# Jefferson County Board of Health Agenda

**1541 Annex Road, Jefferson, WI 53549**
**920-674-7275**
**October 21, 2020**
**1 p.m.**
**Videoconference OR**
**Jefferson County Courthouse**
**311 S. Center Avenue, Room 205**
**Jefferson, WI 53549**

**Board Members**

**Don Williams, MD, Chair; Kirk Lund; Dick Schultz, Secretary; Maria Dabel; Samantha LaMuro, R.T.**

**Register in advance for this meeting:**
**https://zoom.us/meeting/register/tJ0kd-6grjMrGNWdkt7-_J6ZQkJBTtpC0e0X**

**After registering, you will receive a confirmation email containing information about joining the meeting.**

1. **Call to Order**
2. **Roll Call (establish a quorum)**
3. **Certification of Compliance with the Open Meetings Law**
4. **Approval of the Agenda**
5. **Approval of Board of Health Minutes for June 2, 2020 Meeting**
6. **Communications**
7. **Public Comment** (Members of the Public who wish to address the Board on specific agenda items must register their request at this time)
8. **Review of Health Department Financial Report**
9. **Update on COVID-19 Outbreak**
10. **Discussion of the Public Health Program**
    a. Review of Statistics
    b. Review of Communicable Disease Cases Reported
    c. Staffing Update Health Department and Jail
11. **Operational Update of the Environmental Health Program**
12. **Discussion of the Public Health Preparedness Program**
13. **Future Agenda Items**
14. **Adjourn**

**Next Scheduled Meetings: Wednesday –TBD**

*A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.*

*Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.*

**JEFFERSON COUNTY BOARD**
**COMMITTEE MINUTES**

**June 2, 2020**
Joint Committee Meeting
Executive Committee & Board of Health

1. **Call to Order**
   Meeting was called to order by Nass at 10:00 a.m.
2. **Roll Call**

   Board of Health Members present: Dick Schultz and Maria Dabel.

   Board of Health Members present via videoconference: Don Williams, MD, Kirk Lund and Samantha LaMuro, R.T.

   Executive Committee Members present: Jim Braughler and Steve Nass.

   Executive Committee Members present via videoconference: Conor Nelan, Amy Rinard and Michael Wineke.

   Others Present: Ben Wehmeier, County Administrator.

   Others present via videoconference: Gail Scott, Health Director; Supervisor Anita Martin, Supervisor Greg David , Sandee Schunk and Elizabeth Chilsen, Health Department and Tyler Kubicek, Environmental Health.
3. **Certification of compliance with Open Meeting Law Requirements**
   Wehmeier certified compliance with the Open Meetings Law.
4. **Approval of Agenda**
   Motion by Schultz/Dabel to approve the agenda as printed. Motion passed 4-0
5. **Election of Board of Health Officers**
   - Chair
     Motion by Schultz/Dabel to nominate Lund. Motions were made to close the nominations. Motion passed 4-0.
   - Vice Chair
     Motion by Dabel/Williams to nominate Schultz. Motions were made to close the nominations. Motion passed 4-0.
   - Secretary
     Motion by Lund /Williams to nominate Dabel. Motions were made to close the nominations. Motion passed 4-0.
5. **Approval of Board of Health Minutes for January 15, 2020 Meeting**
   Draft minutes were provided for review.

   Motion by Lund/Williams to approve the Board of Health Minutes from January 15, 2020 as printed. Motion passed 4-0.
6. **Approval of Executive Committee minutes for May 27, 2020 Meeting**
   Draft minutes were provided for review.

   Motion by Braughler/Rinard to approve the Executive Committee Minutes from May 27, 2020 as printed. Motion passed 5-0.
7. **Communications**
   - Ordinance - Powers and Duties of County Health Officer
   - 2020 Cares Act Testing Coordination - Local Allocations
   - Contact Risk Assessment Flowchart
   - Contact Tracing and Monitoring Funding
   - Jefferson County EOC – Brief Update – 06-01-2020

- Jefferson County Health Department – Statement of Revenues & Expenditures

8. **Public Comment**
   None.

9. **Update on COVID-19 Outbreak**
   A copy of the Jefferson County EOC – Brief Update from June 1, 2020 was provided for review. Scott gave an update on the COVID-19 Outbreak and actions that the Health Department has taken related to it. No action taken.

10. **Discussion and Possible Action on a Communicable Disease Ordinance**
    A draft of the ordinance was provided for review. Wehmeier reviewed the reasons this ordinance was drafted and reviewed the content. The committees, Martin and Scott commented on the ordinance.

    Board of Health Motion by Schultz/Dabel to approve the Communicable Disease Ordinance with revisions and forward to the County Board for their consideration. Motion passed 5-0.

    Executive Committee Motion by Nelan/Rinard to approve the Communicable Disease Ordinance with revisions and forward to the County Board for their consideration. Motion passed 5-0.

11. **Review of Health Department Financial Report**
    Financial Reports and spreadsheets were provided for review. Schunk reviewed the reports.

    a. Discussion and Possible Action on the PHEP COVID-19 Grant
       Scott said that they received $54,835.00 from the Public Health Emergency Preparedness COVID-19 Grant.

       Motion by Williams/Lund to accept the funding from the grant. Motion passed 5-0.

    b. Discussion and Possible action on the Cares Act Funding
       Scott talked about Cares Act Funding. These funds have been divided into three areas:

       I. $30,000 Planning Grant
          $30,000 is the base amount for the grant with an additional $83,700 for a total of $113,700 total. $589,620.00 is the maximum that the county would get based on the state formulas. The Health Department is required to provide the state with a copy of the plan.

       II. Contact Tracing Funding
           This involves all areas of case management. Scott discussed the county's options and staffing plan.

       III. Testing Coordination Funding
            The Health Department has already set up a testing task force.

       Motion by Dabel/Schultz to accept the Cares act Funding. Motion passed 5-0.

12. **Discussion of the Public Health Program**
    Chilsen gave an update on the following areas of the Public Health Program.

    a. Review of Statistics
    b. Review of Communicable Disease Cases Reported
    c. Staffing Update Health Department and Jail

13. **Operational Update of the Environmental Health Program**
    Kubicek gave an update on the Environmental Health Program. No action taken.

14. **Discussion of the Public Health Preparedness Program**
    Scott said they are working with Emergency Management, the Emergency Operation Center (EOC) and the state. No action taken.

15. **Discussion of the Health Department Monthly Report and Annual Report**
    No action taken.

