



K-12 SCHOOL RECOMMENDATION FREQUENTLY ASKED QUESTIONS

Public Health Madison & Dane County, December 14, 2020

Why are you recommending reopening additional grades?

We know that the virus can spread in schools, but to date, there is increasing evidence that with risk mitigation strategies in place, schools are not super spreader environments. We continue to closely monitor K-2 data for Dane County, and to date, are not seeing strong evidence of spread within K-2 settings.

Since the fall, there have been increases in peer-reviewed scientific articles and local and national data regarding COVID-19 and schools. Schools with strong safety plans can, and have, mitigated risk of transmission, even in communities with moderate to high COVID-19 incidence. New data show that in schools with risk mitigation measures in place, there is little transmission occurring in the school and a majority of the cases associated with schools are from exposure outside of the school setting. We have provided a summary of research in the [K-12 School Requirements & Updated Recommendations During COVID-19](#) document.

We recommend schools open using a phased approach with elementary school first. Studies also increasingly suggest that younger children typically have less severe complications and experiences with COVID-19 and are less likely to spread the virus.

The previous recommendation for opening only included K-2. Why does this recommendation support all grades?

At this time, data and science most strongly support low risk school environments in elementary school settings with infection-control measures in place. As a result, we recommend that schools open using a phased approach with elementary grades first, and decide on opening further based on school/district circumstances, and the latest available local and national data.

What about risks to teachers, school staff and caregivers?

In general, adults are at higher risk of getting and transmitting COVID-19 and of having a more severe infection and/or complications as compared to children, which must be considered in school reopening decisions.

Teachers and staff may be at higher risk of school-based transmission, but with proper adherence to mitigation strategies both in the school and community environment, this risk can be reduced.

According to the [World Health Organization](#) (WHO), in school outbreaks, transmission from staff-staff was most common; among staff and students was less common; and student-student spread was more rare. Ways to mitigate risk among teachers and school staff:

- Adult in-person meetings and use of breakrooms
 - Recommendation: To the greatest extent possible, avoid in-person interaction with other adults, when needed use multiple risk mitigation measures, and avoid or do not use [breakrooms](#). Have virtual meetings as much as possible (virtual meetings can still happen when staff are in-person in their own classroom).
- Exposure outside of the school
 - Recommendation: Follow [Public Health Madison & Dane County current recommendations and orders](#) to reduce risk outside of school settings.

- Schools or staff not following risk mitigation strategies such as proper use of face coverings, physical distancing, etc.
 - Recommendation: Follow [Public Health Madison & Dane County School Requirements and recommendations](#).

We recommend that schools allow for a virtual option for all students, wherein families can determine instruction model based on their child's personal and household risk factors. Additionally, we encourage schools to create opportunities for staff to work from home if they within a high risk category.

Are school environments safe?

It is important to note that as long as there are COVID-19 cases in the community, there are no strategies that will fully eliminate the potential for school transmission. However, infection-control measures, including Public Health requirements related to masks, distancing, cohorting etc., will reduce risk of spread within school settings. These measures are proven to decrease spread from both symptomatic and asymptomatic cases. In addition, schools represent a relatively controlled environment and are well positioned to implement and enforce these measures.

You say that children are less likely to get COVID-19 but are they just being tested less since they are more likely to be asymptomatic?

Children with COVID-19 are more often asymptomatic than adults. In Dane County during October 2002, 486 of the 790 cases (62%) of children age 5 – 18 documented symptoms. Overall, we saw about 89% of people testing positive report symptoms. While Wisconsin doesn't have school-based testing capacity, data from New York City Public Schools (which has a robust surveillance testing program including asymptomatic students), shows that the case rate for students attending school in-person is lower than the surrounding community case rate. Their testing efforts show a <1% positive rate among school tests. Locally, it is important to note that while there isn't a comparable surveillance testing program for schools, Dane County's Alliant Energy Center community testing site represents one of the most robust and accessible community testing sites in the state. Symptoms are not required to receive a test at this site.

Why isn't my child's school open?

It is not required for schools to be open for in-person instruction. Each school has many variables that they need to take into consideration such as staffing capacity, resource availability, survey data from student/families regarding instructional preferences, etc.

Why can school be open, but sports requirements are the same?

Sports are a higher risk activity than a classroom learning setting. With sports, there is likely heavier breathing and less distancing, which increases the risk of COVID transmission.

Why aren't requirements for other sectors changing?

Our goal is to reduce, to the greatest extent possible, transmission of disease in our community. We believe that the current science-based school requirements and recommendations have been successful in preventing disease spread in our community. We will continue to update requirements and recommendations based on new evidence and local data.