining what is best for the student. Children with disabilities may not be denied access to education in the least restrictive environment. Equitable access needs to be considered as all students return to school.</p> <p>School districts should remind school staff regarding confidentiality laws and statutes that protect student and staff health information. Student communicable disease related information is protected health information. Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials should</p>	<p>Plans (IEP) must continue under Federal law. Many school districts continue to hold IEP in innovative ways such as using Zoom. In some cases, IEP may need to be modified to meet the student’s needs. In seeking support on special education topics, school nurses may want to consult the Disability Rights Education and Defense Fund (DREDF), which may be found at https://dredf.org/covid-19-advocacy-and-resources/</p> <p>Specialized Physical Healthcare Services (SPHCS) are provided to students with disabilities to ensure equal access to health needs and education in the school environment. Students must have equal access to curriculum and health care needs in the school environment. The use of personal protective equipment during these procedures following COVID-19 may be consistent with pre-pandemic use for some procedures. For others, additional use may be warranted.</p> <p>It is important to work with the primary health care</p>	<p>DPI Interim COVID-19 Infection Control and Mitigation Measures for Schools</p> <p>Hay/Fever Coronavirus (see Tools and Resources)</p> <p>Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak (March 2020)</p> <p>Proper Use of Non-contact Infrared Thermometers - FDA</p>
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<p>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 DPI's Student Records and Confidentiality</p>	<p>provider and parent in determining if it's in the child's best interest for the child to return to school. Some medically fragile students may be impacted by COVID-19. For children with disabilities protected by Section 504 who are dismissed from school during an outbreak of COVID-19 because they are at high risk for health complications. The decision to dismiss a child based on his or her high risk for medical complications must be based on the individual needs of the child and not on perceptions of the child's needs based merely on stereotypes or generalizations regarding his or her disability. See Implementing Part B of the IDEA and Section 504 during a COVID 19 outbreak</p>	
Strategies	Rationale	Tools

3. PERSONAL PROTECTIVE EQUIPMENT FOR SCHOOL STAFF AND HYGIENE MEASURES

Acquire an adequate supply of personal protective equipment (PPE) to protect staff and use for students who develop symptoms while at school.

Encourage frequent and scheduled hand washing and use of hand sanitizer.

Strategies	Rationale	Tools * in development
<p>Ensure sufficient quantities of appropriate PPE are available to healthcare staff (gloves, hand sanitizer, sufficient masks for symptomatic/ill students, masks and/ or N-95 respirators/PAPRs for school nursing staff, gowns, face shields, goggles).</p> <ul style="list-style-type: none"> See CDC’s Using Personal Protective Equipment (PPE). Consider not allowing the use of nebulizers at school to limit aerosolization of secretions. <p>Determine district practice regarding face coverings. Face coverings are most essential in times when physical distancing is difficult and therefore their use by staff and students is recommended.</p> <ul style="list-style-type: none"> Teach and reinforce use of cloth face coverings among staff and students. Face coverings may be challenging for students (especially younger 	<p>School nurses and health office staff are providing healthcare to students. Federal and state laws require employers to provide personal protective equipment (PPE) to employees. PPE is difficult to obtain and many school districts donated extra supplies to the public health effort.</p> <p>School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people.</p> <p>Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.</p>	<p>CDC Infection Control Guidance for Healthcare Professionals About Coronavirus (COVID-19)</p> <p>Guidance on Preparing Workplaces for COVID-19</p> <p>Difference between Surgical Masks and Respirators</p> <p>Personal Protective Equipment (PPE) Resources:</p> <p>CESA Purchasing - PPE</p> <p>OSHA’s Respiratory Protection</p> <p>CDC’s Use PPE When Caring for Patients with Confirmed or Suspected COVID-19</p> <p>NASN Facemask Consideration for Healthcare Professionals in Schools</p> <p>NASN/NASSNC Guidance for Healthcare Personnel on the Use of Personal Protective Equipment</p>

