

K-12 Schools – Fall 2020-2021 Guidance

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

This guidance is specific to public or private schools serving kindergarten through 12th grade (K-12). Schools can use this guidance regardless of the county or phase they are in of [Governor Inslee's Safe Start Plan](#). Use this guidance to inform **how** to resume school in person. Use the accompanying document, [K-12 School Decision Tree](#), for decisions about **if/when** to resume school in person. **This tool provides metrics to guide local decisions, based on the COVID-19 disease activity in the community surrounding the school.** Make all decisions in coordination with the local school board and the local health department.

This guidance is based on existing science, expert public health opinion, current policies, and stakeholder input. This guidance uses information from the [CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs--Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\), K-12 Schools and Child Care Programs](#) and the [CDC COVID-19 Considerations for Schools guidance](#). These resources assist schools in complying with the Governor's and Office of Superintendent of Public Instruction's (OSPI) requirements to help ensure employee and student safety during the COVID-19 pandemic.

Using these guidelines successfully relies on communication between schools and local public health authorities. Some of this communication may include private information that falls under the Family Educational Rights and Privacy Act. FERPA allows schools to share personally identifiable information with local public health without consent when responding to a health emergency. Read more about FERPA here:

https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf

If the school buildings have been closed, please follow CDC's [Reopening Buildings after Shutdown](#) guidance to safely reopen.

This guidance applies to all K-12 schools, public and private.

School-based health centers may operate in any phase of Safe Start or COVID-19 activity level and should take appropriate clinical infection prevention measures.

School-related sports should follow the [Safe Start Sporting Activities Guidance](#) and any additional recommendations or requirements of the Washington Interscholastic Activities Association (WIAA) (<https://www.wiaa.com/default.aspx?SecID=46>).

DOH recognizes the need to plan ahead while the science of COVID-19 evolves. Further, the trajectory of disease in our state and nation may require changes to our state's response. DOH will update this guidance and the K-12 decision tree periodically and work with OSPI to ensure districts, schools, and families are aware of updates.

Guidance regarding the arts is expected to be released later in the fall.

Key Principles for Reducing Potential Exposures

The main ways of reducing exposure to the coronavirus and other respiratory pathogens involve:

- **Keeping ill persons out of school.** Educate students, families and staff to stay home when sick, and use screening methods.
- **Using cohorts.** Conduct all activities in small groups that remain together over time with minimal mixing of groups.
- **Physical distancing.** Minimize close contact (less than six feet) with other people.
- **Hand hygiene.** Frequently wash with soap and water, or use alcohol-based hand gel.
- **Protective equipment.** Use face coverings or shields and other barriers between people. For employees, follow all Labor and Industries (L&I) and [Employer Health & Safety Requirements for School Scenarios](#) guidance.
- **Environmental cleaning and disinfection.** Prioritize the cleaning of high-touch surfaces.
- **Improve indoor ventilation.** Open windows when possible.
- **Isolation.** Isolate sick people and exclude exposed people.
- **Low risk spaces.** Outdoor spaces are safer than indoor spaces. Consider moving activities outdoors when possible.

Based on these principles, increased interaction, close contact, and longer activities between people increases the risk of spreading COVID-19.

In general, the risk of spread in schools increases across the continuum of virtual/online, hybrid, to full-time in-person learning with the risk moderated for hybrid and in-person learning based upon the range and layering of mitigation strategies put in place and the extent they are correctly and consistently followed.

This stratification from [Operating schools during COVID-19: CDC's Considerations](#) attempts to characterize the general risks of spread among students, teachers, and staff across this continuum of learning modalities and adherence to health and safety guidance. Of note, this health and safety guidance includes all 5 recommended CDC mitigation measures. The CDC stratification is general, and not intended to inform the appropriate level of Personal Protective Equipment (PPE) an employee needs, which should be made based on the tasks and situation. For employees, follow all Labor and Industries (L&I) and [Employer Health & Safety Requirements for School Scenarios](#) guidance.

General Guidance

Do not allow students, staff, vendors, parents, guardians, or guests on-site if they:

1. Are showing [symptoms of COVID-19](#).
2. Have been in close contact (within 6 feet for at least 15 minutes) with someone who has confirmed COVID-19 in the last 14 days.
3. Have tested positive for COVID-19 in the past 10 days.

Health care providers, EMS workers, and staff who wore proper personal protective equipment (PPE) during potential COVID-19 exposure are permitted to be in site.

