

Milwaukee Health Department (MHD) K-12 Reopening Guidance

Reopening of school during the COVID-19 pandemic is a complex process as there must be considerations not only for safety, but additional circumstances involving economic hardships, social isolation, and nutritional and developmental wellness. Education is a vital component to communities and impacts overall health and well-being. It is also important to acknowledge the importance the schools themselves play as they serve as a resource for public health interventions by addressing core needs such as nutrition, access to health, social support services, engagement and support of families and the community as a whole.

As we look forward to the start of the 2020-21 school year in our pre-kindergarten (pre-K) through grade 12 schools, we anticipate that COVID-19 will continue to circulate. Students, teachers, and other school staff will be at risk for transmitting and acquiring infection. It is important that everyone in the school community take steps to reduce transmission, particularly to those at high risk, while balancing the need to maintain a strong education system that effectively supports staff, students, and communities.

This document will provide pre-K through grade 12 (K-12) school leaders guidance around policies, best practices, and strategies schools must implement and recommendations they should consider to optimize education, promote health and safety, while mitigating risk throughout the school year. Use this guidance document in combination with the School Safety Assessment for the City of Milwaukee Health Department's approval to report.

How to use this guide

This guidance document is organized into sections by topic, and within each section the planning elements are further separated into required and recommended practices for each planning Phase. The final section of this document includes a check list of the requirements to provide in addition to a school's individual reopening plan.

Schools are required to submit two documents, a reopening plan as well as the completed MHD Safety Assessment Checklist for review and approval before beginning in-person learning with any phase, as listed below. Organizations with multiple schools under one larger branch are allowed to submit one plan with a one page addendum for each school building.

Each submitted plan is required to have a minimum of three phases of education. Phase A must allow for an all virtual/remote learning environment. Hybrid learning allows for in-person learning as a percentage of building occupancy which is determined by the current [Moving Milwaukee Safely Order](#). Phase B must allow for a hybrid learning environment. Hybrid learning can have more than one phase (ex. Phase B.1, Phase B.2) to allow for school flexibility based on the population served and physical environment. Phase C allows for in person instruction, full day.

The Milwaukee Health Department will provide overall approval and guidance for schools to move from Phase A to Phase B to Phase C.

Schools are required to have a COVID-19 Program Coordinator role. The COVID-19 program coordinator is the point of contact for each school building for the operationalization of the COVID-19 safety plans. This person is responsible for communication with the Milwaukee Health Department for concerns and issues that arise as it related to safely implementing the reopening plans, as well as provide general oversight of operations noted under each section.

Definitions

Required health practices must be implemented by all Milwaukee Schools, including Public, Charter, Choice, Parochial and Private. These practices are foundational to minimizing the risks of exposure to COVID-19 for students, staff, and families. These practices are considered the minimum level of implementation, and schools may not be less restrictive.

Recommended health practices are additional strategies that schools may choose to use to minimize the spread of COVID-19. Not all recommended practices will be possible in all settings, and therefore should be tailored as appropriate for each individual school.

Sections

- Physical Distancing
- Face covering/masks
- Protecting Vulnerable Populations
- Protective measures
- Infection Prevention
- Screening and monitoring for illness
- Handling suspected or confirmed positive cases of COVID-19

Phasing

Phase A – All Virtual/Remote Learning

In this scenario schools must provide all students and teachers with a 100% virtual or remote learning option. Schools should be prepared to transition seamlessly between phases as suspected and confirmed cases of COVID-19 are detected.

Phase B - Hybrid Model Learning

In this scenario schools must limit the overall number of people in schools by providing Hybrid Education as suggested by [DPI Education Forward Plan](#) that also meets the following: (i) 50% of the total occupancy of the location established by the City of Milwaukee, if any, (ii) one person for every 30 square feet of floor space open to the public, or (iii) 250 people, which is based on the [CDC recommendations](#)¹ to cancel large gatherings of over 250 individuals. Physical distancing with at least 6 feet (shoulder to shoulder) between people must occur at all times. If distancing cannot be achieved in a space the number of occupants must be reduced.

Phase C - In-person, in building learning for all

In this phase, schools should continue to enforce safety measures and create as much space between students and teachers as possible, but will not be required to strictly enforce physical distancing during primary instruction time and activities. Safety measures should continue to be followed for all extra-curricular activities.

PHYSICAL DISTANCING

Physical distancing (also called social distancing) means keeping space between oneself and other people outside of household members. Physical distancing is a critical tool in decreasing the spread of COVID-19. In this planning scenario, schools should create as much space as possible between people during the school day, recognizing that it is not always feasible to have 6 feet of physical distancing during primary instructional time in classrooms. Additional safety measures should be maintained as appropriate.