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<p>students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible.</p> <ul style="list-style-type: none">• Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff, students and students' families on proper use, removal, and washing of cloth face coverings <p>Promote hand washing multiple times a day (create schedule to avoid overcrowding for washing).</p>	<p>Use of N95 respirators or PAPRs may be required for use by healthcare staff if involved in procedures that create aerosolization of secretions. Respirators, when required to protect HCP from airborne contaminants such as some infectious agents, must be used in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection The program should include medical evaluations, training, and fit testing.</p> <p>Teaching and reinforcing prevention behaviors (handwashing and cough/sneeze etiquette) and promoting flu vaccinations will continue to be important strategies in slowing the spread of COVID-19 and other infectious diseases.</p>	<p>(PPE) in Schools During COVID-19</p> <p>DPI - PPE Considerations for Schools</p> <p>Cloth Face Coverings in Schools</p> <p>How to Use a Face Mask</p> <p>CDC Face Covering Do's and Don't's</p> <p>CDC Handwashing Posters</p> <p>CDC Stop the Spread of Germs Poster</p> <p>CDC Coronavirus Printable Resources</p>
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<p>Use promotional programs around hand washing and other best practices.</p> <ul style="list-style-type: none">• Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.	<p>Handwashing is the single most effective infection control intervention (CDC). Handwashing mechanically removes pathogens, while laboratory data demonstrate that 60% ethanol and 70% isopropyl alcohol, the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as COVID-19. Hand hygiene is performed by washing hands with soap and water for at least 20 seconds or using hand rub with 60-95% alcohol content until the content dries. If hands are visibly soiled, use soap and water.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</p> <p>There is no statute or regulation which prohibits schools from providing hand sanitizers for use by students and staff, especially in settings where soap and water are not readily available, such as portable classrooms. Many Wisconsin schools are making hand sanitizers available to their students and staff.</p>	<p>Teaching Handwashing-Curriculum Examples (see Tools and Resources):</p> <ul style="list-style-type: none">• First Grade Handwashing presentation (pdf)• Fourth Grade Handwashing Presentation and Germ Puzzle (pdf)• Handwashing lesson Plans 5K -1st Grade (pdf)• Handwashing lesson Plans 2nd-3rd Grade (pdf)• Handwashing lesson Plans 4th-5th Grade (pdf)• Sample Handwashing Letter 5K- 1st Grade (pdf)• Sample Handwashing Letter 2nd-5th Grade (pdf) <p>Hand washing Video: https://www.youtube.com/watch?v=3SfHdSHK-g0</p>
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4. CLEANING/DISINFECTION MEASURES AND MAINTAINING A HEALTHY ENVIRONMENT

Develop and implement strategies to prevent transmission of COVID-19 and other infectious diseases.

Frequent cleaning and disinfection of high-touch surfaces will be needed. Decrease or eliminate shared use objects wherever possible. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible.

Changes might be required to enable health and sanitization protocols.

Strategies	Rationale	Tools * in development
<p>Enhance hygiene protocols on school grounds with a focus on common touch points (e.g., doors, stairwell handles, light switch, elevator switch).</p> <p>Install hand sanitizing stations at entrances, common areas in the school.</p> <p>Ensure safe and correct application of disinfectants and keep products away from children.</p> <p>Ensure district has adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer). Supervise younger students in use of hand sanitizer.</p> <p>Clean and disinfect frequently touched surfaces within the school and on school buses at least daily and shared objects (for example, toys, games, art supplies) between uses.</p>	<p>The virus that causes COVID-19 can be killed with use of correct products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.</p> <p>Studies have been released that show increased ventilation may reduce viral transmission by 50-60%</p>	<p>Use EPA-approved disinfectants against COVID-19</p> <p>Airflow study</p> <p>See DPI Interim Guidance for School Transportation</p> <p>Purchasing Hygiene Supplies Resource</p> <p>ASHRAE COVID-19 Resources</p> <p>ASHRAE Position Document on Filtration and Air Cleaning</p>

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<p>Utilize CDC’s Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes</p> <p>Ensure that all water systems and features (for example, water bottle fillers) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water.</p> <p>Discontinue vending machines and shared drinking fountains. Install no touch bathroom fittings, no touch trash cans.</p> <p>Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible. Ex: Opening windows and doors)</p> <p>Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to students or staff.</p> <p>Sanitize school transportation after each use. To clean and disinfect school buses, see Guidance for Bus Transit Operators. What Bus Transit Operators Need to Know About COVID-19</p> <p>Use of hand sanitizer before entering the bus.</p> <p>Subsidize parking/ sponsor carpools / create safe bike/walking routes to encourage use of private transport.</p>		
<p>Strategies</p>	<p>Rationale</p>	<p>Tools</p>

5. HEALTH OFFICE MANAGEMENT

Determine staffing plan for health office and meeting health needs of all students. Determine how students with respiratory symptoms will be triaged to the health room and separated from injured or other ill students.

Acquire an adequate supply of personal protective equipment (PPE) to protect staff and use for students who develop symptoms while at school.

First aid situations, to the degree possible, should be handled by the student and in the classroom to prevent office congregation and possible exposure to COVID-19 ill students in health office.

Identify critical job functions and positions, plan for coverage by cross-training staff. Create an enlarged pool of trained, reliable substitutes so staff can feel confident staying home while ill.