Ensure staff are trained in health and safety protocols for your site. This includes:

- How to screen for symptoms
- How to maintain physical distance
- The use of appropriate personal protective equipment (PPE)
- Understanding and practicing frequent cleaning and handwashing
- How to handle situations when someone develops signs of COVID-19

Communicate regularly with students, families and staff. Emphasize the importance of staying home when sick, maintaining six feet of physical distance, and hand hygiene. Communication should be provided using multiple methods, such as posters, written letters, email, text message, phone, video conferencing. Make sure communication is in the language that parents best understand.

All students age 5 years and older, staff, volunteers, and guests must wear cloth face coverings or acceptable alternatives in K-12 settings. See the Reducing Transmission section for more information about cloth face coverings. Schools have a general obligation to provide employees a safe and healthy work site in accordance with state and federal law and safety and health rules, including addressing hazards associated with COVID-19. Refer to the Department of Labor and Industries [COVID-19 Workplace Safety and Health Requirements](#) for more information.

Monitor student and employee attendance and absences, have flexible locally-determined leave policies and practices, and have access to trained substitutes to support employee absences.

People at High Risk for Serious Health Problems from COVID-19

Those at [high risk](#) for health problems from COVID-19 should consult with their health care provider when considering whether to provide or participate in K-12 activities. Protections for employees at high risk for health problems remain in place under [Proclamation 20-46](#). Families with a member who is at high risk from COVID-19 should carefully consider risks and benefits of sending their student to school in person.

Drop-Off and Pick-Up

Develop a system for dropping off and picking up students that keeps families at least six feet from each other and reduces their need to enter the school. This may include staggering drop-off and pick-up times for various groups, one-way traffic flows, greeting students at their vehicle, or placing distancing markers on walkways.

Health Screening at Entry

Screen students and staff before arrival to school or early in the school day to reduce risk for transmission of COVID-19. Students and staff with any illness must stay home or return home.

Schools have flexibility in how to enact daily health screening, whether by assessment at home by parents/guardians, on the school site screening, a combination of these, or other method.

Three potential example health screening methods appear below. Schools may use these methods, adaptations of these methods, or other methods they determine appropriate in consultation with their local public health jurisdiction. Whatever method a school chooses, educate staff and parents/caregivers to be on the alert for signs of illness in their children and to stay home or keep their children home if they are sick.

For screening that happens at the school, there are several methods that facilities can use to protect students and staff while conducting temperature and symptom screenings, and schools have flexibility in how they do this. The most protective methods incorporate physical distancing (maintaining a distance of six feet from others) or physical barriers to eliminate or minimize exposures due to close contact. For more information on screening, see the [CDC guidance](#).

Screening questions

Every day, ask staff, parents, guardians, and older students to review the following questions. This review can happen at home or at school.

1. Do you have any of the following [symptoms within the last day](#) that are not caused by another condition?
 - Fever (100.4°F) or chills.
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

2. Have you been in close contact with anyone with confirmed COVID-19?
3. Have you had a positive COVID-19 test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Staff or students who answer 'yes' to any questions should stay home or be sent home.

Home Health Screen Method:

- Have the parents/caregivers review these questions daily before sending children to school. The school can provide families paper or electronic forms, use online applications, or provide tickets or tokens that parents/caregivers send to the school with the child to signal the screening has been complete and the answer to all questions is 'no.'
- If a student forgets their form (paper or electronic), ticket, or token, the school should screen the student onsite. Staff and students who answer yes to any questions should stay home or be sent home.

On Site Health Screen Method

- Have staff ask all students and staff all four screening questions above. To help expedite screening schools can post a sign listing the symptoms and questions or use a check list that staff who conduct screening of students and staff can read.
- Take staff and students temperatures.
- Students or staff with symptoms should be isolated until they can go home.
- The school must ensure that physical distancing can be maintained as students and staff wait to be screened.
- The school staff screening should use personal protective equipment when screening students and staff. Refer to [*Employer Health & Safety Requirements for School Scenarios*](#) for additional details.

Combination Health Screen Method

- Have parents/caregivers sign a form at some frequency (by quarter, month or week) that affirms they will check their children daily for all symptoms of COVID-19 and agree not to send their child to school if the child has any symptoms, is a close contact of someone with COVID-19, has tested positive for COVID-19, or has been told to self-monitor, isolate, or quarantine.

