K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year

Summary of July 28, 2021 Changes

- Updates in this version reflect recently released CDC recommendations and seek to achieve two primary goals:
    - Minimize transmission of COVID-19 among students and staff in K-12 schools and to their families and broader community.
    - Maximize in-person instruction.
- Vaccination and face coverings/masks are the most effective tools to prevent transmission of COVID-19.
- All staff and students must continue to wear face coverings/masks, regardless of vaccination status.
- Physical distancing requirements have been updated to support provision of full time in-person instruction.
- Information on how schools should "layer" mitigation strategies for the best outcome is provided.
- Quarantine protocols have been updated to reduce student exclusions from instruction.
- Expanded information on diagnostic and screening testing is provided.
- Updated links to relevant L&I orders are provided.
- General alignment updates to COVID-19 language are made.
- Extra- and Co-Curricular requirements will be published in early August.

Summary of July 6, 2021 Changes

- Changes to this version were technical revisions to align with the amended [Secretary of Health's Mask Order](#) and amended [Governor's Proclamation 20-25](#) clarifying that face coverings/masks are not required outdoors.

NOTICE

The Washington State Department of Health (DOH) recognizes the need for advance planning as the science of COVID-19 evolves. The trajectory of disease prevalence in our state and nation may require changes in our state's response efforts, and DOH will periodically update this document to reflect currently accepted safety requirements. Further, we will continue to work with the Office of Superintendent of Public Instruction (OSPI) to ensure districts, schools, and families have timely access to updated K-12 School 2021-2022 requirements. We expect the next update to be in late October.

Schools are fundamental to child and adolescent development and well-being. They provide academic instruction, support for developing social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity. This guidance provides feasible actions schools are required to take to reduce risks to students and staff from COVID-19 while schools resume in-person instruction.

According to the Governor's [emergency proclamation 20-09.3](#) for phased reopening of K-12 schools and [emergency proclamation 21-05.1](#) declaring a children and youth mental health crisis, in-person instruction requires following the health and safety protocols outlined in this document. These requirements apply to public and private schools serving kindergarten through 12th grade (K-12). Substantive decisions with respect to implementation of these requirements are best made in coordination with the local school board and with input from the local health jurisdiction. These requirements are based on existing science, expert public health guidance, current policies, stakeholder input, and the Centers for Disease Control and Prevention's (CDC) [COVID-19 Guidance for K-12 Schools](#).

In addition to the requirements within this document, schools should also refer to [L&I requirements](#) for workplaces and [DOH general guidance](#) for non-health care businesses.

Overview of Prevention Measures

For the 2021-2022 school year, schools must plan to provide full time in-person education for all interested students with the following required mitigation measures: [face coverings/masks](#), [physical distancing](#)*, improving [ventilation](#), [handwashing and respiratory etiquette](#), [cleaning and disinfecting](#), [staying home when sick](#) and seeking evaluation, [testing](#) as indicated, [contact tracing in combination with quarantine and isolation,](#) [responding to cases of COVID-19,](#) and [meeting the reporting requirements](#) to public health.

*Physical distancing should not prevent a school from offering full-time, in-person learning to all students/families in the fall.

While vaccination is not a requirement for in-person education at K-12 schools, it is the strongest protective measure against COVID-19 available to individuals 12 years of age and older. Testing strategies, while also not generally required other than as identified below, are also an effective mitigation tool. Vaccination and testing should be promoted for all eligible students, teachers, staff, volunteers, and families.

All prevention strategies provide a level of protection. "Layered" prevention strategies remain essential to protect students and school employees who are not fully vaccinated, especially when community transmission rates are moderate-to-high, as defined by [CDC's matrix (Table 1)](#). It is important to note that vaccinations are not yet authorized for use in children ages 11 years of age and younger. For these reasons, schools must continue to implement a layered strategy as outlined in this document.

Schools need to maintain flexibility in how these layers are applied. If schools choose to remove a layer of prevention, they should do so one layer at a time while factoring in considerations such as community transmission rates, local outbreaks, and vaccination rates. Coordination with local public health will ensure this is done in the way to best ensure the safety of students, employees, and the community.

Vaccination

Vaccination is the most effective prevention strategy available for allowing schools to resume full in-person instruction. COVID-19 vaccines are available to all people age 12 and older. Schools should promote vaccinations for eligible students, teachers, staff, and families. See the CDC's guidance on how schools can promote vaccinations.