16. **Future Agenda Items**

17. **Adjourn**

Board of Health Motion by Schultz to adjourn at 11:30 a.m.
Executive Committee Motion by Braughler/Wineke to adjourn at 10:58 a.m.

| Health Department COVID19 Summary | | | | | | |
|---|---|---|---|---|---|---|
| DPH Grants available to partially use for COVID19: | | Grant Amount | Exp. + posted payroll as of 8/31 | Posted Payroll as of 9/26 & Pending Expenses: | Grants as of 8/31 + Payroll as of 9/26: | |
| Consolidated Contract MCH | ORG 4102 | $ 19,288.00 | $ 17,346.73 | $ 10.96 | $ 1,930.31 | |
| Consolidated Contract Immuniz. | ORG 4104 | $ 12,862.00 | $ 3,312.17 | $ 2,121.98 | $ 7,427.85 | $2,000 not available for COVID |
| | | | | | | |
| DPH PHEP COVID19 | ORG 410705 | $ 54,835.00 | $ 54,835.32 | $ - | $ (0.32) | Completed |
| | | | | | | |
| CARES COVID19 "Contact Tracing" Grant with separate ORGS | | $ 589,621.00 | Exp. + posted payroll as of 6/30: | | CARES balance as of 8/31 & 9/26 payroll | |
| CARES COVID19 Operation Expenses | ORG 4126 | | $ 4,227.86 | $ 288.54 | | |
| CARES COVID19 Disease Interviews | ORG 4126412 | | $ 119,437.66 | $ 39,112.20 | | |
| CARES COVID19 Contact Interviews | ORG 4126413 | | $ 51,851.44 | $ 20,210.16 | | |
| CARES COVID19 Monitoring Interviews | ORG 4126414 | | $ 23,744.42 | $ 3,315.79 | | |
| Total Available for CARS Billing: 4 ORGS are billed to CARS under one profile number. | | | | | $ 327,432.93 | |
| | | | | | | |
| CARES COVID19 "Pandemic Plan" | ORG 4126410 | $ 30,000.00 | $ 17,123.75 | $ 9,001.25 | $ 3,875.00 | |
| | | | | | | |
| CARES COVID19 "Testing Coordination" | ORG 4126411 | $ 113,700.00 | $ 8,435.53 | $ 5,615.48 | $ 99,648.99 | |
| | | | | | | |
| CARES COVID19 "Epidemiology & Lab Capacity" | ORG 4126415 | $ 22,200.00 | $ 14,416.25 | $ 7,790.00 | $ (6.25) | |
| | | | | | | |
| Total CARES Funding DPH Contract # 43580-4 | | $ 755,521.00 | | Balance of CARES Funds Available: | $ 430,950.67 | |
| | | | | | | |
| Public Health COVID19 | ORG 4101 Project Code 22101 | $ - | $ 83,386.77 | $ 37,728.75 | $ (121,115.52) | |
| *Need to discuss if these expenses that include "staff payroll" in case expense needs to get journaled back into Regular Payroll Expense for Public Health? | | | | | | |

Excel: ss: 2020 COVID Funding Summary

Updated 10/14/2020 - ss

| 2020 Grant Name - ORG - | Profile # | Grant Period | Grant Amount | Balance Available | Notes: |
|---|---|---|---|---|---|
| Preparedness 4107-01-02 "2019/2020" | 155015 | 07/01/19 - 06/30/2020 | $ 54,460.00 | $ - | Completed |
| Preparedness 4107-01-02 "Scholarships" | 155050 | 1/1/20-6/30/20 | $ 700.00 | $ - | Completed |
| Preparedness 4107-01-02 (CARS 130 Report) | 155015 | 07/01/20 - 06/30/2021 | $ 54,835.00 | $ 40,650.00 | |
| Prevention PHHS 4108 | 159220 | 01/01/20 -09/30/20 | $ 2,552.00 | $ - | Completed |
| TB Dispensary 4114 | n/a | 07/01/19 - 06/30/2020 | Fee-for-Service | n/a | Completed |
| TB Dispensary 4114 | n/a | 07/01/20 - 06/30/2021 | Fee-for-Service | n/a | |
| Fit Family WIC 4202 | 154661 | 10/01/19 - 09/30/2020 | $ 17,957.00 | $ 5,538.00 | USE BY 9/30/20 |
| BOTS Car Seat 4101 | n/a | 10/28/19 - 09/30/2020 | $ 2,625.00 | $ - | Completed w/ August order |
| WIC Grant 4201-420109 = $296,975 + $660 + $555 | 154710 | 01/01/20-12/31/2020 | $ 326,095.00 | $ 103,972.00 | |
| WIC "Infrastructure" Grant (Reception Remodel) | 154740 | 10/31/19-09/30/2020 | $ 48,120.00 | $ 48,120.00 | Finish by 9/30 |
| WIC "Outreach" Creative Marketing | 154746 | 2020 | $ 6,410.00 | $ - | Completed |
| WIC Farmers Market 420106 | 154720 | 1/1/2020 - 12/31/2020 | $ 2,691.00 | $ 539.00 | |
| WIC Peer Counselor 4203-04-09 | 154760 | 01/01/20-12/31/2020 | $ 12,370.00 | $ 3,465.00 | |
| WIC Misc. Revenue | N/A | 2020 | $ 746.87 | $ 522.16 | |
| Cons. Immunization 4104 | 155020 | 01/01/20-12/31/2020 | $ 12,862.00 | $ 9,549.00 | (save $2,000/school reports) |
| Cons. Child Lead 4103 | 157720 | 01/01/20-12/31/2020 | $ 6,366.00 | $ 1,982.00 | |
| Cons. MCH Blk. Grant 4102 | 159320 | 01/01/20-12/31/2020 | $ 19,288.00 | $ 1,941.00 | Use for COVID |
| Cons. MCH Blk Grant 4102 "Match"/GAC | 193002 | 01/01/20-12/31/2020 | $ 14,466.00 | $ - | GAC End-of-Year |
| Communicable Disease CTRL & PREV 4120 | 155800 | 01/01/20-06/30/2020 | $ 5,500.00 | $ - | Completed |
| Drug Free Community Grant - 4122 | FED | 01/01/20-10/31/2020 | $ 125,000.00 | $ 55,279.34 | |
| DFC "Donations" 4123 transferred from JCHS | n/a | Ongoing | n/a | $ 4,680.09 | |
| DFC "Town Hall Grant" 412305 transferred from JCHS | n/a | 01/01/20-5/31/2020 | $ 592.59 | $ - | Completed |
| DFC "AWY Grant" 412306 transferredf from JCHS | n/a | 2020 | $ 977.21 | $ 6.51 | |
| DFC "SOR Grant" 412307 | n/a | 1/1/20-9/29/2020 | $ 5,500.00 | $ 3,424.00 | |
| PH Emergency Quarantine (COVID19) 4125 | 10500 | 3/1/20-6/30/2020 | $ 759.27 | N/A | Completed |
| DONATIONS: Aurora Health Care (Cribs for Kids) 4101 | N/A | 2020 (carryover/2019) | $ 2,500.00 | $ 2,500.00 | Carryover from 2019 |
| DONATIONS: United Way TalkRead Play (Books) 4101 | N/A | 7/10/2020 | $ 359.50 | $ 359.50 | New Donation/BOOKS |
| DPH PHEP COVID19 410705 (CARS 130 Report) | 155801 | 4/1/20-3/31/2021 | $ 54,835.00 | $ - | Completed |
| ELC CARES COVID19 4126415 (CARS 130 Report) | 155802 | 2/1/20-9/30/2021 | $ 22,200.00 | $ 7,783.00 | |
| CARES COVID19 Testing Coordination 4126411 | 155803 | 3/1/20-12/31/2020 | $ 113,700.00 | $ 105,265.00 | |
| CARES COVID19 Pandemic Plan 4126410 | 155804 | 3/1/20-12/31/2020 | $ 30,000.00 | $ 12,876.00 | |
| CARES COVID19 Contact Tracing 4126/412/413/414 | 155805 | 3/1/20-12/31/2020 | $ 589,621.00 | $ 390,359.00 | |
| Updated: 10/01/2020 (as of 08/31/2020) | | | | | |
| Excel/SS/Doc/2020Grant Activity | | | | | |