AND

- Conduct a brief screen of students and staff at the school to check they do not have fever, shortness of breath or cough.

- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Students or staff with symptoms should be isolated until they can go home.
- The school must ensure that physical distancing can be maintained as students and staff wait to be screened.
- The school staff screening should use personal protective equipment when screening students and staff. Refer to [*Employer Health & Safety Requirements for School Scenarios*](#) for additional details.

Regardless of method used, students or staff who stay home or are sent home due to symptoms should refer to “Returning to school after suspected COVID-19 symptoms” below.

Reducing Transmission

Grouping Students

Create cohorts or groups of students with dedicated staff who remain together throughout the day, at recess and lunch time. These groups should remain consistent from day to day and should not be combined or mixed. Staying in small groups limits the amount of contact between individuals. Reducing the mixing of students, teachers and staff through groups:

- Decreases the opportunities for exposure or transmission of COVID at school.
- Makes contact tracing easier in the event of a positive case.
- Simplifies the testing, quarantine and isolation to a single cohort.

Consider block schedules to minimize mixing among students. Assign seating in classrooms for all students so those in close contact with COVID-19 cases can be quickly identified. Multiple groups of students may use the same facility as long as they are in limited contact with and physically distanced from other groups. When needed, divide large spaces like full-size gyms, playgrounds, or sports fields into separate areas for different cohorts or small groups. Create a barrier with equipment such as cones, chairs, or tables to maintain separation between groups.

Physical Distancing

Practice physical distancing of six feet or more between groups or classrooms as much as possible. Create space between students and reduce the amount of time they are close with each other. Your ability to do this will depend on students’ ages and developmental and physical abilities. Select strategies to increase physical distancing that will work for your school and the space available. Maintaining six feet of distance is most important when students or staff will be engaged in something for more than a few minutes, like during class, reading or quiet time, or eating lunch. There may be brief moments, such as passing by others in the hallway or during play at recess when students are less than six feet apart from each other. Not all strategies will be feasible for all schools. Think creatively about all opportunities to increase physical space between students during all scheduled activities and limit interactions in large group settings.

Schools may consider the following physical distancing strategies:

- **Increase the space between desks and assign seating in all classes.** Rearrange student desks or workstations to provide six feet of distance between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- **Reduce the number of students at tables, lab benches, or other workstations to increase physical distance.**
- **Reduce the number of students in the halls and restrooms at one time.** Stagger the release of classes, restroom breaks, recess, and other common travel times. Consider allowing students to bring belongings to the classroom and store them in a personal cubby or container to reduce the use of lockers.
- **Cancel activities where multiple classrooms interact.**
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Mark traffic flow and designate entrances and exits to minimize face to face contact.**
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations.
- **Place tape, spots, cones, paint or other markers to signal six feet distance in areas where students may be waiting in line.** This could include symptom screening points, restrooms, water fountains, hand washing or sanitizing stations, the main classroom door, and the cafeteria.
- **Limit the presence of volunteers** for classroom activities, reading, cafeteria support, and other activities.
- **Cancel or modify classes where students are likely to be in very close contact.** Physical Education should be held outside whenever possible. Face coverings can be removed during strenuous activities, however, to reduce risk, consider structuring PE in a way that allows for use of face coverings, especially when PE is held indoors. This may require limiting or avoiding strenuous activity. PE activities that focus on individual skills or activities that can be done while maintaining 6 feet of distance and wearing a face covering are generally the lowest risk. Schools may also phase in PE activities as that are described in or similar to those described in the [Sporting Activities guidance](#) and in accordance with the level of COVID-19 in their community. Refer to [Employer Health & Safety Requirements for School Scenarios](#) for additional details on PPE use among PE staff.
- **Limit the use of locker rooms to handwashing and restroom use only. Showers should not be used** due to potential spread of aerosolized droplets. Consider eliminating requirements to change clothes for PE. If use of locker rooms for changing is necessary, maximize ventilation and use tape, spots, or cones to signal 6 feet of distance for students who need to change. Stagger entry to the changing area and use these facilities as appropriate with members of the same group/cohort. Make sure to limit occupancy of the locker rooms to avoid crowding.
- **Cancel in person activities that are considered high risk.** These activities include choir, playing of instruments involving breath, contact sports (other than as allowed under [Sporting Activities Guidance](#)), or other activities that require students to remove face

coverings and/or be in close contact with one another. These activities may contribute to transmission of COVID-19.