Fully Vaccinated

You are considered fully vaccinated:

- Two weeks after you have received the second dose in a two-dose series (Pfizer-BioNTech or Moderna)
  or
- Two weeks after you have received a single-dose vaccine (Johnson and Johnson/Janssen)

Vaccination Verification

Schools should begin verifying student and staff vaccinations. Fully vaccinated students and staff who do not have symptoms do not have to quarantine when exposed to COVID-19 and may not require COVID-19 testing as indicated below. Further, while universal masking is required of all students and staff now, there is the possibility in the future that fully vaccinated people may no longer be required to wear masks indoors.

- Acceptable documentation for verifying the vaccination status of students, volunteers and visitors includes at least one of the following:
  - CDC vaccination card which includes *name of person vaccinated, type of vaccine provided, and date(s) administered*, or a photo of the vaccination card.
  - Documentation of vaccination from a health care provider with the information listed above.
  - State immunization information system record with the information listed above.
  - Other school immunization record system that provides the information above.
- Parental or personal attestation is not an acceptable form of verification for K-12 students, nor for volunteers or visitors.
- Schools may use their existing systems for verification of vaccines required for school entry to verify COVID-19 vaccination or establish a new system that meets the requirements above.
- Schools should ensure vaccine verification policies and protocols do not conflict with local, state, federal and territorial laws, policies, and regulations.
- Schools must verify the vaccination status of staff and faculty as required by L&I.

Appropriate Use of Face Coverings or Masks

Correct use of cloth face coverings or masks helps prevent the spread of COVID-19 and is required when indoors at K-12 facilities for all school personnel, students, and visitors. There are specific exceptions based on age, development, or disability outlined below. See DOH's Guidance on Cloth Face Coverings and CDC Recommendation Regarding the Use of Cloth Face

Coverings for more information. In some circumstances, staff may require a higher level of protection. Refer to L&I's Coronavirus Facial Covering and Mask Requirements for additional details.

The CDC's order requiring masks on public transportation, regardless of vaccination status, applies to school buses and transportation. **Passengers and drivers are required to wear a mask on school buses.**

General Information

A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin. It should be made of two or more layers of tightly woven fabric with ties or straps that go around a person's head or behind their ears. A face shield with a drape can be used by people with developmental, behavioral, or medical conditions that prevent them from wearing a face covering. A face shield with a drape may also be used by children with similar conditions in childcare, day camp, and K-12 settings.

Face coverings or masks with ear loops are preferred over ones that tie around the neck or behind the head during physical activity to reduce the risk of injury. Schools must provide face coverings or masks, as appropriate, for staff and students who do not have them.

- As noted in the Secretary of Health's Mask Order, face coverings should not be worn by:
  o Those under 2 years of age.
  o People with a medical condition, mental health condition, developmental or cognitive condition, or disability that prevents wearing a face covering. This includes, but is not limited to, people with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
  o Those who are deaf or hard of hearing, and those who provide their instruction and use facial and mouth movements as part of communication.
- In rare circumstances when a cloth face covering cannot be worn, students and staff may use a clear face covering or a face shield with a drape or wrap as an alternative to a cloth face covering. If used, face shields should extend below the chin, wrap around to the ears, and have no gap at the forehead.
- Younger students age 2 to 4 years old must be supervised when wearing a face covering or face shield. These students may need help with their masks and getting used to wearing them.
- Continue practicing physical distancing while wearing cloth face coverings.
- Students may remove face coverings to eat and drink, and when they are outside.
- The school is responsible for providing appropriate PPE for all staff, including those who provide assistance to students who have special needs.

Indoor Mask Requirements

All school personnel, volunteers, visitors, and students must wear cloth face coverings, or an acceptable alternative (e.g., surgical mask or clear face shield with a drape), at school when indoors. Staff who are verified to be fully vaccinated may be indoors without masks when students are not present or expected to be present.

School districts must support compliance with mask requirements among staff, students, volunteers, visitors, and families.

Outdoor Mask Requirements

Per the Secretary of Health's [Mask Order](#), face coverings are not required outdoors, regardless of vaccination status. Masks are strongly recommended for unvaccinated individuals when outdoors in crowded spaces or when in close contact with people from outside their household for a sustained period of time, as the risk of COVID-19 infection increases with the duration and closeness of contact between individuals. Schools should support students and staff who choose to wear a mask or face covering outdoors.