## Jefferson County Health Department - Statement of Revenues & Expenditures:

| 01/01/2020 - 08/31/2020 | YTD Actual | Prorated Budget | Annual Budget | YTD Budget Variance |
|---|---|---|---|---|
| **REVENUE:** | | | | |
| **Total WIC** | **$ 251,162.50** | **$ 258,918.15** | **$ 386,445.00** | **$ (7,755.65)** |
| Public Health Fee for Service | $ 44,727.51 | $ 117,126.72 | **$ 174,816.00** | $ (72,399.21) |
| Public Health Grant Income | $ 440,909.90 | $ 151,244.46 | **$ 225,738.00** | $ 289,665.44 |
| **Total Public Health** | **$ 485,637.41** | **$ 268,371.18** | **$ 400,554.00** | **$ 217,266.23** |
| **Total Income** | **$ 736,799.91** | **$ 527,289.33** | **$ 786,999.00** | **$ 209,510.58** |
| | | | | |
| **EXPENSE:** | | | | |
| WIC 4201 - 420109 | $ 233,574.15 | $ 236,830.93 | $ 353,479.00 | $ (3,256.78) |
| WIC Fit Family 4202 | $ 8,683.85 | $ 11,936.05 | $ 17,815.00 | $ (3,252.20) |
| WIC Peer Counselor 4203-420309 | $ 8,904.50 | $ 8,164.62 | $ 12,186.00 | $ 739.88 |
| **Total WIC** | **$ 251,162.50** | **$ 256,931.60** | **$ 383,480.00** | **$ (5,769.10)** |
| Public Health = Tax Levy Supported Expenses | $ 440,280.14 | $ - | | $ 440,280.14 |
| Public Health Grants | $ 464,990.52 | $ 107,142.38 | $ 159,914.00 | $ 357,848.14 |
| Public Health Fee-for-Service | $ 29,619.82 | $ 65,035.56 | $ 97,068.00 | $ (35,415.74) |
| **Total Public Health** | **$ 934,890.48** | **$ 172,177.94** | **$ 256,982.00** | **$ 762,712.54** |
| **Total Expense** | **$ 1,186,052.98** | **$ 429,109.54** | **$ 640,462.00** | **$ 756,943.44** |
| **2020 SUMMARY** | | | | |
| **Total 2020 Income YTD:** | **$ 736,799.91** | **$ 527,289.33** | **$ 786,999.00** | **$ 209,510.58** |
| **2020 County Tax Levy Applied - ORG 4115:** | **$ 571,684.00** | **$ 571,684.00** | **$ 857,526.00** | $ - |
| **Total 2020 Revenue:** | **$ 1,308,483.91** | **$ 1,098,973.33** | **$ 1,644,525.00** | $ 209,510.58 |
| **Total 2020 Expense:** | **$ 1,186,052.98** | ***$ 429,109.54*** | ***$ 640,462.00*** | **$ 756,943.44** |
| **2020 Annual Activity (Revenue vs. Expenses):** | **$ 122,430.93** | | ***$ 1,004,063.00*** | |
| **2020 Budgeted Reserve Funds Applied to Deficit:** | | **$ 57,102.09** | **$ 85,227.00** | **$ 57,102.09** |
| **2020 "estimated" balance* as of 08/31/2020** | **$ 122,430.93** | | | |

**STATE OF WISCONSIN**
Department of Health Services
Division of Public Health

1 West Wilson Street
PO Box 2659
Madison WI 53701-2659

Telephone: 608-267-9003
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Date: September 15, 2020 BCD 2020-25

To: Local and Tribal Health Departments

From: Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist for Communicable Diseases

# Crisis Standards of Practice for COVID-19 Contact Tracing and Symptom Monitoring

**PLEASE DISTRIBUTE WIDELY**

## Summary

Systematic testing, contact tracing, and supported isolation and quarantine remain the cornerstone of an effective public health response to the COVID-19 epidemic. However, the ongoing high level of disease activity across Wisconsin is resulting in numbers of cases and exposed contacts that at times exceed the capacity of the public health workforce in many jurisdictions. With the current level of staffing and financial resources, state, local, and tribal health departments may not be able to feasibly achieve goals that have been set for completing disease investigations and contact tracing interviews at all times.

In this setting, there is both a need to scale-up and support state, local and tribal health department staffing, as well as to adopt modified standards of practice that result in the highest achievable level of disease containment given the resources currently available.

A working group comprised of leaders from local and tribal health departments have collaboratively identified a number of activities related to disease investigation, contact notification, and symptom monitoring, which may be modified or suspended during periods of increased disease activity, in order to meet the current demands in a sustainable way. This memo outlines considerations for appropriate modification of contact tracing practices that allow the most effective use of available resources during workforce shortages or surge situations.

## Background

Current standards of practice for contact tracing and symptom monitoring in Wisconsin are based on the goals of reaching 100% of confirmed and probable COVID-19 cases for disease investigation interview, provision of isolation guidance and eliciting a comprehensive list of individuals in close contact with the case during their infectious period. In turn, under ideal circumstances, all identified contacts are notified, asked to actively monitor symptoms and to remain in quarantine for 14 days following their last exposure to a COVID-19 case.

Accomplishing all of these tasks is highly resource intensive for health departments. Full interviews for cases can take an hour or longer to complete, and interviews for contacts may take 15 minutes or longer.

The success of contact tracing efforts is threatened by a number of factors. In the months after the statewide stay-at-home order was lifted, and as restrictions on social gatherings have been relaxed in most Wisconsin communities, the number of close contacts identified per infected case has grown substantially larger and transmission events and settings have become more complex, both of which add to the workload of contact tracers. A significant proportion of individuals cannot be reached by phone, and some clients once reached express unwillingness to provide the names of contacts when interviewed. Ideally, contact tracers are expected to make multiple attempts to contact a person within 24 hours of the report of a positive test result to facilitate rapid isolation and contact elicitation. Low levels of public cooperation exacerbate challenges.

