



November 2021 - UPDATE
Approved by BOE 11/22/21

PSD Stay Safe to Stay Open
 Plan Revisions/Additions Post-Vaccine

This updated plan is presented as a follow up to the Board of Education [approved plan](#) in August for the start of the school year. The proposed revisions to the plan are offered based on the evolving conditions and what we have learned managing school operations through the first 10-weeks of the school year. At the time of this update, vaccinations for children ages 5-11 have just been approved and are beginning to be administered.

The following information provides context for the recommendation for implementing additional steps for virus mitigation in the district:

- Daily new positive cases in Waukesha County, Wisconsin, and the Midwest have increased for multiple weeks. We are currently experiencing the highest case rates of the school year..
- Infection rate for the <18 age group is currently the highest for an age group in Wisconsin, Hospitalization for <18 remains at approximately 1% in the state. (Source: [DHS website](#)). Within school age groups, the 6-11 year old population accounts for approximately 60% of new cases (Source: Waukesha County Health Department).
- Vaccinations in Waukesha County are above the state average at 63.3% (state = 58.6%) and are higher within the borders of the PSD at 66.5% (data as of 11/19/21). The CDC approved vaccinations for children ages 5-11 in early November and those inoculations are starting at the time of this update. We estimate approximately 60% of students age 12 and over, and 85-90% of PSD staff are vaccinated at this time. We hosted our 5th vaccination clinic on 11/20/21 and had approximately 300 appointment reservations.
- The Wisconsin [DHS data](#) indicates that vaccination substantially reduces viral spread and dramatically reduces severe illness (hospitalizations & death). This data shows nearly 5 x's higher cases, 11 x's higher hospitalizations, and 15 x's higher death rates. Likewise, our internal data has consistently shown that we have notably lower numbers of cases in grades that have had the opportunity to be fully vaccinated (grades 7-12). This is also reflected in the county data of school aged cases with more than 60% of

cases in the 6-11 age group, 19% in 0-5, 11% in 12-14, and just under 10% in the 15-18 year old group. This provides optimism that as vaccinations increase with our younger students we should see a reduction in school aged cases. It is also encouraging to see that incidents of severe illness do not appear to be increasing among school aged children.

- The Board and District value creative approaches that provide strong safety measures while also allowing flexibility and empowering parental choice to the greatest extent possible.
- The Centers for Disease Control ([CDC](#)) updated guidance in early November. The summary of the guidance is as follows:
 - Recommendation for the implementation of layered (multiple) approaches of mitigation to reduce viral spread
 - Promotion of vaccination as the leading prevention strategy
 - Recommendation of universal masking regardless of vaccination status
 - Maintaining 3 feet or greater social distance in schools if possible
 - Implementation of screening testing practices
 - Enhanced ventilation measures
 - Hygiene practices (e.g. hand washing, easy access to hand sanitizer, etc.)
 - Sanitation/cleaning measures
 - Symptom monitoring practices (symptomatic individuals seek care, get tested, and stay home. Would include contact tracing protocols)
 - Data monitoring of viral spread in the schools and community

The **table below** includes greater detail in all categories of recommendations outlined in the guidance from the CDC and other health agencies. For each category, in the far right column, you will find a detailed description of the strategies currently in place in our school district.

An updated color-coded **Decision Guiding Metrics** framework follows the detailed plan. The use of a flexible metric based model is helpful to guide decision making and provides transparent communication to our students, staff, and parents. The updated recommendations reflect the learning we have experienced over the first three-months of the school year as we strive to manage school operations through the pandemic. The **recommended modifications** reflect the values we have maintained throughout this situation including the health and safety of students and staff, the social and emotional wellness of students and staff, and student learning. Furthermore, as we have continued to evolve our practices, and with the broader access to vaccination, our goal has been to be targeted and strategic with the use of more restrictive measures (e.g. quarantine, virtual learning, etc.) and to continue to look for creative ways in which we can empower parental and student choice in regards to their health care related choices.

