



## Jefferson County Health Department

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# Jefferson County Health Department: Guidance for School Districts on Addressing the Spread of COVID-19

Updated August 20, 2020

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Jefferson County Health Department (JCHD) strives to ensure the health of all residents, including and especially our youth. Related to the COVID-19 pandemic and the impact on Jefferson County, JCHD is providing guidance to schools regarding when a school or district should shift to exclusively virtual instruction, when students or staff should remain home, and for what durations of time so that the health of students is considered while their educational needs are being met by staff. It is equally important that the staff in our school districts feel as secure as possible during this critical time.

While the virus that causes COVID-19 remains in wide circulation and the general public remains susceptible, the mitigation measures of social and physical distancing, use of proper facial coverings or masks, isolation of those with symptoms or illness, and good hand/cough hygiene provide the best protection to students, staff, and the larger community. The more individuals a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. This should be considered with respect to classes and includes all indoor and outdoor extracurricular activities and events.

## Overview of Possible Mitigation Strategies

### Promote Behaviors that Prevent Spread

- Educate people to stay home when sick or when they have been in close contact to someone with COVID-19.
- Reinforce the practice of hand hygiene and respiratory etiquette (e.g., covering coughs and sneezes).
- Teach and reinforce the use of masks or proper face coverings to protect oneself and others.
- Ensure adequate supplies are easily available (e.g., soap, hand sanitizer with at least 60% alcohol, paper towels) to support healthy hygiene behavior.
- Post signs or posters and promote positive messaging about behaviors that prevent spread.

### Maintain Healthy Environments

- Intensify cleaning and disinfection of frequently touched surfaces.
- Ensure ventilation systems operate properly and increase circulation of outdoor air.
- Ensure all water systems are safe to use.
- Modify layouts to promote social distance of at least 6 feet between people.
- Install physical barriers and guides to support social distancing.
- Close off communal spaces, or stagger use and clean and disinfect between use.
- Restrict sharing of objects, or clean and disinfect between use.

### Maintain Healthy Operations

- Protect people at higher risk for severe illness from COVID-19.
- To cope with stress, encourage students and staff to take breaks from the news, take care of their bodies, take time to unwind and connect in safe ways with others.
- Maintain awareness of local and state regulations.
- Stagger or rotate scheduling whenever possible.
- Create static groups or “cohorts” of individuals and avoid mixing between groups.
- Pursue virtual events whenever possible. Maintain social distancing at any in-person events, and limit group size as much as possible.
- Limit non-essential visitors, volunteers, and activities involving external groups or organizations, especially with those who are not from the local area.
- Designate a COVID-19 point of contact at each school and for each school district.
- Monitor absenteeism and create a back-up staffing plan.
- Train staff on all safety protocols.
- Consider conducting daily health checks such as temperature or symptom screening.
- Put in place communication systems for:

- Individuals to self-report COVID-19 symptoms, a positive test for COVID-19, or exposure to someone with COVID-19
- Notifying local health authorities of COVID-19 cases
- Notifying individuals (employees, customers, students, etc.) of any COVID-19 exposures while maintaining confidentiality in accordance with privacy laws
- Notifying individuals (e.g, employees, customers, students) of any facility closures.

### Monitoring and Preparing - Checking for Signs and Symptoms

- Screen children upon arrival, if and when possible. Establish routine, daily health checks on arrival or in classrooms, such as assessment for symptoms or temperature screening of both staff and children. If screenings cannot feasibly take place at school upon arrival or in classrooms then students and parents or guardians should be asked to conduct an assessment of symptoms on a daily basis. Staff should be on the lookout for students or other staff who may be showing symptoms throughout the school day.
- Implement health checks (e.g., temperature checks or symptom screening) safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be strictly maintained.
- Regularly encourage parents to keep sick children home and staff to stay home if they are sick.

### Prepare for When Someone Gets Sick

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. 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.
- Ask sick staff members or students to shift to virtual instruction until they have met CDC criteria to discontinue home isolation.
- 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 CDC and local guidance if symptoms develop. If a person does not have symptoms, follow appropriate CDC guidance for quarantine.

## Definitions

**Close Contact:** Defined as being within 6 feet for more than 15 minutes or having any physical contact with an individual who has been positively confirmed to have COVID-19, starting from 48 hours before and 10 days after illness onset or positive test, whichever occurred first.

**Community Spread:** Level of community transmission, or percent of confirmed cases with an unknown source of infection. More extensive mitigation will be needed when there is greater community transmission. Jefferson County is using an average for the prior 2 weeks.

**Positivity Rate:** Percent of Total Tests Conducted that are positively confirmed. This is calculated using a 14-day rolling average with a lag time of one day. This lag time may increase based on processing and reporting times for tests being conducted.