Recognizing the need to significantly increase contact tracing capacity, the Department of Health Services (DHS) provided Local and Tribal Health Departments (LTHDs) with $49.9 million from the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act in May 2020 intended to fund 1,394 FTEs to conduct disease and contact investigations and daily monitoring for those in isolation and quarantine. DHS also hired over 200 contact tracers to provide surge and supplemental support to LTHDs. Multiple factors, including the temporary nature of CARES Act funding and local hiring policies, have limited the full utilization of these funds. Despite these hurdles, LTHDs have added 894 FTEs to their contact tracing ranks, and both DHS and LTHDs continue to recruit staff to enhance the existing workforce who are meeting this Herculean challenge. Refining the approach to contact tracing, as outlined in this memo, bolsters the ability to meet critical contact tracing needs while continuing to boost staffing capacity to reach the highest proportion of infected and exposed individuals who are at risk of furthering disease transmission.

## Recommendations

In the face of surging disease or limited staffing, local and tribal health departments are encouraged to adopt flexible strategies to meet the goals of contact tracing and monitoring as best they can. Best practices in addressing disease surges and critical staffing shortages should be explored, implemented and evaluated using the best judgment of local health officers and their teams, informed by their experience and familiarity with their local communities. Lessons learned through these efforts should be shared and communicated among state and local health departments as a means to strengthen our collective response.

A description of potential modifications to current contact tracing practices is presented in Box 1. These modifications are intended to be implemented after all other resources, including accessing available state contact tracing resources have been exhausted. This list is not intended to be comprehensive, and each option can be considered by health departments on its own merits.

Box 2 describes a suggested prioritization scheme for contact tracing efforts to notify and monitor contacts of cases when having to perform the work within constrained resources.

**Box 1. Accepted Modifications to Contact Tracing During Disease Surges or Staffing Shortages**

*Use shortened versions of interview forms for case and contact investigations.*

- Utilize DHS' modified versions of interview guides, which can be completed in about 20 minutes for cases, and 10 minutes for contacts.

*Make fewer attempts to contact individuals who test positive before classifying them as unreachable.*

- Consider reducing the number of attempts to reach each client, using a combination of phone calls and text messages.
- Consider forgoing contact investigations if 14 days or more have elapsed since a person was identified to have exposure to a person with COVID-19.

*Support people who test positive for the disease in notifying their own close contacts to disseminate education and instructions about testing and quarantine.*

- If case patients demonstrate interest and capability, health departments may agree to transfer responsibility to communicate key messages to their household contacts.

*Rely on electronic symptom monitoring as the default method for monitoring individuals under quarantine.*

- Promote use of the WEDSS self-monitoring tool as the primary strategy.
- Reserve monitoring phone calls for individuals with special needs or those who "opt-in" for more intensive monitoring.
- Reduce frequency of phone contacts, such as at Day 7 and Day 14 of the quarantine period.
- Allow individuals to opt-out of active monitoring by health departments.
- In crisis situations, suspend monitoring for selected contacts, in favor of providing instructions to call if symptomatic.

*Suspend certain data collection and data entry requirements.*

- Enter household contacts into WEDSS, but only create a Contact Investigation if the household contact requires a separate notification phone call.
- Do not scan all PUI and Patient Information Forms received via fax. File hard copies in case they need to be referenced.
- Do not routinely send negative result letters unless the patient was tested through the health department.

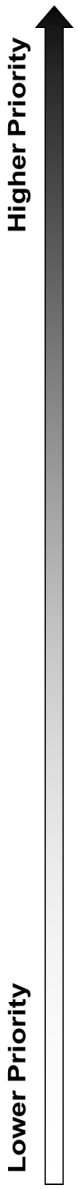
*Suspend notification of contacts in low priority categories, as necessary to maintain timeliness of response to confirmed cases and high priority contacts.*

- See Box 2.

*Defer responsibility of contact tracing activities to other qualified organizations.*

- Collaborate with universities, school systems, and large employers to facilitate, develop, and implement contact tracing plans.
- Send a single letter to organizers of events or gatherings, rather than to individuals known to attend events where they were exposed.

**Box 2. Prioritization Scheme for Notification of Contacts**




**Household Contacts**
Identify household contacts, obtain demographic information, and create Contact Investigations in WEDSS. Positive cases may agree to notify household contacts if requested and approved by local and tribal health department (LTHD) staff.

**High-intensity Contacts Outside of the Household**
(e.g., boyfriend, girlfriend, best friends; this does not include school exposures)
Identify contacts, obtain demographic information, and create CIs in WEDSS. Positive case may choose to notify high-intensity contacts in place of LTHD calls with notification.

**Other High-risk Contacts**
LTHD should determine which other high-risk contacts need to be notified and monitored.

**Workplace Contacts**
LTHD should work with workplace management to identify workplace contacts. LTHD will determine if contacts should be notified by letter or via individual notifications depending on circumstances.

**Activities such as Schools, Youth Activities, and Team Sports**
LTHD should coordinate with coach, school, league director, etc. to notify contacts of exposure with a letter and information on self-monitoring form.

**Large Gatherings and Events**
(e.g., family reunions, graduation parties, festivals)
LTHD should send a letter to the event coordinator (when information is available) and ask them to share with attendees. If LTHD has no contact information for event coordinator, they may consider other options for notifying the public as necessary.

**Places**
(e.g., restaurants, taverns, grocery stores, etc.)
If there is an individual that can be identified as someone that had significant exposure, LTHD may choose to notify or send information to another jurisdiction as appropriate. If no close contact has been identified, do not send information to another jurisdiction.

# Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549
920-674-7275 (Phone) ♦ 920-674-7477 (FAX)
www.jeffersoncountywi.gov

October 2, 2020

## HEALTH ALERT FROM JEFFERSON COUNTY HEALTH DEPARTMENT

**Jefferson County is currently experiencing significant and uncontrolled spread** of COVID-19 in our communities. We have seen a rapid increase in the number of daily new cases in past weeks, and the number of cases continues to accelerate upwards. Our capacity for testing, case investigation, and contact tracing to effectively identify and control the spread of the virus has become increasingly strained.

Our goal remains to contact all confirmed cases within 24 hours of being reported to the health department, but due to the current surge in cases and our capacity, we are not able to consistently meet this objective.

At this time, we will no longer be calling those individuals who are close contacts of a positive case. We will now ask positively confirmed individuals to notify their close contacts of their exposure to COVID-19.

**WE ARE SEEKING HELP FROM THE COMMUNITY AS A WHOLE.**

Currently, test results are taking up to 5-7 days. To keep our community safe, we ask you to remain isolated while awaiting your test results. You will be notified of ALL results, positive or negative, by your healthcare provider or testing facility.