Strategies	Rationale	Tools * in development
<p>Reduce congestion in the health office.</p> <ul style="list-style-type: none"> Use the health services office for children with flu-like symptoms and, if possible, create a satellite location for first aid or medication distribution. Allow for flexible administration of health care tasks for students who are independently managing needs. Consider using visual cues to demonstrate physical spacing. Prepare teachers to perform more screening and minor injury management (provide first aid supplies) with clearly defined protocols of when to send ill or 	<p>School nurses will have numerous other back to school activities such as delegated procedures, health plans, immunizations, and medication administration.</p> <p>Changes are required to ensure physical distancing.</p> <p>Aerosolization of respiratory secretions is a byproduct of some school based health care procedures such as suctioning and use of nebulizer.</p>	<p>First aid supplies for classrooms and teachers.</p> <p>NASN Interim Guidance: Role of the School Nurse in Return to School Planning</p> <p>Wis. Stat. sec. 115.001(11)</p> <p>PPE Considerations for Schools</p> <p>Acuity Tool Schools and Students (see Tools and Resources)</p> <p>Acuity Measure (see Tools and Resources)</p>

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<p>injured students to the health office.</p> <ul style="list-style-type: none"> Administer medication in separate area other than where ill students are resting or awaiting to be sent home All classrooms are stocked with first aid supplies. School nurses are available for support. <p>Create an enlarged pool of trained, reliable substitutes so staff can feel confident staying home while ill</p> <ul style="list-style-type: none"> Consistent/adequate sub pay Teachers, instructional assistants, front office staff Include a plan for substitute school nurses, LPN's, and health assistants Consider contracted school nurse and other health office substitutes Train office staff to cover some health office responsibilities as back up <p>Contact all parents with students on health plans and determine if they need to be revised to address minimizing infection. Examples:</p> <ul style="list-style-type: none"> Examine the care of students with respiratory illnesses and the administration of nebulizer treatments or suctioning. Revise of medication schedules to minimize the number of students in the nurse's office at one time. 		<p>Wis. Stat.8.01(2)(g)</p> <p>OSHA Guidance on Preparing Workplaces for COVID-19</p> <p>Health Office Triage During Pandemic (<u>see Tools and Resources</u>)</p> <p>*Health room layout</p> <p>*Main office layout</p> <p>Teacher protocol for ill students (<u>see Tools and Resources</u>)</p> <p>*Protocol for managing students/staff with respiratory symptoms and/or fever</p> <p>Protocol for nebulizer procedure during COVID-19 (<u>see Tools and Resources</u>)</p> <p>*Procedure for suctioning during COVID-19</p> <p>*Protocol for how to monitor symptomatic student when can't be sent home immediately.</p> <p>*Protocol when EMS needs to be called COVID-19 related.</p> <p>*How to clean isolation room</p>
Strategies	Rationale	Tools

6. COMMUNICATE BEHAVIORAL EXPECTATIONS REGARDING INFECTION CONTROL

Determine what communications and what messaging will be required to both staff and families to provided reassurance that health and safety precautions will be (are) in place.

Create a communication system for staff and families for self-reporting of symptoms and notification of exposure and closure.

Communications with staff, families, and students are critical to the success of safe return to school.

Strategies	Rationale	Tools
<p>If it is not feasible to conduct health screening given the setting:</p> <ul style="list-style-type: none"> • Provide parent education about the importance of monitoring symptoms and staying home while ill through classroom applications and other district messaging. • Ask about access to thermometers and consider implementing temperature checks for households who do not have one. • Use existing school outreach systems to provide reminders to staff and families to check for symptoms of household members in the morning and evening. Ask parents to report symptoms when calling in ill children for absences. 	<p>Children and staff with significant health conditions will continue to be especially vulnerable during this time.</p> <p>Communications with staff, parents and students are critical to the successful and safe return to school.</p> <p>Support for physical distancing, use of face masks, and keeping ill students out of school are essential mitigation measures until herd immunity is established.</p>	<p>CDC Coronavirus printable resources</p> <p>Cloth Face Coverings in Schools</p> <p>Recommendations FAQs on Testing for Schools</p> <p>Returning to School After COVID-19</p> <p>Parent/Family sample letter (word doc)</p> <p>SAMPLE Attendance LineScript (COVID-19)</p> <p>Autism Society-Wearing</p>

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<ul style="list-style-type: none">• Review attendance policy for students (ensuring students stay home in case of symptoms exhibited individually or for a family member). <p>Consider engaging the school community in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition to design posters addressing COVID-19 prevention tactics).</p> <ul style="list-style-type: none">• Consider pre return messaging including videotaping what behavioral/hygiene measures will look like for students and staff.		<p>Masks Keeps Everyone Safe!</p> <p>What Families Need to Know-Cloth Facial Coverings in Schools</p> <ul style="list-style-type: none">• (English)• (Hindi)• (Hmong)• (Somali)• (Spanish)
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Closing

Schools, working together with local health departments, have an important role in slowing the spread of diseases and protecting vulnerable students and staff. The goal is to return to more traditional forms of teaching and learning, provide educational and related services, while preventing or minimizing further or future school closures due to COVID-19 or other communicable diseases.