- **Cancel in person field trips, assemblies, and other large gatherings.** Cancel in-person activities and events such as field trips, student assemblies, special performances, STEAM fairs, school-wide parent meetings, or spirit nights.
- **Limit cross-school transfer for special programs.** For example, if students arrive from multiple schools for special programs (e.g., music, robotics, and academic clubs), consider using distance learning to deliver the instruction or temporarily offer duplicate programs in the participating schools.
- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.
- **Keep students outside more, as weather and space permit.** Outdoor spaces decrease the transmission risk of COVID-19.

Meals

Limit gatherings and mixing of students in the cafeteria or other communal spaces. Consider having students eat their meals in the classroom or outside. You may accomplish this through meal delivery to classes or through grab-and-go services.

If students use the cafeteria, keep cohorts together. Ensure physical distance between students in a cohort and between other groups. Stagger meal times in the lunchroom or dining hall to avoid crowding. Arrange and direct the flow of students for handwashing sinks, food vending areas, and other areas where students may congregate. Space students as far apart as you can at tables. Make sure tables are at least six feet apart.

Individually plate food for each student. The staff should handle utensils and serve food to reduce spread of germs.

Clean and sanitize tables before and after each group eats. Use a washable plastic table cloth for wooden tables.

Hygiene Practices

Children and adults should clean their hands in the following situations:

- Arriving at school
- Before meals or snacks
- After outside activities
- After going to the bathroom
- After sneezing or blowing their nose
- Before leaving school

Help young children to make sure they wash their hands correctly. The best option is to wash hands with soap and water for at least 20 seconds. If soap and water are not readily available,

people should use an alcohol-based hand gel with at least 60 percent alcohol. Supervise the use of alcohol-based hand gel by young children.

Teach children and adults not to touch their eyes, nose, and mouth with unwashed hands.

Cover coughs or sneezes with a tissue, throw the tissue in the trash, and clean hands with soap and water or hand gel.

Cloth Face Coverings

Wearing cloth face coverings may help prevent the spread of COVID-19 and is required for staff and students in all indoor public spaces. There are specific exceptions based on age, development, or disability. See the [Washington State Department of Health Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. All students, volunteers, or guests must wear cloth face coverings or an acceptable alternative at school when indoors. Schools should provide face coverings for staff and students who don't have them.

For staff, cloth facial coverings must be worn by every individual (except as described below) not working alone at the location. Certain situations may require a higher level of protection under L&I safety and health rules and guidance. Refer to [Employer Health & Safety Requirements for School Scenarios](#) and [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

1. Cloth face coverings should not be worn by:
 - [Those under 2 years of age.](#)
 - Those with a disability that prevents them from comfortably wearing or removing a face covering.
 - Those with certain respiratory conditions or trouble breathing.
 - Those who are deaf or hard of hearing, and those who provide instruction to such people, and use facial and mouth movements as part of communication.
 - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
2. 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, to the ears, and have no gap at the forehead.
3. Younger students 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.
4. Continue practicing physical distancing while wearing cloth face coverings.
5. Students may remove face coverings to eat and drink and when they can be physically distanced outside. If students need a "mask break" take them outside or to a large, well ventilated room where there is sufficient space to ensure more than six feet of physical distance between people.
6. The school is responsible for providing appropriate PPE for all staff, including those who provide assistance to students who have special needs. Refer to [Employer Health & Safety Requirements for School Scenarios](#)

Bus Transportation

There are several guidelines to prevent COVID during school transportation.

- Keep riders as far apart as possible on the bus. Consider how to reduce occupancy and increase space on the bus through scheduling and using additional busses.
- Require assigned seating.
- If possible, seat students with household members or members of their school group/cohort.
- Maximize outside air flow and keep windows open as much as possible.
- Encourage walking or biking where safe.
- Have caregivers drive students to school, if possible.
- Riders and staff members must wear a cloth face coverings or acceptable alternatives.
- Encourage students to wash or sanitize hands when they leave their home or classroom immediately before boarding the bus.
- Clean and disinfect frequently touched surfaces, including the tops and backs of seats. Use an EPA registered product and follow the manufacturer's instructions for use.

Cleaning and disinfecting procedures

Schools should have infection control plans updated to reflect what is known about COVID-19. A good resource for infection control and school cleaning is [Cleaning for Healthier Schools – Infection Control Handbook 2010](#).