Physical Distancing

Physical distancing requirements should not prevent a school from offering full-time, in-person learning to all students/families in the fall.

Maintain physical distance of three feet or more between students in classroom settings to the degree possible and reasonable, that allows for full-time, in-person learning for all students. A school's ability to do so will depend on students' ages, developmental and physical abilities, and available space.

Select strategies to increase physical distancing that will work for your school and the space available. There may be moments, such as passing by others in the hallway or during play at recess when students are not fully physically distanced from each other. Maximize opportunities to increase physical space between students during all scheduled activities and limit interactions in large group settings.

Maximize distance between students to the degree possible for the following circumstances:
- For all students when masks cannot be worn, such as when eating lunch. Reference the CDC's [Modifying School Spaces during Meal Times](#) for strategies to increase distance during meal times.
- In common areas outside of the classroom.
- During [high-risk activities](#) when increased exhalation or aerosolization occurs, such as PE or exercise, singing or playing instruments, and cheering or shouting. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.

For information on staff distancing recommendations, refer to L&I directives [1.70](#) and [11.80](#).

When it is not possible to maintain at least three feet of physical distance in classrooms (e.g. there is insufficient space compared to students in need of in-person instruction), it is essential schools layer additional prevention strategies to reduce the risk of disease transmission. This could include requiring further improved ventilation, conducting screening testing of students and staff, etc.

Ventilation

Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. Offer more outside time, open windows often,

and adjust the HVAC system to allow the maximum amount of outside air to enter the program space and increase air filtration. Because each building and its existing HVAC systems will be different, a professional engineer or HVAC specialist should be consulted to determine the best way to maximize the system's ventilation and air filtration capabilities for each area in the building.

Basic Requirements:
- Change filters as needed (clogged filters decrease HVAC operation, stress the fan motors, and decrease ability to improve indoor air quality). Visually check the filter for a tight fit within the frame and ensure there are no rips or tears.
- Inspect and clean the entire system at least as often as recommended by the manufacturer or installer. Make repairs quickly to prevent more serious issues.
- Reduce recirculation of air; increase/maximize outside air.
- Increase filtration to the highest level possible. MERV 13 or higher is recommended, if possible.
- Bring in outside air continuously from two hours prior to occupancy and for two hours after occupancy, including while cleaning and disinfection is occurring.
- Inspect and maintain local exhaust ventilation in restrooms, kitchens, cooking areas, labs, etc. Increase exhaust ventilation from restrooms above code minimums.
- Work with building engineer or HVAC specialist to generate air movement that goes from clean-to-less-clean air.
- Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products.
- Portable HEPA air cleaners can supplement ventilation and are most critical in rooms with poorer ventilation or in isolation areas.

For more information and options related to ventilation, see DOH's recommendations for [Ventilation and Air Quality for Reducing Transmission of COVID-19](#) or [CDC's guidance for improving ventilation and increasing filtration](#) in schools as well as the [Association for Heating, Ventilating and Air-Conditioning Engineers (ASHRAE) guidance on ventilation during COVID-19](#).

Handwashing and Respiratory Etiquette

Schools should continue to encourage frequent handwashing and good respiratory etiquette to both prevent contracting and spreading infectious diseases, including COVID-19.

Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors. Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. Ensure that teachers and staff practice proper handwashing and respiratory etiquette.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. Handwashing with soap and water is required after going to the bathroom, playing outside, petting animals, and before preparing or eating food.

- If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used. The FDA is warning to not use hand sanitizer in poorly ventilated spaces, not to use near the face, supervise children's use, and to keep it out of children's reach and sight. Some hand sanitizers may be contaminated with harmful ingredients. Before you buy or use hand sanitizer, check the [FDA's "do-not-use" list](#).
- Encourage students and staff to cover coughs and sneezes with a tissue and immediately wash their hands after blowing their nose, coughing,or sneezing.
- Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.

Cleaning and Disinfecting

Schools should have infection control plans updated to reflect what is known about COVID-19. These are basic cleaning definitions:

- Cleaning removes germs, dirt, food, body fluids, and other material.
- Sanitizing reduces germs on surfaces to safe levels.
- Disinfecting kills germs on surfaces of a clean object.