**Isolation:** Separates sick people with a contagious disease from people who are not sick.

**Quarantine:** Separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

**Measures of Trajectory:** The effective reproductive number (the average number of secondary cases from an infectious case in a particular population at a specific point in time) and doubling time (the time required for the number of cases to double) are epidemiologic measures that can be used to characterize the speed with which illnesses are spreading in an outbreak. Although these measures can be imprecise, especially when calculated within smaller populations, they provide alternative ways to analyze and characterize the trajectory of COVID-19 activity in Jefferson County.

**Symptoms:** This list does not include all possible symptoms of COVID-19, only the most common. When asking students and parents to self-assess symptoms, ask them to check for any of these symptoms. If any of the symptoms below are being experienced by a student or staff member, it is best that they shift to virtual instruction and see a health care provider. Other symptoms, like body rashes, have also been observed in many positively confirmed cases of COVID-19.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Daily Case Incidence:** The daily case incidence number (per 100,000) will determine whether a jurisdiction is green, yellow, orange, or red COVID activity levels using the criteria describes under the COVID-19 Risk Level definition below. This is calculated using a 7-day rolling average with a lag time of one day. This lag time may increase based on processing and reporting times for tests being conducted.

### COVID-19 Risk Level Case Incidence

COVID Risk Level	Case Incidence	
Red ( Very High Risk )	>25	daily new cases per 100,000 people
Orange ( High Risk )	10<25	daily new cases per 100,000 people
Yellow ( Medium Risk )	1<10	daily new cases per 100,000 people
Green ( Low Risk )	<1	daily new case per 100,000 people

### Concerns of Equity

While COVID-19 is an infection that has recently become a part of our lives, there are many individuals who struggle with other social and individual determinants of health that may impact them adversely. These vulnerable populations include a broad array of groups, including racial and ethnic groups, those with mental health or substance abuse disorders, those who experience abuse, those with special needs, and many more. Some of these groups may require tailored strategies to ensure they do not suffer disproportionately from COVID-19 or the strategies intended to mitigate the spread of the virus. We can solve or reduce unintended consequences by anticipating and planning for them, implementing tailored activities to address them as best as possible, and ensuring we are able to assess and adapt as needed. Please reach out to JCHD for technical assistance, if desired, in this matter.

## Shifting to Virtual Instruction

### When We Recommend Students and Staff to Shift to Virtual Instruction

Students and Staff – who were in the same classroom or any other room and within 6 feet for more than a cumulative time of 15 minutes or had any physical contact with someone who tested positive for COVID-19 – should quarantine and shift to virtual instruction for **14 days from time of exposure**.

- 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 and additional students would not need to quarantine.
- 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.

We strongly recommend that all who are exposed are tested for COVID-19, if possible.

Siblings of positively confirmed individuals would also be asked to shift to virtual instruction for **14 days from last exposure** to the positively confirmed student within ten days of the positively confirmed individual's first date of symptoms or positive test, whichever is first.

We recommend that the physical classroom(s) in which a positively confirmed individual remained for a cumulative total of more than 15 minutes remain closed for **2 days** for deep cleaning and disinfection. Sanitation staff should wait 24 hours, when possible, before entering the affected classrooms or areas to allow viral particles to settle.

### When We Recommend a Specific Student to Shift to Virtual Instruction

Using the table below, upon showing symptoms of COVID-19 in the list below, **shift to virtual instruction for 3 days. If symptoms remain persistent for 3 days, or if symptoms worsen, shift to virtual instruction for 10 days.** Parents or guardians should be conducting this assessment at home before bringing a student to school. However, this self-assessment can take place at school in classrooms at any time during the day, as well. School-based health care providers or teachers should send students home per the above recommendations if they have taken any medications (e.g, ibuprofen, Tylenol) to reduce fever in the last 24 hours.

Any ONE of the following symptoms	Any TWO of the following symptoms
<ul style="list-style-type: none"><li>• Cough, shortness of breath or difficulty breathing</li><li>• New loss of smell or taste</li><li>• Fever</li><li>• Diarrhea</li><li>• Nausea or vomiting</li></ul>	<ul style="list-style-type: none"><li>• Fatigue</li><li>• Muscle or body aches</li><li>• Headache</li><li>• Sore throat</li><li>• Congestion or runny nose</li></ul>

### When We Recommend a School Building to Shift to Virtual Instruction

If 3 positive cases for students or staff in face-to-face instruction are confirmed within 1 week, we recommend the **school building shift to virtual instruction for 3 days**, regardless of student population size. This is due to airborne particles lingering in the air and on surfaces, viral transmission dynamics indoors, and the number of potential individuals exposed.

The duration of 3 days allows for contact tracing to take place with the individuals who have tested positive, and further allows for the potential presentation of symptoms among those who have been exposed.

The number of cases that would call for closure may be re-examined under conditions of low daily case incidence, positivity rate, low community transmission, and for those schools who are able to implement classes in cohorts.

Please note that this is a conservative mitigation strategy that is based on the increasing trends in Wisconsin and Jefferson County. Daily case incidence, percent positivity, and the rate of community transmission are key metrics that are currently high in Jefferson County, all of which increase the chances that there are additional students who are infected in the event of a positively confirmed case.