Requirements: Phase B and Phase C

- Provide social distancing floor/seating markings in all classrooms, waiting, and reception areas.
- Systematically review and evaluate school transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing. Please refer to [DPI Education Forward Plan](#) for additional suggestions for safe transport.
- Systematically review and evaluate classroom capacity with the goal of creating as much space between people as possible. In cases where it is not possible to be 6 feet apart, class size must be reduced or alternative spaces with greater capacity must be utilized. Please refer to [DPI Education Forward Plan²](#) for additional suggestions for smaller classroom and potential cohort group sizing.
- Common gathering areas must be closed off to the purpose of congregating or socializing. Common areas can be repurposed for educational use while still following guidance as noted in this plan.
- Mark 6 feet of spacing to remind students and staff to always stay 6 feet apart in lines and at other times they may congregate (e.g., class transition, lines, during lunch, arrival and dismissal, restrooms, locker rooms, etc.).
- Have staff monitor arrival, dismissal and class transition times to discourage congregating and ensure students go straight from vehicle to their classroom or room to room.
- Nonessential visitors, volunteers, and activities involving external groups or organizations should be restricted.
- Discontinue self-service food or beverage distribution in the cafeteria, including vending machines. Meals, snacks, and beverages served at school must be individually packaged, wherever possible. Where individual packaging is not possible, food and beverages must be served directly to students. As always, ensure the safety of students with food allergies.

Additional Requirements: Phase B

- Limit the number of people in school facilities and in transportation vehicles to 50% of maximum occupancy.
- Ensure sufficient social distancing with at least 6 feet between people at all times when inside of school facilities.
- Consider implementing contactless pick up and/or delivery of meals and school materials for days that students and staff are not in the school building.

Recommendations: Phase B and C

- Develop and keep students and staff in small cohort groups that stay together as much as possible throughout the day and from day to day. Limit mixing between cohort groups as much as possible (e.g., during lunch in the cafeteria, bathroom breaks, arrival and dismissal, free periods, recess, etc.).
- Identify entries and exit to create one way traffic flow where possible.
- Minimize opportunities for exposure (especially when students are around each other for 10 minutes or more) by ensuring social distancing of at least 6 feet between people whenever possible. For example, evaluate classrooms and other available spaces to ensure classrooms are large enough or class sizes are small enough to create space between students and staff.
 - Arrange classroom seating so that students are separated from one another by 6 feet when feasible.
 - Consider the use of transparent dividers (e.g., Plexiglas) to separate people.
 - Have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.
 - Use visual aids to illustrate appropriate spacing and traffic flow throughout the school building (e.g., designating hallways or entrances as one-way and posting classroom occupancy, directional reminders on the walls and/or floor).
 - Stagger arrival and dismissal times to minimize crowding. Whenever possible, student pick-up and drop-off should occur outside.
 - Utilize visual cues, signage, and barriers to direct traffic flow and demonstrate social distancing.
 - Consider dividing entry points rather than funneling all students through the same entry space.
- Provide frequent reminders for students and staff to stay at least 6 feet apart from one another, when feasible.
- Place physical barriers such as Plexiglas for protection at reception desks or other similar areas.
- Discontinue activities that bring together large groups of people or activities that do not allow for social distancing, including assemblies, in-person field trips, large group use of playground equipment simultaneously, etc.
- Staff and teachers should be given the opportunity to use alternate spaces (e.g., telework) with the appropriate accommodation documentation.

FACE COVERINGS

Per the [Milwaukee Cares Mask ordinance](#) – All persons are required to wear face coverings when in public spaces for the duration of the Moving Milwaukee Forward Safety Order. Face coverings are required beginning at the age of 3 years old. Proper face coverings include coverage of both the nose and mouth.

Face Coverings allowable include

- Cloth face masks
- [Paper or disposable masks](#)
- Scarves
- Religious face covering

All students, staff, and other people present in school buildings and district offices or riding on school transportation vehicles are required to wear a face covering. Face coverings are meant to protect other people in case the wearer does not know they are infected.

When is it appropriate to remove your face coverings?

- Vigorous intensity activity i.e. running a mile.
- Face coverings may be temporarily removed to eat or drink, but care should be taken to maintain as much space as possible between people, recognizing it is not always feasible to maintain 6 feet of distance from others.
- Staff working alone in their offices, classrooms, vehicles, or other job locations who do not have any person-to-person interaction.
- When communicating with a person who is deaf or hard of hearing or has a disability, medical condition, or mental health condition that makes communication with a face covering difficult, provided that social distancing is maintained to the extent possible. Masks with clear fronts are recommended if a face mask is not appropriate.