**If you have tested positive, we need you to do the following:**

- Stay home and isolate for a minimum of 10 days after symptom onset. If you did not have symptoms and were tested, remain isolated for 10 days from the date of testing. For detailed instructions go to : https://www.dhs.wisconsin.gov/publications/p02627.pdf.
- Notify your employer.
- Notify your close contacts asking them to quarantine for 14 days from the last day of contact with you.

The Public Health Guidelines we know to be effective in reducing the spread of COVID-19 remain unchanged. We are urging the community to follow these guidelines to reduce the further spread of COVID-19 in our community.

- **Stay home, wear a face covering, and maintain physical distance from others (at least 6 feet)** Stay at home as much as possible and especially if you are sick. Cancel events and avoid groups, gatherings, play dates, and nonessential appointments.
- Avoid unnecessary activities and travel within the community that puts you in contact with others and stay away from group gatherings. Cases are resulting from a variety of situations in which people move about the community and gather, including parties, reunions, weddings, places of work and school.

Please see the Jefferson County websites for additional information and resources:
https://www.jeffersoncountywi.gov/departments/health/Coronavirus.php
https://www.jeffersoncountywi.gov/community/residents/community_partner_-_safely_open_for_our_community.php

# Jefferson County Health Department COVID Response Highlights

- Meetings started earlier in 2020 to discuss the potential of a COVID-19 Pandemic
- Administrator and Health Department Director
- Health Department Director and Fort HealthCare Administration and Staff
- Sheriff's Department to plan for prevention in the Jail and staff
- March 13th last day Director worked in the office
- Staff directed to work remotely
- Daily meetings for staff, Emergency Operations Center (external, internal and with municipalities)
- PH Program Manager provided daily internal and external updates/guidance and management of staff
- Huddles with Fort HealthCare and area clinics
- Development of policies, guidelines, press releases, handouts, educational materials
- Numerous calls from the public, other departments, agencies, businesses
- Daily Updates from the Department of Health Services
- Daily meetings with the Department of Health Services
- Provider educational sessions
- Director was asked to be a part of a weekly panel for the Bureau of Assisted Living
- First large outbreak – CBRF
- First Death reported with press release issued
- Director issued orders to LTC facilities on outbreak guidance and prevention of cases
- Director continues to work with LTC facilities and has rescinded and issued orders as needed
- Dashboard was developed for daily data updates
- Addresses to dispatch and local law enforcement
- Weekly Bureau of Communicable Disease webinars
- Hired: Long Term Care Nurse Consultant, Epidemiologist, data/research/social media to Lead Contact Tracer and trainer, LTE Registered Nurses (Maxim and County)
- Hired Maxim and County LTE Contact Tracers
- County hired outreach/campaign/business liaison person
- Lost 2 lead Communicable Disease Nurses, contact tracers, PH Program Manager on leave
- Needed to reorganize team and basically revamp operations
- Staff worked hard on reorganization
- Cases were pouring in and soon everyone in the state got behind in contact tracing
- Could no longer send cases to state as they had over 4,000 cases in their queue
- Decision made to implement the Crisis Standards of Practice for Contact Tracing and Symptom Monitoring
- Staff started to call people who tested positive, inform them of the need to let their close contacts know they needed to quarantine
- Still prioritized schools, LTC facilities and business outbreaks
- PR campaign to let public know – Director had 5 on camera TV interviews and has been contacted for more interviews since then
- WFAW Radio show – director on about 1 time per week
- Schools – hired a recently retired School Superintendent who organized meetings with the School Superintendents and School Nurses
- Epidemiologist became a very important part of this group to provide data and guidelines
- Both attended School Board meetings
- Many guidelines were developed even before state guidelines came out due to timing
- Examples of guidance provided:
- Trick or Treat
- Mitigation Strategies
- Farmer's Market Safety
- Pool and Recreational Activities
- Many more!

**Jefferson County Health Department**

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# Jefferson County Health Department:

# Reopening Jefferson County Schools and Addressing the Spread of COVID-19

Date of Publication: August 10, 2020

**Jefferson County Health Department**
1541 Annex Road ♦ Jefferson, WI 53549
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Jefferson County Health Department (JCHD) strives to ensure the health of all residents, including and especially our youth. Due to the COVID-19 pandemic and the rising trend of cases in Wisconsin, JCHD is providing guidance to schools regarding when a school or district should shift to exclusively virtual learning, 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 (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, isolation of those with symptoms or illness, and good hand/cough hygiene provide the best 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. 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 cloth 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.

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## 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 learning 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 or in a room 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 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 a rolling average for the prior 2 weeks.

Positivity Rate: Percent of Total Tests Conducted that are Positively Confirmed (over a rolling period of 2 weeks). The threshold widely considered to be the maximum positivity rate above which additional mitigation and preventative strategies are recommended threshold is 5.0%. Jefferson County is electing an 8.0% positivity rate as our threshold due to several factors. Among them being that the 5% threshold is a metric that, while a rate, does not take into full consideration the differences between a densely populated urban jurisdiction with many surrounding suburban environments versus a less densely populated jurisdiction like Jefferson County.

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.

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Measures of Trajectory: The effective reproductive number (the average number of secondary cases from an infectious case in an 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 these symptoms are being experienced by a student or staff member, it is best that they shift to virtual learning. 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

## 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 Learning

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

Students and Staff – who were in the same classroom or any other room for more than a cumulative time of 15 minutes or had any physical contact with someone who tested positive for COVID-19 – **should shift to virtual learning for 14 days from time of exposure**. Due to the transmission dynamics of COVID-19, this would be regardless of whether staff or students were within 6 feet or more, or if they were wearing a face covering, as long as they were in the same classroom or other room. 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 learning for 14 days after the positively confirmed student completes their 10$^{th}$ day after experiencing symptoms or after having been tested, whichever comes first.

Students from siblings' classes would only be asked to shift to virtual learning if the sibling of the positively confirmed case is tested and confirmed to have COVID-19. We strongly recommend that all who are exposed are tested for COVID-19, if possible.

**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 3 days for deep cleaning and disinfection. Sanitation staff should wait 24 hours, when possible, before entering the affected classrooms or areas.**

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

Upon showing any one symptom of COVID-19 in the list below. Shift to virtual learning for **3 days**. **If symptoms remain persistent for 3 days, or if symptoms worsen, shift to virtual learning 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.

- 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

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

If 3 positive cases for students or staff in face-to-face learning are confirmed within 1 week, we recommend the **school building shift to virtual learning 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 positivity rates and 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. Positivity rate and the rate of community transmission are key metrics that are currently high in Jefferson County, which increase the chances that there are likely additional students who have been infected in the event of a positively confirmed case. The Wisconsin DHS website with COVID-19 activity shown by county and region currently shows Jefferson County as having a high case rate and burden of COVID-19.