Table 1: Public Health Guidance and PSD Implementation Plan (November Updates/Modifications Highlighted)

Category	Current Public Health Guidance (CDC)	PSD Approach in each category
Learning Environment	<p><i>Students benefit from in-person learning, and safely returning to in-person learning is a priority for the 2021-22 school-year.</i></p>	<ul style="list-style-type: none"> • All schools will have students return to 5-days per week in-person learning • (A fully virtual learning model was offered to families however demand was too low to staff any fully virtual sections so this is not an option in the upcoming year.) • <i>Emergency Remote Learning</i> (ERL) environments will be provided as needed for individual students placed in quarantine. This will be supported with our 1:1 Chromebook program and the use of our Learning Management Systems (LMS) which include SeeSaw and Canvas, and other supporting technologies such as videoconferencing. <ul style="list-style-type: none"> ◦ Voluntary Emergency Remote Learning (ERL) (New) - This strategy has been implemented in classrooms with multiple active cases as an intermediate strategy to reduce transmission without implementing required TVL for all students. The use of Voluntary ERL involves communication to families that ERL services will be provided to families who choose to have their child(ren) learn from home without being placed in a required quarantine for a limited amount of time. This option is offered at school/district discretion as needed as this creates instructional challenges on staff providing instruction in both virtual and in-person environments. • <i>Temporary Virtual Learning</i> (TVL) environments (learning from home via virtual instruction) may be employed in an effort to limit viral spread if outbreaks among groups occur. This may be used with classrooms, houses, grade levels, or full school buildings. Transition to TVL would typically be for a maximum of 2 weeks (full quarantine period).
Vaccination Promotion	<p><i>Vaccination is the leading public health prevention strategy to end the COVID-19</i></p>	<ul style="list-style-type: none"> • The District has hosted five onsite vaccination clinics for staff and three that included students once they became

	<p><i>pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.</i></p>	<p>eligible (5 and over). The District encourages staff and students to be vaccinated but recognizes and respects it is a personal choice to be vaccinated. The District does not require vaccination for staff or students.</p> <ul style="list-style-type: none"> • There may be some differentiation in relation to mitigation protocols for individuals who are fully vaccinated or confirmed of recent infection (past 90-days) such as differences in contact tracing, testing and quarantine procedures. (See CDC guidance)
<p>Masking</p>	<p><i>Communities experiencing substantial or higher viral spread (currently includes Waukesha County), recommend that all individuals 2-years of age and older (students, staff & visitors), regardless of vaccination status, wear facemasks when indoors.</i></p>	<ul style="list-style-type: none"> • District recommends masking for all individuals when indoors regardless of vaccination status. • Wearing of facemasks is required on all buses by Federal mandate. • District provided parents the option of voluntarily selecting placement of their student(s) into a <i>mask required</i> section in grades 4K-6 (grades not fully eligible for vaccination). Adequate demand was received to establish sections in grade 5K-5. • The District may impose a student mask requirement if viral spread in the school and/or community increase (metric TBD). A student mask requirement would include a parent waiver (opt out) option unless additional future Board of Education action were taken to restrict the use of waivers. If implemented, a masking requirement would be intended to be used strategically with groups experiencing high and/or increasing case rates (e.g. class, cohort, grade, or school) and would be limited to 2 weeks. Extensions of the requirement beyond two weeks would require BOE action. (Updated language)
<p>Contact Tracing, Isolation & Quarantine</p>	<p><i>Implementation of contact tracing, testing, isolation, and quarantine protocols for positive cases, probably (exposure & symptoms), and close contacts.</i></p>	<ul style="list-style-type: none"> • The district is staffed in all schools with fully qualified nurses who will continue to work with administration to contact trace all school-based cases. • Students who are confirmed positive, probable, or exposed as in-home contacts will be required to complete quarantine (minimum of 10-days inclusive of 24 hours or more of no fever and improving symptoms). • Non-symptomatic close contacts will be notified of