Requirements: Phase B and Phase C

- Develop and implement policies for face coverings and ensure the policy is clearly posted and communicated to students, staff, families, and potential visitors to the school building.
 - School leaders should work with students who cannot tolerate face coverings due to legitimate health reasons (e.g. health conditions, disability, etc.) and work to create a school climate that will combat stigma and bullying of these students.
- Schools must provide face coverings and/or face shields to employees and students. Employees and students may choose to wear their own face covering as long as it meets the minimum requirement of covering the nose and mouth. While schools may choose to initially allot a certain number of face coverings and/or face shields to each employee and student, they should also maintain an extra supply for staff and students who forget to bring them or do not have the means to purchase their own.
- Teach and reinforce the [use of face coverings](#) and/or face shields for students and staff throughout the school day, including on transportation vehicles, inside school buildings, and generally when on school grounds.

PROTECTING HIGH RISK POPULATIONS

The CDC considers the following people to be at high risk⁶ for severe illness due to COVID-19:

- Older adults (>50 years old)
- People (children and adults) who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease
- Have underlying medical conditions, including:
 - Pregnant or less than one year post-partum
 - Chronic lung disease
 - Serious heart conditions
 - Chronic kidney
 - Sickle Cell disease
 - Individuals with compromised immune systems (includes undergoing cancer treatment and autoimmune disorders)
 - Diabetes
 - Obesity ((BMI over 30 in adults, or at or above the 95th percentile in children)

Requirements: Phase B and C

- Create a process for students/families and staff to self-identify as high risk for illness due to COVID-19. Have a plan in place to address requests for alternative learning arrangements or work reassignments (e.g. accommodations).
- Offer distance learning to enrolled students who may be medically vulnerable or otherwise unwilling to return to in-person or hybrid learning.

PROTECTIVE MEASURES

Requirements: Phase B and C

- Ensure the availability of appropriate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer, paper towels, disinfectant wipes, and tissues) and strategically place supplies in areas where they may be frequently used.
- Develop processes to frequently check and refill supplies at the point of use (e.g., hand sanitizer available near shared equipment, hand sanitizer near school building entrances/exits, etc.)
- Build routines of hand hygiene into the daily school schedule for all students and staff, including handwashing and sanitation breaks during or between classroom activities:
 - Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older students.
 - Supervise the use of hand sanitizer by students.
 - Ensure that children and staff with sensitivity or skin reactions to hand sanitizer can use soap and water.
 - Reinforce handwashing during key times including but not limited to: arrival and dismissal; before, during, and after preparing or eating food; after using the bathroom;

after blowing one's nose, coughing, or sneezing; after touching objects with bare hands that have been handled by other people.

Recommendations: Phase B and Phase C

- Use in-school media, television screens, posters, and other tactics to promote health etiquette expectations in highly visible locations.

INFECTION PREVENTION

Requirements: Phase B and C

- Please remember all school children are required to be up to date with their vaccination schedule unless they are formally exempt within 30 days from the start of the school year. Parents are required to complete the [state form](#). The Milwaukee Health Department requires schools to submit the annual vaccination form to keep track of the herd immunity rate per vaccine preventable disease, per school. Adherence to the vaccination or immunization requirements are vital now more than ever. Influenza vaccination should be promoted to staff and students once it becomes available as COVID-19 and influenza symptoms are similar.
- The Milwaukee Health Department also supports the well-child checkup and encourages families of all students to make sure children are up to date with their annual physicals prior to returning to school. This includes vaccinations and childhood lead testing. Please visit the reference section for the American Academy of Pediatrics Bright Futures website.
- Establish a schedule for routine environmental cleaning and disinfection of high-touch surfaces and shared equipment throughout the day using approved disinfectant per the CDC disinfecting guidelines⁷. Disinfecting of high touch surfaces should occur frequently, and minimally between class transitions or cohort movement.
- Establish a daily schedule for routine environmental cleaning and disinfection of buildings⁸.
 - Staff should ensure there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. Securely store products away from children.
- All water fountains should be discontinued unless touchless for refilling of cups or water bottles. Identification of one person (i.e. teacher) to use of all in classroom sinks with education for sanitizing after each use.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., by dedicating supplies or equipment to individual students) or limit the use of supplies and equipment to one small classroom cohort group at a time, allowing for time to clean and disinfect between use:
 - To the extent possible avoid sharing electronic devices, books, toys, and other games or learning aids when possible, and ensure cleaning between uses.
 - Have students keep personal items in individually labeled cubbies, containers, desks, or lockers. Lockers should be assigned at least 6 feet apart from the next individual or based on the alternate/hybrid schedule.
 - Handle non-disposable food service items minimally and wash them with hot water and soap or in a dishwasher.

- Discourage the use of items that are difficult to clean or disinfect.

SCREENING

Regular screening for symptoms and ongoing self-monitoring throughout the school day can help to quickly identify signs of illness and help reduce exposure. Staff and students should be encouraged to self-monitor symptoms throughout the day. Staff or students who develop symptoms during the school day must notify school health services or another identified point of contact in the school building immediately.