The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current CDC [guidance for cleaning and disinfection for COVID-19](#) states that disinfectants should be registered by the EPA for use against COVID-19. Refer to [List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)](#). The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19. Additional information can be found at the [DOH COVID-19 website](#). Another resource for standard infection control and school cleaning is available on the [Toxics Use Reduction Institute website](#).

Clean and disinfect frequently touched surfaces each night after students leave and when [someone is sick](#) in the room (vomit, blood, feces, urine). When disinfecting surfaces, always follow the disinfectant instructions on the label.

Do not use ionization, fogging, fumigation, or wide-area spraying to control the spread of COVID-19. These methods are not effective, do not clean contaminated surfaces, and are hazardous to human health. The EPA has approved the use of electrostatic sprayers with some disinfectants. If the electrostatic application is not listed on the label, it is not an approved application method. Surfaces still need to be cleaned first and then the disinfectant applied to the surface for the required wet time. Use the large droplet setting to avoid misting as much as possible. Do not use for wide-area spraying.

Staying Home When Sick

Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. Students and school employees who have symptoms of infectious illness, such as [influenza](#) (flu) or [COVID-19](#), should stay home and seek medical evaluation, which may include testing for COVID-19 and other respiratory infections. Schools

that have chosen to implement [testing strategies](#) may be able to facilitate timely diagnostic testing to limit student's time out of in-person instruction.

Please see the CDC's archived reference on [Screening Students for Symptoms](#) for more information.

Testing

While [COVID-19 testing programs](#) are not a requirement for providing in-person learning, these measures can help reduce the risk of COVID-19 transmission in the school environment and the broader community. Testing for COVID-19 is an important layer of prevention.

Diagnostic Testing

Schools must ensure access to timely diagnostic testing among students with symptoms or who are close contacts of someone with COVID-19. This can be done at the school, at a centralized site for the district, and/or in partnership with a trusted and accessible community-based testing provider and local public health. Timely testing of symptomatic students and staff helps reduce days of in-person instruction lost. Additionally, symptomatic individuals with negative COVID-19 test results may be able to return to school earlier.

It is essential to limit potential disease transmission by ensuring prompt isolation of cases and quarantine of close contacts through effective case investigation and contact tracing. Reduced onward transmission can lessen the number of contacts who will need to quarantine and can prevent the closure of classrooms or a school. Please see the following sections for more information on the requirements for [responding](#) to and [reporting](#) cases of COVID-19 in schools.

Screening Testing Recommendations for K-12 Schools

Screening testing looks for infections even if there is no reason to suspect those individuals are infected. Screening involves testing individuals without symptoms who do not have known or suspected exposure to COVID-19 in order to make decisions based on the test results.

Screening programs for students/staff are not required except as indicated below for high-contact indoor sports, but are generally recommended and can assist in identifying individuals who may be infected and contagious. Identification can lead to decreasing transmission by ensuring prompt isolation of cases and quarantine of close contacts through effective case investigation and contact tracing. Please see the following sections for more information on the requirements for [responding](#) to and [reporting](#) cases of COVID-19 in schools.

Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels as defined by [CDC's matrix (Table 1)](#). Programs should test at least once per week, but should consider increasing the frequency of testing to twice per week if levels of community transmission are trending and/or remaining higher. Per CDC guidance, fully vaccinated individuals do not need to participate in screening programs, but if symptomatic, should be evaluated and tested for COVID-19.

Screening Testing Requirements for K-12 Athletics

To ensure safe participation in athletics, **schools [must institute screening testing protocols](#) for**

athletes, coaches, trainers, and other personnel who work with athletes who are not fully vaccinated participating in high-contact indoor sports. For the full list of high-contact indoor sports, see the table in the DOH [Sports and Fitness Guidance](#).

Schools may consider screening testing for unvaccinated students participating in other [co-curricular or extracurricular activities](#), such as those that generate aerosols, including singing and some music.

Testing Support and Technical Assistance

DOH's [Learn to Return](#) Testing program is available to help schools meet general diagnostic testing and high-contact sport screening testing requirements. Learn to Return can also support screening testing for students and/or staff among schools who choose to layer this strategy. Schools or districts who would like more information about COVID-19 testing programs should contact schools@healthcommonsproject.org.