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

If the positivity rate in Jefferson County Positivity Rate reaches or exceeds 8%, or if percent of infections through Community Spread (positively confirmed infections with an unknown source) reaches or exceeds 60%, we recommend that school districts shift exclusively to virtual learning.

While community transmission and positivity rate are the two key metrics we are using to inform closure and re-opening, please keep in mind that we should remain adaptable to changing conditions that go beyond those two elements. In a situation where positivity rate remains under the threshold, but other key metrics worsen, we may issue new recommendations with consideration of those metrics. These metrics include case rate, contact tracing capacity and function, hospital capacity, and testing capacity and availability. The epidemiology of COVID-19 (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.

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## When We Recommend a School District Can Shift Back to In-Person Learning

When Positivity Rates fall below the 8% threshold and remain on a downward trajectory for two weeks. This means that if average PR falls below 8% for the previous two weeks, it should continue to trend downward for the next two weeks without a single-day PR above 8% in order for schools to shift back to in-person instruction. In the event of a complete shift to virtual learning, schools and districts should plan to maintain a virtual mode of learning for at least 2-3 weeks to allow for the trajectory of the virus to significantly trend downward and allow for the 2-week rolling average of positivity rate to be impacted.

*If there is substantial, uncontrolled transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations. The health, safety, and wellbeing of students, teachers, staff and their families is the most important consideration in determining whether school closure is a necessary step. Communities can support schools staying open by implementing strategies that decrease a community's level of transmission. However, if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure. (CDC, 2020).*

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 learning. JCHD will provide continuous communication of any changes in these recommendations, which may also be affected by the release of state or updated federal guidance. If a school district feels they are unable to safely return to in-person learning and are also unable to implement virtual learning, 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 face coverings or masks, avoiding close contact, 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.

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| Level of Community Transmission | Community characteristics and description | Level of mitigation |
|---|---|---|
| **Substantial, uncontrolled transmission** | Large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces) | Shelter in place |
| **Substantial, controlled transmission** | Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces) | Significant mitigation |
| **Minimal to moderate community transmission** | Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases | Moderate mitigation |
| **No to minimal community transmission** | Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting | Low mitigation |

## References


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



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## Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19

As public aquatic venues open in some areas, CDC offers the following considerations for the safety of those who operate, manage, and use public pools, hot tubs, and water playgrounds. Public aquatic venues can be operated and managed by:

- city or county governments
- apartment complexes
- membership clubs (for example, gyms)
- schools
- waterparks
- homeowners' associations

All decisions about implementing these considerations should be made locally, in collaboration with local health officials. Operators of public aquatic venues can consult with local officials to determine if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

## Promoting Behaviors that Prevent the Spread of COVID-19

Public aquatic venues can consider different strategies to encourage healthy hygiene, including:

- **Hand Hygiene and Respiratory Etiquette**
  - ✓ Encouraging all staff, patrons, and swimmers to wash their hands often and cover their coughs and sneezes.

- **Cloth Face Coverings**
  - ✓ Encouraging the use of cloth face coverings as feasible. Face coverings are **most** essential in times when physical distancing is difficult.
    - Advise those wearing face coverings to not wear them in the water. Cloth face coverings can be difficult to breathe through when they're wet.
- **Staying Home**
  - ✓ Educating staff, patrons, and swimmers about when to stay home (for example, if they have symptoms of COVID-19, have tested positive for COVID-19, or were exposed to someone with COVID-19 within the last 14 days) and when they can safely end their home isolation.

- **Adequate Supplies**
  - ✓ Ensuring adequate supplies to support healthy hygiene. Supplies include soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.

- **Signs and Messages**
  - ✓ Posting signs about how to stop the spreadpdf icon of COVID-19, properly wash hands, promote everyday protective measurespdf icon, and properly use a cloth face coveringimage icon in highly visible locations (for example, at deck entrances and at sinks).
  - ✓ Broadcasting regular announcements about how to stop the spread on PA system.
  - ✓ Including messages about behaviors that prevent the spread of COVID-19 in contracts with individual patrons or households, in emails, on facility websites (for example, posting online videos), through facility's social media accounts, and on entrance tickets).

## Maintaining Healthy Environments

To maintain healthy environments, operators of public aquatic venues may consider:

- **Cleaning and Disinfection**
  - ✓ Cleaning and disinfecting frequently touched surfaces at least daily and shared objects each time they are used. For example:
    - Handrails, slides, and structures for climbing or playing
    - Lounge chairs, tabletops, pool noodles, and kickboards
    - Door handles and surfaces of restrooms, handwashing stations, diaper-changing stations, and showers
  - ✓ Consulting with the company or engineer that designed the aquatic venue to decide which List N disinfectants approved by the U.S. Environmental Protection Agencyexternal icon (EPA) are best for your aquatic venue.
  - ✓ Setting up a system so that furniture (for example, lounge chairs) that needs to be cleaned and disinfected is kept separate from already cleaned and disinfected furniture.
  - ✓ Labeling containers for used equipment that has not yet been cleaned and disinfected and containers for cleaned and disinfected equipment.
  - ✓ Laundering towels and clothing according to the manufacturer's instructions. Use the warmest appropriate water temperature and dry items completely.
  - ✓ Protecting shared furniture, equipment, towels, and clothing that has been cleaned and disinfected from becoming contaminated before use.
  - ✓ Ensuring safe and correct use and storage of disinfectants, including storing products securely away from children.

- **Ventilation**
  - ✓ Ensuring that ventilation systems of indoor spaces operate properly.
  - ✓ Increasing introduction and circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. However, do not open windows and doors if doing so poses a safety risk to staff, patrons, or swimmers.

- **Water Systems**
  - ✓ Taking steps to ensure that all water systems (for example, drinking fountains, decorative fountains, hot tubs) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

- **Modified Layouts**
  - ✓ Changing deck layouts to ensure that in the standing and seating areas, individuals can remain at least 6 feet apart from those they don't live with.

- **Physical Barriers and Guides**
  - ✓ Providing physical cues or guides (for example, lane lines in the water or chairs and tables on the deck) and visual cues (for example, tape on the decks, floors, or sidewalks) and signs to ensure that staff, patrons, and swimmers stay at least 6 feet apart from those they don't live with, both in and out of the water.

- **Communal Spaces**
  - ✓ Staggering use of communal spaces (for example, in the water or breakroom), if possible, and cleaning and disinfecting frequently touched surfaces at least daily and shared objects each time they are used.

- **Shared Objects**
  - ✓ Discouraging people from sharing items that are difficult to clean, sanitize, or disinfect or that are meant to come in contact with the face (for example, goggles, nose clips, and snorkels).
  - ✓ Discouraging the sharing of items such as food, equipment, toys, and supplies with those they don't live with.
  - ✓ Ensuring adequate equipment for patrons and swimmers, such as kick boards and pool noodles, to minimize sharing to the extent possible, or limiting use of equipment by one group of users at a time and cleaning and disinfecting between use.