## When We Ask a School District to Shift to Virtual Instruction

JCHD is utilizing an approach to recommending district closure based on [guidance](#) from the [Harvard Global Health Institute](#). The level of closure and shift to virtual instruction is based on the level of COVID-19 activity associated with Daily Case Incidence as shown in the below chart.

If a school district chooses to cease in-person instruction based on the following guidelines, it is recommended they wait 7 days to ensure that the Daily Case Incidence Value has stabilized and is on the appropriate trajectory for that new risk level before returning to in-person instruction.

COVID-19 Activity Levels	(Daily Case Incidence)	Recommendation
Very High Activity (Red)	>25	All students should learn virtually.
High Activity (Orange)	10 < 25	<p><b>Prioritize: Grades Pre-K through 5 and in-person Special Education services at grade levels Pre-K through 8</b> open if conditions for pandemic resilient teaching and learning spaces can be achieved at scale; in the absence of conditions for pandemic resilient teaching and learning spaces, schools continue with remote learning.</p> <p><b>Grades 6 through 8 and in-person Special Education services at grade levels 9 through 12:</b> open if conditions for pandemic resilient teaching and learning spaces can be achieved at scale; in the absence of conditions for pandemic resilient teaching and learning spaces, schools continue with remote learning.</p> <p><b>Grades 9 through 12</b> maintain remote learning for all learners.</p>
Medium Activity (Yellow)	1 > 10	<p><b>Prioritize: Grades Pre-K through 5 and in-person Special Education services at grade levels Pre-K through 8</b> open if conditions for pandemic resilient teaching and learning spaces can be</p>

		<p>achieved at scale; in the absence of conditions for pandemic resilient teaching and learning spaces, schools continue with remote learning.</p> <p><b>Grades 6 through 8 and in-person Special Education services at grade levels 9 through 12</b> open if conditions for pandemic resilient teaching and learning spaces can be achieved at scale; in the absence of conditions for pandemic resilient teaching and learning spaces, schools continue with remote learning. In-person opportunities for special needs students at grade-levels Pre-K through 8 are also included.</p> <p>If sufficient pandemic resilient learning space (physical distancing) is available AFTER allocation to grades K-8, grades 9-12 open on a hybrid schedule, with only a subset of students on campus at any particular point of time to facilitate de-densification.</p>
<p><b>Low Activity (Green)</b></p>	<p><b>&lt;1</b></p>	<p>All schools open if conditions for pandemic resilient teaching and learning spaces can be achieved at scale; districts, states, and federal government invest in healthy buildings and healthy classrooms</p>

While a county-wide 7-day rolling average of Daily Case Incidence (per 100,000) is the key metric we are using to inform district closure and re-opening, please keep in mind that we should remain adaptable to changing conditions that go beyond this number. These metrics will be continuously monitored by JCHD and include percent positivity, community spread, contact tracing capacity and function, hospitalization rates and hospital capacity, and access to testing. Holistic issues like the mental health of school-age youth and childcare are also considered as we recognize schools to be vital to the health of our communities and the well-being of our youth. The epidemiology of COVID-19 (daily case incidence, positivity rate, community spread) in adjacent jurisdictions is also a factor that will be considered. Neighboring or nearby jurisdictions with significantly higher incidence or with increasing COVID-19 activity could affect Jefferson County, jeopardizing improvements and causing an increase in positively confirmed cases.

All of the above recommendations and guidelines are subject to change based on the state of COVID-19 in Jefferson County, adjacent jurisdictions, and Wisconsin overall. Though it is possible to safely reopen schools, the safety of students and staff should take precedence over a return to in-person instruction. While young children (aged 10 and under) have been observed to contribute to the transmission of COVID-19 relatively less than older children and adults, this is based on limited evidence. Other age groups contribute almost equally to the spread of COVID-19 based on that limited body of evidence. In addition, children are known to be infected by COVID-19, and are able to pass on the infection to others whether they show symptoms or not.

JCHD will provide continuous communication of any changes in these recommendations, which may also be affected by the release of updated state or federal guidance. If a school district feels they are unable to safely return to in-person instruction and are also unable to implement virtual instruction, they may consider delaying the start of school until either or both learning options are feasible in a safe and effective manner.

**Please remember that controlling the spread of COVID-19 is within the control of Jefferson County.**

**The best way to control the spread and reduce new infections is by continuing to follow the best practices of hand washing and sanitizing, utilizing proper face coverings or masks, avoiding close contact with individuals outside of your household, and monitoring your health daily.**

**It is also important to maintain your mental well-being in addition to your physical wellness. Jefferson County and the many vibrant communities within have the capacity and fortitude to confront this challenge head-on while making every attempt to return to normalcy in a safe way.**

## **References**

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

[Key Metrics for COVID Suppression](#) (Harvard Global Health Institute)

[The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces](#)

[Preparing K-12 School Administrators for a Safe Return to School in Fall 2020](#) (CDC)

[Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#)

[CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#)

[Cleaning and Disinfecting Your Facility](#)