Requirements: Phase B and Phase C

- Educate staff, students, and families about the signs and symptoms of COVID-19, and when they/their children or staff should stay home and when they can return to school. Require that staff and students stay home if:
 - Tested positive for or are showing COVID-19 symptoms, until they meet criteria for return.
 - Recently had close contact with a person with COVID-19, until they meet criteria for return.
- Establish a policy around screening. Conduct symptom screening for any person entering the school building. This includes staff, students, family members, and any other visitors physically entering the school building. Schools should review and identify a screening method from the CDC Examples of Screening Methods⁹.
- Communicate expectations and processes for the symptom screening method(s) selected for staff, students, and families.
- Establish action steps to care for students and/or staff who arrive ill and do not pass screening.
- Develop plans for backfilling positions of employees on sick leave and consider cross-training opportunities to allow for changes of staff duties as needed.

Recommendations: Phase B and C

- Conduct daily temperature screening for all people entering the school facility or boarding a school transportation vehicle.
- Establish and enforce sick policies to prevent the spread of disease, including: Enforcing staff staying home if sick.
- Establish liberal use of sick leave for employees and sick days for students.

CONFIRMED OR SUSPECTED CASES OF COVID-19

Based on the following chart, schools will need to work with the Milwaukee Health Department (MHD) to assess continued operations when a positive case is identified—this includes staff and students.

Step 1	Step 2	Step 3
1 positive case	2 positive cases	>3% of school/cohort test positive
School is required to report information to MHD for guidance	Schools agree to an on-site safety assessment completed by MHD staff	School must transition to virtual/remote learning for minimum of two weeks with guidance from MHD staff
School may continue approved operations	Guidance will consist of two options based on safety assessment: Option 1 - School is required to transition to all virtual/remote for recommended time frame Option 2 - School may opt to have school/cohort population tested	School must transition to remote learning

Requirements: Phase B and C

- Designate a staff person (e.g. can be the COVID-19 Coordinator) who will be responsible for responding to suspected COVID-19 concerns (e.g., school nurse) and will help coordinate with the Milwaukee Health Department regarding positive COVID-19 cases. All school staff and families should know who this person is and how to contact them. A MHD contact will be provided with every your school approval.
 - The Milwaukee Health Department is prohibited from releasing names of individuals who have tested positive for COVID-19. MHD will work with individual schools to provide individualized guidance in this scenario.
- Schools should have attendance tracking policies to readily identify students and staff who could have been exposed to a positive case.
- Put systems in place to allow staff and families to self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or had a close exposure to someone with COVID-19 within the last 14 days.
 - It is not required for students or staff members to have documentation of a negative COVID-19 test or a letter certifying release from isolation in order to return to school, but they must follow recommended guidance regarding when to return to school, per WI DHS guidance¹⁰
- Post signage at main entrance(s) requesting that people who have been symptomatic not enter the building.
- Establish a dedicated space for symptomatic people who are waiting to go home. 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.
 - The designated spaces Space should be disinfected between uses and as needed.

- Immediately isolate symptomatic people in the designated space at school and arrange to send them home.
- Ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is at least 6 feet away. Both the symptomatic student and the supervising adults should wear a face covering or a surgical mask.
- Implement cleaning and disinfecting procedures following the DPI Education Forward Plan²
- Develop a plan for how to transport an ill student or staff member home or to medical care when needed.
- Develop systems for notifying staff, families, and the public as needed if a person with COVID-19 was on the school premises while infectious.
- Develop strategies to maintain engagement and offer distance learning activities for students who cannot be physically present in the classroom due to illness or exposure.

Recommended:

- COVID Coordinator should have tracking mechanism in place to document all illness related absences.

Conclusion: COVID-19 continues to be a present new and uncertain challenges that require us to increase or loosen restrictions based on our gating criteria. The Milwaukee Health Department will work with schools with the goal of keep our children and school staff safe while understanding the primary objective of the school is to provide education.

References and Resources:

Moving Milwaukee Forward Safely Order 4.1 <https://city.milwaukee.gov/ImageLibrary/MKE-Health1/COVID-19/MediaReleaseTheCityofMilwaukeePhase4.1UpdateFinal.pdf>

Milwaukee Cares Mask Ordinance <https://city.milwaukee.gov/coronavirus>

Wisconsin Immunization Program requirements for schools:
<https://www.dhs.wisconsin.gov/immunization/reqs.htm>

Wisconsin Department of Public Instruction Education Forward
<https://www.dhs.wisconsin.gov/covid-19/schools.htm>

American Academy of Pediatrics- Bright Futures Well Child Health Checkup Information for families:
<https://brightfutures.aap.org/families/Pages/Resources-for-Families.aspx>

Centers for Disease Control and Prevention’s Guidance for Schools and Child Care Programs
www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

Guidance on Preparing Workplaces for COVID-19 www.osha.gov/Publications/OSHA3990.pdf