While the virus (SARS-CoV2) that causes COVID-19 remains in wide circulation and the general public remains susceptible, the mitigation measures of social (physical) distancing, use of facial coverings/masks, hand hygiene and cough etiquette, quarantine of exposed individuals, and isolation of those with symptoms or illness provide the only protection to students and staff. The more individuals a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The degree to which that individuals and schools follow these public health mitigation measures, the lower the risk.

All decisions about implementing school-based strategies (e.g. social distancing measures, surveillance, and use of masks) should be made locally, in collaboration with local health officials who can help determine the level of transmission in the community. School plans should be designed to complement other community mitigation strategies to protect high risk populations and the healthcare system, and minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination.

Infection control and mitigation are not the only challenges school health services will face. The DPI acknowledges that usual policies and practices surrounding medication administration (training of school staff and obtaining written consents) might be difficult to implement at the start of the 2020/21 school year. Well-child visits and medical appointment schedules have been disrupted by the pandemic. Wisconsin statutes (118.29 – 118.2925) do not address the timing of staff training or medication consents. Therefore, school districts have flexibility in determining their own procedures. School districts are encouraged to seek legal counsel and review alternative practices during this unprecedented time period.

Acknowledgments

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Additional resources have been created under contract by SchoolHealthAssociates.com.

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<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

Tools and Resources (click main title to download files)

1. [SOCIAL AND PHYSICAL DISTANCING](#)

Classroom Plan A (pdf)
Classroom Plan B (pdf)
Bus with 24 passengers- 3 feet social distancing (pdf)
Bus with 12 passengers - 4 feet distancing (pdf)
Bus with 6 passengers - 6 feet social distancing (pdf)

2. [LIMIT SYMPTOMATIC AND ASYMPTOMATIC SPREAD AND EXCLUSION CRITERIA](#)

COVID-19 School Absence/Exposure Tracking Form (excel)
[COVID-19 School Absence/Exposure Tracking Form \(Google sheet\)](#)
[Video demonstration of COVID-19 Absentee Excel Tracking Form](#)
[Video Demonstration of COVID19 School Absence Tracking Sheet](#)
Hayfever vs Coronavirus (pdf)
Distinguishing the Difference COVID-19 vs. Allergies vs. Flu (pdf)
[Distinguir la Diferencia: COVID-19 vs. Alergias vs. Gripe \(pdf link\)](#)
Asthma Care at School Post COVID-19 (pdf)
School Absentee Data Tracking Recommendations (pdf)
Local Health Department and School Discussions (pdf)
Parent/Student Attestation COVID-19 Symptom Form (pdf)
School Staff COVID-19 Symptom Screening Form (pdf)

3. [PERSONAL PROTECTIVE EQUIPMENT FOR SCHOOL STAFF AND HYGIENE MEASURES](#)

[Department of Safety and Professional Services PPE Training for Schools](#)
Difference Between PARPs and Respirators (pdf)
DPI PPE Considerations for Schools (pdf)

4. [CLEANING/DISINFECTION MEASURES AND MAINTAINING A HEALTHY ENVIRONMENT](#)

First Grade Handwashing presentation (pdf)
Fourth Grade Handwashing Presentation and Germ Puzzle (pdf)
Handwashing lesson Plans 5K -1st Grade (pdf)
Handwashing lesson Plans 2nd-3rd Grade (pdf)
Handwashing lesson Plans 4th-5th Grade (pdf) Sample
Handwashing Letter 5K- 1st Grade (Word) Sample

Handwashing Letter 2nd-5th Grade (Word)

5. **HEALTH OFFICE MANAGEMENT**

Acuity Tool Schools and Students (pdf)
Acuity Measure (pdf)
First Aid Supplies for Classrooms and Teachers (pdf)
Health Office Triage during a Pandemic (Word)
COVID Nebulizer Procedure (pdf)
Classroom First Aid Management Protocols (file folder)
Trach Suctioning Procedure COVID-19 (pdf)

6. **COMMUNICATE BEHAVIORAL EXPECTATIONS REGARDING INFECTION CONTROL**

[What Families Need to Know-Cloth Facial Coverings in Schools](#)

- [\(English\)](#)
- [\(Hindi\)](#)
- [\(Hmong\)](#)
- [\(Somali\)](#)
- [\(Spanish\)](#)