Responding to Cases or Suspected Cases of COVID-19

To prepare for the potential of students or staff infectious with COVID-19 while at school, schools must have a response and communication plan in place that includes communication with staff, families, their school district, and their local health jurisdiction. Schools should prepare for instructing students who are excluded from school due to illness or quarantine.

What to Do if Someone Develops Symptoms of COVID-19 While at School

Any student, teacher, or staff who reports [COVID-19-like symptoms](#) must be immediately [isolated](#) from others and sent home and referred to diagnostic testing as soon as feasible. While waiting to leave school, the individual with symptoms must be isolated in a designated isolation space. They must wear a cloth face covering or mask. Anyone providing care or evaluation to the isolated individual must wear appropriate PPE.

The designated isolation space for individuals with suspected COVID-19 symptoms must be separated from the space used for those requiring general first aid or medicine distribution. If the nurse's office has an exam room designed with a negative air flow and directly exhausted air, this room should be given priority as an isolation space. If this is not available, the isolation space would ideally be a room with a door that can close and a window that can be opened to improve ventilation. A properly sized HEPA air filter could be used to increase filtration, see [DOH ventilation guidance](#) for more information.

If no appropriate indoor space is available (e.g., already occupied) and the child can be supervised and made comfortable, an outdoor setting is an acceptable emergency alternative if weather and privacy permitting.

What to Do if Someone Visited School while Contagious with COVID-19

If someone visited a school while contagious with COVID-19, it is possible that students, staff, and/or guests may have been exposed. A person is contagious with COVID-19 starting two days before they have symptoms (or if asymptomatic, two days before they test positive for SARS-CoV-2) and through the end of their [isolation](#) period Close contacts of a person with COVID-19 should be identified to determine if they must [quarantine](#).

Returning to School

Isolation

If a person tests positive for SARS-CoV-2 by a molecular or antigen test, they can return to school when the following criteria are met:

- 10 days since symptom onset, or since positive test specimen collection date if no symptoms are present ([up to 20 days for those for those who are severely ill or severely immunocompromised](#)), AND
- 24 hours after fever resolves without use of fever-reducing medications, AND
- Symptoms have improved

This isolation guidance applies regardless of vaccination status.

If a person with COVID-19 symptoms tests negative for SARS-CoV-2 with a molecular test, they may return to school following existing school illness management policies so long as they are not a close contact of someone with COVID-19 and subject to quarantine. If a person with COVID-19 symptoms tests negative for SARS-CoV-2 with an antigen test, per [CDC antigen testing guidance](#), a confirmatory lab-based molecular test is recommended. An alternative to confirmatory NAAT testing is serial antigen testing performed every 3–7 days for 14 days.

If a person with COVID-19 symptoms does not get tested for SARS-CoV-2 or see a healthcare provider and given an alternative diagnosis, they should follow the same isolation guidance as persons who test positive for SARS-CoV-2. This is irrespective of vaccination status.

What to Do if Someone is a Close Contact of Someone with COVID-19

Generally, a close contact is someone who was within six feet of a person with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the period of time when the person with COVID-19 was infectious. The infectious period of someone with COVID-19 starts two days before the onset of symptoms or is estimated as two days before the positive test collection date if someone with COVID-19 is asymptomatic. This definition applies regardless of whether the case or contact was wearing a mask. If identified as a close contact, a person may need to [quarantine](#) as outlined below.

In a K-12 indoor classroom, the close contact definition excludes students who were at least three feet away from an infected student when (a) both students were wearing face coverings/masks and (b) other [prevention strategies](#) were in place. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

The definition of a close contact may vary in some situations (e.g., less time spent in close proximity to an unmasked person who is coughing, direct cough/sneeze spray, or other contact that is more intense like sharing drinks, eating utensils, etc.). The ultimate determination of close contact is made by the local health jurisdiction during its investigation; it may delegate this determination if appropriate.

Quarantine

[Quarantine](#) is when someone who has been exposed to COVID-19 stays home and away from others for the recommended period of time in case they were infected and are contagious.

People who may be exempt from quarantine:

- Close contacts who are fully vaccinated and do not have symptoms, do not need to quarantine but should watch for symptoms and get tested if symptoms develop.
- Close contact who had confirmed COVID-19 in the past three months, have recovered and do not have symptoms, do not need to quarantine but should watch for symptoms and get tested if symptoms develop.