		<p>exposure and CDC recommendations provided to the parents. Voluntary quarantine will be supported with Emergency Remote Learning. All non-symptomatic close contacts choosing not to quarantine (return to school), will be encouraged to complete a Rapid Antigen test (day 1), and a confirming test 5-7 days (updated CDC guidance) later (testing services available at school).</p> <ul style="list-style-type: none"> • The District may additionally require close contacts (students or staff) to submit a negative test prior to returning to school with a subsequent confirming test 5-7 days (updated CDC guidance) after exposure. This strategy may be used strategically with smaller groups (e.g. class, cohort, grade level, school) experiencing high and/or increasing cases (Updated language). • All staff must submit a negative Covid-19 test if symptomatic, or as a non-symptomatic close contact at level orange or red.(Updated language) • The District may additionally require quarantine of close contacts who are non-symptomatic if infection rates increase in the community or within the school system (metric TBD). This strategy may be implemented strategically with smaller groups (e.g. class, cohort, grade level, school) experiencing high and/or increasing cases (Updated language)
Ventilation	<u>Enhanced ventilation procedures</u>	<ul style="list-style-type: none"> • Enhanced ventilation practices will continue to be employed by the school district in alignment with CDC recommendations. • Needlepoint Bipolar-Ionization HVAC systems have been installed in all school buildings. These systems improve air quality and have been <u>shown to substantially eliminate</u> Covid-19 particles in the air and on surfaces.
Testing	<i>Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission.</i>	<ul style="list-style-type: none"> • The District has partnered with DHS, DPI and Noah Laboratories to provide access to rapid antigen and PCR testing in all health rooms for students and staff. • Recommendation that unvaccinated staff be tested as a preventative measure one time per week. No longer recommended due to high level of vaccination and strong

		<p>voluntary use of testing, in addition to requirement of testing of all staff exposed or symptomatic at level orange or red. (Updated language)</p> <ul style="list-style-type: none"> ● A protocol has been established in which testing will be offered for students and staff who are identified at school as symptomatic, or non-symptomatic close contacts, (with parental approval for students). <ul style="list-style-type: none"> ○ PCR Tests will be recommended for symptomatic close contacts (probable cases/subject to quarantine) ○ Rapid Antigen Tests will be recommended for non-symptomatic close contacts with a confirming Antigen or PCR test on day 5-7 (CDC updated protocol). (Eligible to return to school) ○ The District may additionally require close contacts (students or staff) to submit a negative test to return to school with a confirming test 5-7 days after exposure. ● Voluntary screening testing may be offered/recommended for groups (e.g. class, cohort, grade level, or school) experiencing high and/or growing cases. (Updated language) ● The District may additionally require quarantine of close contacts who are non-symptomatic if infection rates increase in the community or within the school system (metric TBD).
Physical Distancing & Cohorting	<p><i>Distancing:</i> Recommendation that when possible, when indoors, individuals maintain 3-6 feet social distancing to reduce transmission.</p> <p><i>Cohorting:</i> Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other,</p>	<p>With full student attendance (as opposed to the hybrid/50% attendance models utilized earlier in the 2020-21 school year) it is very difficult to maintain social distancing consistently between students. It is recommended however that all reasonable efforts are made to create more opportunity to spread out students and staff (e.g. extra lunch periods, more tables, use of outdoor spaces, etc. whenever possible.)</p> <p>Cohorting strategies will be utilized in the elementary grades to reduce interaction outside of classroom or 'house' groups (lunch time, etc.).</p>

	<i>especially when it is challenging to maintain physical distancing.</i>	
Symptom Monitoring	<i>Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care, regardless of vaccination status. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others.</i>	Students (with support of parents) and staff are urged and expected to self monitor for symptoms of infectious illness and not report to school whenever symptomatic . Staff who are able to continue their duties (e.g. provide instruction virtually) will not be charged sick leave. Students found to be symptomatic at school will be asked to wear a mask and will remain in isolation until picked up by a parent or are allowed to leave school (older students).
Cleaning & Disinfection	<i>In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list external icon) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.</i> <i>If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.</i>	Enhanced cleaning procedures and sanitation including: <ul style="list-style-type: none"> • Increased frequency of cleaning of high touch surfaces • Utilization of hydrostatic and PureFX sprayers to enhance clearing and disinfect spaces • Flexible response cleaning for targeted sanitation in locations with higher incidence of illness • Contracting with Riteway Busing for high touch surface cleaning in between routes and full bus sanitation each evening
Handwashing & Respiratory Etiquette	<i>People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.</i> <ul style="list-style-type: none"> • Teach and reinforce handwashing 	Proper handwashing and respiratory etiquette will be taught and promoted in the school system. Signage encouraging hand washing and respiratory etiquette will be visible throughout the school district. A high level of access to handwashing locations and hand sanitizer throughout the school district will be maintained.