These are basic cleaning definitions:

- Cleaning removes germs, dirt, food, body fluids, and other material. Cleaning increases the benefit of sanitizing or disinfecting.
- 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 the COVID-19. Find the current list here: [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#). Disinfectants based on hydrogen peroxide or alcohol are safer than harsher chemicals. The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19.

If you use a bleach and water mixture for disinfection, mix it at a concentration of four teaspoons of 6 percent bleach per quart of cool water or five tablespoons of 6 percent bleach (one-third cup) per gallon of cool water (1,000 parts per million). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach

solution. Keep the surface wet for at least one minute. An emergency eye wash station is required at the location where bleach is mixed from concentrate.

Find more information about cleaning, disinfecting, and choosing safer cleaning products on the [DOH COVID-19 website](#). Clean and sanitize toys, equipment, and surfaces in the program space. Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Outdoor areas generally require normal routine cleaning and do not require disinfection. Wash hands after you clean.

If groups of students are moving from one area to another in shifts, finish cleaning and disinfecting before the new group enters the area. Clean and disinfect high-touch surfaces each night after students leave.

Always follow the disinfectant instructions on the label:

- **Use disinfectants in a ventilated space. Heavy use of disinfectant products should be done when children are not present. The facility should have enough time to air out before children return.**
- Use the proper concentration of disinfectant.
- Keep the disinfectant on the surface for the required amount of wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children.
- Facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
- Parents, teachers, and staff should not supply disinfectants and sanitizers.

Carpets

If possible, vacuum carpets every day. Vacuum when children are not present in the space. Use a vacuum with a HEPA (high efficiency particulate air) filter – or use HEPA vacuum bags. Having both is even better.

Outdoor Areas

Outdoor areas, like playgrounds in schools and parks, require routine cleaning, but do not require disinfection.

- Do not spray disinfectant on outdoor playgrounds—it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High-touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces such as play structures, benches, or tables, is not recommended.
- Cleaning and disinfection of groundcover such as mulch or sand is not recommended.

Ventilation

Ventilation is important to have good indoor air quality. 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. Use of fans for cooling is acceptable. They should blow away from people. There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems. 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.

Shared Hands-On Teaching Materials

Clean and disinfect hands-on materials often and after each use. Limit shared teaching materials, including PE equipment, to those you can easily clean and disinfect. Discourage sharing of items that are difficult to clean or disinfect. Children's books and other paper-based materials are not high risk for spreading the virus.

Ensure adequate supplies to minimize the sharing of high touch materials as much as possible. An example includes assigning each student their own art supplies or limiting the use for one group of children at a time. Clean and disinfect shared items between use. Keep each student's belongings separate and in individually labeled containers, cubbies, or areas.

What to do if someone develops signs of COVID-19

To prepare for the potential of student or staff showing symptoms while at school, schools should have a response and communication plan in place that includes communication with staff, families, and their [local health jurisdiction](#). Schools should prepare for instructing students who are excluded from school due to illness or quarantine.

Every school should have an identified space for isolating ill persons until they can be sent home. This space would ideally have several rooms with doors that can close and windows that vent to the outside to improve ventilation. Alternatively, use a room with several cots spaced at least six feet apart with privacy curtains between cots. Ideally, the isolation unit would have a private bathroom for use only by persons being evaluated for COVID. If a private bathroom for ill persons is not available, the ill person should wear a face mask when traveling to and from the communal bathroom. Clean all high touch areas between the patient room and bathroom as well as in the bathroom. Thoroughly clean and disinfect the communal bathroom immediately after use. Increase ventilation in the bathroom by keeping a window open and/or turning on a fan that vents to the outside.

If a student or staff member develops signs of COVID-19 (see the list of symptoms under health screenings on page 3), separate the person and supervise them from a safe distance until the sick person can leave. Staff caring for ill persons should use appropriate medical grade PPE. While waiting to leave school, the individual with symptoms should wear a cloth

face covering or mask if tolerated. Air out, clean and disinfect the area after the ill person leaves.

Returning to school after having suspected signs of COVID-19

For ill persons **without known exposure** to a confirmed COVID-19 case, follow [DOH guidance for what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#) and the [symptom evaluation and management flow chart](#).

People who are ill **and had known exposure** to COVID-19 should be encouraged to be tested for COVID-19. They should stay out of school until at least 10 days after symptom onset, and at least 24 hours after their fever has resolved and symptoms have improved. People with severe disease or who are immunocompromised may need to be isolated at home for longer.