If a close contact is neither fully vaccinated nor recovered from confirmed COVID-19 in the past three months and does not have symptoms, the close contact must quarantine unless the school has chosen to adopt a "test to stay" protocol with approval from local public health.

Close contacts following a test to stay protocol must still quarantine at home away from others except for attending school (e.g., the person may not participate in extra-curricular or after school activities and should not attend social gatherings, etc.).

Close contacts with symptoms of COVID-19 should follow the steps under What to Do if Someone Develops Symptoms of COVID-19 While at School.

Reporting Cases and Outbreaks and Working with Public Health

Reporting Requirements

Schools play an important role in identifying COVID-19 cases and close contacts and limiting the spread of COVID-19. All cases of COVID-19 and outbreaks in schools must be reported to the local health jurisdiction per Washington State law (WAC 246-101). In addition, schools and the general public must cooperate with public health authorities in the investigation of cases and outbreaks that may be associated with the school (WAC 246-101).

A COVID-19 outbreak in a school is considered when the following have been met:
- There are two or more COVID-19 cases among students or staff.
- The cases have a symptom onset or positive test result within a 14-day period of each other.
- The cases are epidemiologically linked.
- The cases do not share a household.
- The cases are not identified as close contacts of each other in another setting during the investigation.

Employers with more than 50 employees at a workplace or worksite are required to report to L&I within 24 hours of confirming that 10 or more of their employees at the workplace or worksite in Washington have tested positive for COVID-19 (SB 5115). Employers can report to L&I by calling 1-800-423-7233 and using option 1.

Notifying Public Health

When a school learns of a student or staff with COVID-19 or an outbreak of COVID-19 on the school premises, the School COVID-19 Coordinator must immediately notify the school district and local health jurisdiction of the school. A list of local health jurisdiction (LHJ) contacts can be found on the DOH website. Be prepared to provide LHJs with information for all students or staff with COVID-19. Local health jurisdictions use confidential information for public health investigations and do not share confidential information publicly.

Schools and the general public are required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks (WAC 246-101, Governor's Proclamation 20-25.14). Schools must release information about COVID-19 cases to local public health as part of a case or outbreak investigation. This information may include, but is not limited to:

- Name
- Date of birth
- Sex
- Role (student, staff, teacher)
- Parent or guardian name
- Home phone number, or home phone number of parent or guardian
- Home address
- Classroom/Grade
- Dates of school attendance
- Type of COVID-19 Test
- Specimen collection date of positive test
- Date of symptom onset
- Preferred language spoken
- Vaccination status (manufacturer, dates of administration)
- Information about any close contacts of the student or staff with COVID-19

The School COVID-19 Coordinator must also gather information about everyone the student or staff with COVID-19 may have been in close contact with at the school during their infectious period. See What to Do if Someone is a Close Contact of Someone with COVID-19 for information on identifying close contacts. The ultimate determination of close contact is made by the local health jurisdiction; they may delegate this determination if appropriate.

Student, Parent/Caregiver, and Staff Notification

Schools play an important role and have certain obligations in identifying close contacts and communicating with staff. Schools must have a response and communication plan in place that includes communication with staff, families, their school district, and their local health jurisdiction. Schools should prepare for instructing students and their families who are excluded from school due to illness or quarantine in accordance with all federal and state laws.

As employers, schools are required to inform staff who may have been exposed to COVID-19 about the potential exposure while maintaining confidentiality of the person who tested positive, as required by the Americans with Disabilities Act (ADA). An employer is required to provide written notice to all employees, and the employers of subcontracted employees, who were on the premises at the same worksite as the person with COVID-19 that they may have been exposed to COVID-19.

Extracurricular and Co-curricular Activities

This section expected to publish in early August.

More COVID-19 Information and Resources

Additional COVID-19 K-12 Resources

COVID-19 guidance and resources for schools can also be found on the Washington Office of Superintendent of Public Instruction (OSPI) website.

CDC: Schools and Child Care webpage links to a number of national public health recommendation documents for K-12 schools and childcare providers.

General COVID-19 Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leavessome groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share only accurate information to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Jurisdiction
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**
Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and observed state holidays, 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language.** For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.