## Maintaining Healthy Operations

To maintain healthy operations, operators of public aquatic venues may consider:

- **Protections for Vulnerable Staff**

  - ✓ Offering options such as telework or modified job responsibilities that reduce their risk of getting infected.
  - ✓ Limiting aquatic venue use to only staff, patrons, and swimmers who live in the local area, if feasible.

- **Lifeguards and Water Safety**

  - ✓ Ensuring that lifeguards who are actively lifeguarding are not also expected to monitor handwashing, use of cloth face coverings, or social distancing of others. Assign this monitoring responsibility to another staff member.

- **Alterations of Public Aquatic Venues**
  - ✓ Consulting the company or engineer that designed the aquatic venue before altering aquatic features (for example, slides and structures designed for climbing or playing).

- **Regulatory Awareness**

  - ✓ Being aware of local or state regulatory agency policies on gathering requirements or recommendations to determine if events, such as aquatic fitness classes, swim lessons, swim team practice, swim meets, or pool parties can be held.

- **Staggered or Rotated Shifts**

  - ✓ Staggering or rotating shifts to limit the number of staff present at the aquatic venue at the same time.

- **Designated COVID-19 Point of Contact**

  - ✓ Designating a staff member to be responsible for responding to COVID-19 concerns. All staff should know who this person is and how to contact him or her.

- **Gatherings**

    - ✓ Avoiding group events, gatherings, or meetings both in and out of the water if social distancing of at least 6 feet between people who don't live together cannot be maintained. Exceptions to the social distancing guidance include:
        - Anyone rescuing a distressed swimmer, providing first aid, or performing cardiopulmonary resuscitation, with or without an automated external defibrillator.
        - Individuals in the process of evacuating an aquatic venue or entire facility due to an emergency.
    - ✓ If planned events must be conducted, staggering drop-off and pick-up times, as much as possible, to maintain distance of at least 6 feet between people who don't live together.
    - ✓ Asking parents to consider if their children are capable of staying at least 6 feet apart from people they don't live with before taking them to a public aquatic venue.
    - ✓ Limiting any nonessential visitors, volunteers, and activities involving external groups or organizations.

- **Communication Systems**
    - ✓ Putting systems in place for:
        - Having staff, patrons, and swimmers self-report if they have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days.
        - Notifying local health authorities of COVID-19 cases.
        - Notifying staff, patrons, and swimmers (as feasible) of potential COVID-19 exposures while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA)external icon.
        - Notifying staff, patrons, and swimmers of aquatic venue closures.

- **Leave Policies**
    - ✓ Implementing sick leave (time off) policies and practices for staff that are flexible and non-punitive.
    - ✓ Developing return-to-work policies aligned with CDC's criteria to discontinue home isolation.

- **Back-Up Staffing Plan**
    - ✓ Monitoring absenteeism of staff and creating a roster of trained back-up staff.

- **Staff Training**
    - ✓ Training staff on all safety protocols.
    - ✓ Conducting training virtually or ensuring that social distancing is maintained during in-person training.

- **Recognize Signs and Symptoms**
    - ✓ Conducting daily health checks (for example, temperature screening or symptom checking) of staff. Ensure safe and respectful implementation that is aligned with any applicable privacy laws and regulations.
        - Consider using examples of screening methods in CDC's General Business FAQs as a guide.

## Preparing for When Someone Gets Sick

To prepare for when someone gets sick, operators of public aquatic venues may consider:

- **Isolating and transporting those who are sick to their home or a healthcare provider.**
  - ✓ Immediately separating staff, patrons, or swimmers with COVID-19 symptoms (for example, fever, cough, or shortness of breath).
  - ✓ Establishing procedures for safely transporting anyone sick to their home or to a healthcare provider.

- **Notifying health officials and close contacts.**
  - ✓ Immediately notifying local health officials, staff, patrons, and swimmers of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA)external icon.
  - ✓ Informing those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.

- **Cleaning and Disinfection**
  - ✓ Closing off areas used by a sick person and not using the areas until after cleaning and disinfecting them.
  - ✓ Waiting more than 24 hours before cleaning and disinfecting these areas. Ensuring safe and correct use and storage of EPA-approved List N disinfectantsexternal icon, including storing products securely away from children.

## Other Resources

- Latest COVID-19 information
- Cleaning and Disinfection
- Guidance for Businesses and Employers
- CDC Healthy Swimming
- CDC Steps of Healthy Swimming
- COVID-19 Prevention
- Handwashing Information
- Face Coverings
- Social Distancing
- COVID-19 Frequently Asked Questions
- CDC communication resources
- Community Mitigation
- Jefferson County Health Department covid19@jeffersoncountywi.gov
  920-674-7275

## Jefferson County Health Department - Statement of Revenues & Expenditures:

| 01/01/2020 - 08/31/2020 | YTD Actual | Prorated Budget | Annual Budget | YTD Budget Variance |
|---|---|---|---|---|
| **REVENUE:** | | | | |
| **Total WIC** | **$ 251,162.50** | **$ 258,918.15** | **$ 386,445.00** | **$ (7,755.65)** |
| Public Health Fee for Service | $ 44,727.51 | $ 117,126.72 | **$ 174,816.00** | $ (72,399.21) |
| Public Health Grant Income | $ 440,909.90 | $ 151,244.46 | **$ 225,738.00** | $ 289,665.44 |
| **Total Public Health** | **$ 485,637.41** | **$ 268,371.18** | **$ 400,554.00** | **$ 217,266.23** |
| **Total Income** | **$ 736,799.91** | **$ 527,289.33** | **$ 786,999.00** | **$ 209,510.58** |
| | | | | |
| **EXPENSE:** | | | | |
| WIC 4201 - 420109 | $ 233,574.15 | $ 236,830.93 | $ 353,479.00 | $ (3,256.78) |
| WIC Fit Family 4202 | $ 8,683.85 | $ 11,936.05 | $ 17,815.00 | $ (3,252.20) |
| WIC Peer Counselor 4203-420309 | $ 8,904.50 | $ 8,164.62 | $ 12,186.00 | $ 739.88 |
| **Total WIC** | **$ 251,162.50** | **$ 256,931.60** | **$ 383,480.00** | **$ (5,769.10)** |
| Public Health = Tax Levy Supported Expenses | $ 440,280.14 | $ - | | $ 440,280.14 |
| Public Health Grants | $ 464,990.52 | $ 107,142.38 | $ 159,914.00 | $ 357,848.14 |
| Public Health Fee-for-Service | $ 29,619.82 | $ 65,035.56 | $ 97,068.00 | $ (35,415.74) |
| **Total Public Health** | **$ 934,890.48** | **$ 172,177.94** | **$ 256,982.00** | **$ 762,712.54** |
| **Total Expense** | **$ 1,186,052.98** | **$ 429,109.54** | **$ 640,462.00** | **$ 756,943.44** |
| **2020 SUMMARY** | | | | |
| **Total 2020 Income YTD:** | **$ 736,799.91** | **$ 527,289.33** | **$ 786,999.00** | **$ 209,510.58** |
| **2020 County Tax Levy Applied - ORG 4115:** | **$ 571,684.00** | **$ 571,684.00** | **$ 857,526.00** | $ - |
| **Total 2020 Revenue:** | **$ 1,308,483.91** | **$ 1,098,973.33** | **$ 1,644,525.00** | $ 209,510.58 |
| **Total 2020 Expense:** | **$ 1,186,052.98** | ***$ 429,109.54*** | ***$ 640,462.00*** | **$ 756,943.44** |
| **2020 Annual Activity (Revenue vs. Expenses):** | **$ 122,430.93** | | ***$ 1,004,063.00*** | |
| **2020 Budgeted Reserve Funds Applied to Deficit:** | | **$ 57,102.09** | **$ 85,227.00** | **$ 57,102.09** |
| **2020 "estimated" balance* as of 08/31/2020** | **$ 122,430.93** | | | |