Ask staff and caregivers to inform the school right away if the ill person is diagnosed with COVID-19.

For more information, review DOH's [symptom evaluation and management flow chart](#) which outlines recommendations following a positive COVID-19 symptom screen.

If a student or staff member tests positive for COVID-19, it is possible that many of the student's classmates and teachers will be considered close contacts and need to be quarantined for 14 days **especially if they have not adhered to social distancing and mask use**. Consult with the local health jurisdiction to determine the correct course of action. Refer affected classmates and teachers to the [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\)? guidance](#).

Returning to school after testing positive for COVID-19

A staff member or student who had confirmed COVID-19 can return to the program at least 24 hours have passed since recovery. A person is recovered when they have no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath. Additionally, at least

- 10 days since symptom onset, **AND**
- **24 hours after fever resolves without use of fever-reducing medications, AND**
- **Symptoms have improved**

For more information, review DOH's [symptom evaluation management flow chart](#) which outlines recommendations following a positive COVID-19 symptom screen.

Returning to school after being in close contact to someone with COVID-19

If a person believes they have had close contact to someone with COVID-19, but they are not sick, they should watch their health for [COVID-19 symptoms](#). This should last

for 14 days after the last day they were in close contact with the person sick with COVID-19. They should not go to work, childcare, school, or public places for 14 days. If a person develops symptoms of COVID-19 during their quarantine, they should seek testing for COVID-19. If they test positive for COVID-19, they should follow the guidance listed above. **Even if no symptoms are present, consider testing 7 to 10 days after last contact with the sick person.** However, a negative test after exposure does not shorten the 14 day quarantine period.

Environmental cleaning after a suspected or confirmed case is identified

When a school sends a person with COVID-19 [symptoms](#) home, or learns a confirmed case of COVID-19 has been on the premises, clean and disinfect the areas where the ill person spent time.

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls) used by the ill persons, focusing especially on frequently touched surfaces.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

Contact investigation, contact tracing, and quarantine of close contacts of confirmed COVID-19 cases

Schools can play an important role to identify close contacts and communicate with parents and guardians. When a school learns of a confirmed case of COVID-19 on the school premises, they should:

- Immediately notify the local health jurisdiction of the case.
- Identify and provide school-based close contacts of the case to the local health jurisdiction. This includes contacts around the case from 2 days before symptoms started (or date of positive test if asymptomatic) until the time the case was no longer in school. Close contacts are defined as persons who were within six feet of the confirmed case for at least 15 minutes and would include siblings at the same school, those in the same cohort, and those sitting close to the student on the bus.
- Public health will advise close contacts, but the school should communicate to close contacts and advise them to self-monitor and quarantine for 14 days from the last exposure. Schools may use the following DOH guidance: [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID- 19\)?](#)

COVID-19 outbreaks in school

A COVID-19 outbreak is considered when the following have been met:

- There are two or more laboratory-positive (PCR or antigen) COVID-19 cases among students or staff.
- The cases have a symptom onset 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.

If the school is grouping or cohorting students

Dismiss the entire classroom for home quarantine for 14 days if two or more laboratory positive (PCR or antigen) COVID-19 cases occur within the group or cohort within a 14 day period.

Close a school and switch to remote learning for 14 days when:

- 2 or more classrooms are dismissed due to outbreaks in schools with 10 or fewer classrooms.
- 10% or more of classrooms are dismissed due to outbreaks in schools with greater than 10 classrooms.
- School cannot function due to insufficient teaching or support staff.

If the school is not grouping or cohorting students

Quarantine close contacts and notify families if two or more laboratory positive (PCR or antigen) COVID-19 cases are reported in a 14 day period. Evaluate to determine if transmission is occurring in the school.

Consider the following to determine the need to close a school and switch to remote learning for 14 days when:

- The school experiences a rapid increase in cases.
- There is a prolonged chain of transmission (2 or more generations) occurring in the school.
- School cannot function due to insufficient teaching or support staff.

More COVID-19 Information and 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 leaves

some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others 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 Department or District](#)
- [WA State Department of Labor and Industries Employer Health & Safety Requirements for School Scenarios guidance](#)
- [Safe Start Sporting Activities Guidance](#)
- [DOH's symptom evaluation management flow chart](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 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.