	<p><i>with soap and water for at least 20 seconds.</i></p> <ul style="list-style-type: none"> • <i>Remind everyone in the facility <u>to wash hands frequently</u> and assist young children with handwashing.</i> • <i>If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer).</i> 	
Volunteers & Visitors	Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations, particularly in areas where there is moderate-to-high COVID-19 community transmission.	<ul style="list-style-type: none"> • Volunteers may serve on campus in non-student settings if fully vaccinated and wearing a mask if not socially distanced from other staff. The district will re-evaluate the ability of volunteers to work with students when infections decline and stabilize. • Mentors (Insight Program) may meet in-person with students in a socially distanced setting (minimum 3 feet) if both mentor and mentee (student) are symptom free. Wearing masks is recommended. (Updated language) • Visitors will be restricted during the school day until infection rates sustain at reduced levels (metric level TBD). Whenever possible, meetings with parents and other visitors will be handled virtually. Parent/Teacher conferences may be held in-person or virtually at teacher discretion (Updated language). • Visitor / volunteer access will be re-evaluated after elementary students have had ample opportunity to be vaccinated if desired, and if the district case rate is at level green or yellow.
Outdoor Spaces	When possible, utilize outdoor spaces which greatly reduce virus transmission due to the high level of ventilation. Masks not required in outdoor settings.	<ul style="list-style-type: none"> • Maximization of the use of outdoor spaces with students • Emphasis on holding higher respiration activities outdoors including physical education, choir, and band (weather permitting).

Data Metrics	Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies	<p>The Pewaukee School District will maintain a comprehensive dashboard of metrics to support informed decision making. Key data will be shared regularly with PSD families with PSD families to keep all families informed of current status. Metrics utilized include:</p> <ul style="list-style-type: none"> ● 7-day new positive case rates (see table below) ● Disease burden models (WI, MN, and Harvard Resilience) and rates of infection for the community. (Currently using 10-day case rates for all Census Tracts contained fully, or partially within the boundaries of the district). ● Student cases (positive and probable) ● Students in quarantine ● Staff cases (positive and probable) ● Staff in quarantine ● Longitudinal data of weekly infections (during school year) <p>Additional Data - monitored on external sites:</p> <ul style="list-style-type: none"> ● State and Waukesha County Case Rates (overall and by age group) ● Age group hospitalizations ● State and Waukesha County Vaccination Rates (overall and by age group)
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Decision Guiding Metrics - Mitigation

The framework below presents a progressive set of steps the District administration *may* take in response to changing levels of viral transmission in the community within school boundaries. This model uses the **7-day new positive case average (currently using 7-day confirmed cases metric due to changes at WI DHS)** within the district boundaries as the metric. This is **intended to guide but not necessarily require a change in mitigation protocols**. The 7-day new positive case metric will be **analyzed in comparison with internal data points** including student and staff infections and quarantines. When the model meets, exceeds, or averages a figure at or above the benchmark over a ~~3-day period~~ **7-day period**, the District will consider the implementation of up to a **2-week change** in protocols (increase or decrease in restrictions). These data (currently accessible on the DHS site) will be updated and published on the district website for community review. These data and the mitigation strategies under implementation will be reviewed at each Board of Education meeting as a standing agenda item during the 2021-22 school year.

(Updated Model - November 2021)

Scale using 7-day avg new cases within district boundaries(When moving up levels, a 2 week minimum implementation should be expected).	Masking	Quarantine	Testing
<3.5	<u>Optional</u>	Positive & Probable individuals and household contacts <u>required</u> to complete 10-day quarantine; <i>offer testing</i> for probable and close contacts. Vaccinated or recently infected (past 90-days) who are identified as symptomatic close contacts may return with a negative PCR test.	<u>Recommended / Optional</u> for close contacts and before returning after symptoms.
> or = 3.5	<u>Recommended</u> when indoors for students & staff	Positive & Probable individuals, and household contacts, <u>required</u> to complete 10-day quarantine (symptomatic vaccinated or recently infected individuals may return with negative PCR test); <i>Close contacts encouraged to submit a negative test.</i> Vaccinated or recently infected (past 90-days) who are identified as symptomatic close contacts may return with a negative PCR test.	<u>Encouraged for all non-symptomatic close contacts; consider</u> special event-based screen testing (e.g. dances). Staff with any viral symptoms, or identified as close contacts, are encouraged to submit a negative test before returning to work.