# Jefferson County Health Department COVID-19 Team Structure

## Jefferson County Health Department Current Staff

Prepared on 10/13/2020

Regular Health Department Staff** Working on COVID full-time COVID and other Health Department duties

**Director/Health Officer:** Gail Scott, RN, BSN, Director/Health Officer**

**Public Health Program Manager:** Elizabeth Chilsen, RN, BSN, MS Public Health Program Manager**

**Office – Answer numerous phone calls from the public**

Sandee Schunk, Business Office Manager** Michele Schmidt, Public Health Program Assistant & COVID staging**
Kim Liakopoulos (P/T COVID Staging) Kathy Hart (P/T COVID Staging)

**Public Health Nurses**

Amy Fairfield, RN, BSN** Emi Reiner, RN, BSN** Keeley Johnson Crosby, RN, BSN**
Mary Bender, RN, BSN** Melissa New, RN, BSN** Nancy Schneider, RN, BSN**

**Public Health Nurses (LTE/COVID-19 Response)**

Margo Wall, RN, BSN (LTE) Renee Saric, RN, BSN (Maxim) Joyce Lynch, RN, BSN, MSN (Maxim)
Jodi Tessmer, RN, BSN (Maxim)

**Contact Tracers (LTE/COVID-19 Response)**

Aaron Pate (Maxim) Courtney Long (LTE) Dinorah (Nora) Galindo (LTE)
Jean Waggoner (LTE) Lauren Schauer (LTE) Patti York (LTE) Jaqueline Rivera (Contract)
Sebastian Keinhofer Maldonado (Maxim) Simone Bruch (Maxim) Wafa Madni (LTE)
Doris (Elisa) Obregon (Contract) not currently active

**Long Term Care Consultant (COVID-19 Response)** **Marketing/Messaging/Business Campaign** **School Consultant**
Ellen Haines, RN, BSN, LLC (Contract) Shannon Hough Pam Streich (LTE) resigned

**Lead Contact Tracer/Social Media** **Epidemiologist/School Consultant**
Ben Van Haren (LTE) Samroz Jakvani, MPH (Maxim)

**WIC Program**

Jennifer Gaal, RDN, WIC Program Director/Supervisor** Madelyn Valentine, RDN, WIC Registered Dietitian**
Vicki Galardo, DTR** Patty Pohlman, WIC Clerk**
Amber Kruessel (WIC Peer Counselor) Laryssa Germundson (WC Peer Counselor)

**Interpreters (Contracted)**

Vilma Staude Paul Camacho Laryssa Germundson Socorro Olson Raul Sosa Cruz Juanita Villalobos

# Jefferson County Health Department COVID-19 Team Structure

**Gail Scott**
Administration of department/Budget/staffing/Health Officer meetings
Emergency Operation Center/Public Information Officer/Guidance
Community liaison/ UWW liaison
LTC local health department consultant for the state
Testing Task Force
Vaccine Planning Committee
School Response Team
Program Manager – Supervision of Staff (until Elizabeth returns!!!)

**Amy Fairfield – K-12 Schools & UW/Edgewood Students**
Schools – response to JCHD school support email, case identification and working with Gail & Samroz on school communications
UW Madison School of Nursing Lead
Edgewood College Lead
School Immunization Report

**Renee Saric– Disease Investigation/School Team**
Disease investigations
Eventually staging assistance on weekends?

**Samroz Jakvani – Epidemiology & Data Management**
Data management
Epidemiology
School support & guidance
Assist Gail with answering questions from the public & schools
Testing Task Force
Developing plans/press releases

**Ben VH – Social Media/Communication Lead; CT Coordination/UWW**
Communications/social media
Attend/update staff of LTHD meetings, DHS meetings, CDC webinars, general updates and latest information regarding COVID-19 as able
CT Coordinator/assistance to Mary
UW WW with Gail

**Mary Bender – Contact Tracer Lead & Office/Vaccines**
Contact Tracer management, training
Contact Tracer schedule and assigning cases (Keeley to help)
Office clinic & provision of flu shots (with help!)

**Melissa New – Disease Investigations/Office**
Disease investigations
Flu shots/vaccines with Mary

**Sandee Schunk**
Phone calls
Paying invoices
Logistics such as ordering/managing phones/laptops

**Michele Schmidt**
Payroll
Phone calls/Letters/Faxes

**Patty Pohlman**
Phone calls & staging

**Kim Liakopoulos**
Kathy Hart
Staging

**Keeley Johnson Crosby – Outbreaks and Staging Lead**
Outbreaks & information to Samroz for the state verification process
Staging lead to share with team; COVID-19 emails CI and DI recording
Audit jurisdiction review from DIs & CIs that drop in

**Jodi Tessmer– Disease Investigations and Learn Staging**

**Simone Bruch – Outbreak/Businesses/CT Assist**
Outbreaks
Working with businesses
Assist with CT training as needed

**Margo Wall – Employers/Hospitalized Patients/Return to Jurisdiction**
Employers
Hospitalized patients (eventually share with Renee once trained)
Communicate and collaborate regarding updates to training processes
Jurisdiction review closeout

**Ellen Haines – Long Term Care**
Long Term Care liaison, LTC testing coordinator
LTC consultant, LTC outbreaks
Strike Team Coordination

**Disease Investigators/Contact Tracers –*Bilingual**
**Joyce Lynch**
**Aaron Pate** – UW-Whitewater & student addresses
**Courtney Long**
**Sebastian Keinhofer Maldonado***
**Patti York**
**Jean Waggoner**
**Nora Galindo***
**Jacqueline Rivera Weber***
**Wafa Madni**
**Laurent Schauer – Schools**

# Jefferson County Health Department COVID-19 Team Structure