<p>> or = 7.5</p>	<p>Recommended</p> <ul style="list-style-type: none"> -Positive & Probable Individuals Isolated -Unvaccinated in-home Close Contacts Quarantine (vaccinated or recently infected must submit a negative PCR test to return) -All Close Contacts (vaccinated & unvaccinated) strongly encouraged to submit negative test or recommended to complete quarantine <p>Recommended</p> <ul style="list-style-type: none"> -Weekly Screening encouraged for unvaccinated staff -Required for staff with any viral symptoms or identified as close contacts prior to return (or must Quarantine) -Consider offering voluntary screening for student groups with high and/or growing cases -Required screening for special events (e.g. dances)
<p>> or = 10</p>	<p>Recommended</p> <p>&</p> <p>Consider Temporary Requirement for cohorts or schools with high cases Include waiver option (opt out)</p> <ul style="list-style-type: none"> -Positive & Probable Isolated -Unvaccinated in-home Close Contacts Quarantine - Non-symptomatic Close Contacts may be required to submit negative test to return or complete 10-day quarantine (implement with groups experiencing high and/or growing cases) <p>Recommended</p> <ul style="list-style-type: none"> -Weekly Screening encouraged for unvaccinated staff - Required for staff with any viral symptoms or identified as close contacts prior to return (or must Quarantine) -Recommend Voluntary Screening testing for students in classes, cohorts, or grade levels with high or growing case counts. -Required screening for special events (e.g. dances)

<p>> or = 15</p>	<p>Consider Required <u>Temporary masking in cohorts or schools with high case rates - no waiver except medical (Board Action Required)</u></p>	<p>Positive & Probable individuals, and household contacts <u>required</u> to complete 10-day quarantine(symptomatic vaccinated or recently infected individuals may return with negative PCR test); <i>Non-vaccinated Close Contacts may <u>be required to complete full quarantine</u>. Close contacts may return on day 8 with negative test on day 6 or 7. Vaccinated or recently infected may return with a negative test and confirming test day 5-7 updated x CDC. (Full CDC Guidance)</i></p>	<p>Weekly screen testing may be required for un-vaccinated staff. <i>Require special event-based testing or consider cancellation or postponement</i></p>
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Learning Environment Change Process & Metrics

The decision to offer **Voluntary Emergency Remote Learning (New)** or move a group to *Temporary Virtual Learning* (TVL) will be made by the Superintendent for up to two weeks without Board approval to respond to increasing viral spread within the district. If a Board of Education meeting is not scheduled to take place within two school weeks of the implementation of TVL, a special Board meeting will be convened to review the status of the learning environment.

Learning Environment Metrics - The Administration will focus primarily on internal metrics when considering moving groups of students to TVL environments as a strategy for reducing viral transmission. Groups may range from classroom sections, to houses (grade level cluster of classrooms), grade levels, or full school buildings. These decisions often require fairly rapid decision making in response to changing conditions. Key metrics include:]

- Student infections (positive and probable cases)
- Students in quarantine
- Staff infections (positive and probable cases)
- Staff in quarantine (for exposure or to care of their own children in quarantine)
- Substitute fill rates

Guiding Questions - The decision to move a group to TVL, and how long the group should be kept out of school is complicated and must be done when considering the full context of the situation. The following questions are considered when making these kinds of determinations:

- What group or groups are experiencing increased rates of infection? (Class, grade, house, school)
- Is the increase or outbreak in infections related to a common factor? (e.g. athletics team participation, known common social event, neighborhood, etc.) Or does the increase in infections seem to be spread randomly among members of the group?
- Do we have reason to believe we may have the spread contained (e.g. common factor individuals already in quarantine)?
- Does the spread seem to be growing or declining?
- Do we have a fairly immediate scheduled break coming? (e.g. Spring Break, Winter Break, etc.)
- How many are already placed in quarantine and when are they scheduled to return?
- Are staff in quarantine? Are we able to adequately staff classrooms?

The move to TVL has been, and will likely continue to be necessary from time to time as we work through the Pandemic. The District understands the burden such a decision places on families and will continue to carefully consider all options when determining whether or not to implement this strategy. When moving groups to TVL, **all efforts will be made to impact the smallest group of students, for the shortest duration of time possible.**