

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

Summary of October 4, 2021 Changes

- Updated K-12 school outbreak definition in alignment with CDC.
- Inclusion of outdoor classrooms in K-12 close contact exception definition.
- References added for new [Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#) and [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) tools.

Summary of September 27, 2021 Changes

- Technical updates to align with recently announced vaccine requirements for K-12 staff and the Secretary's Face Covering Order.
- Clarification on medical or disability accommodations to face covering requirements.
- Updated testing recommendations for close contacts per CDC guidance.

Summary of August 10, 2021 Changes

- Requirements for K-12 extracurricular sports has been added.
- Requirements for K-12 co-curricular and extracurricular performing arts activities has been added.
- Updated recommendations for fully vaccinated individuals identified as close contacts of a person with confirmed COVID-19 in alignment with updated CDC guidance.

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.

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 20-09.4](#) 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: [universal 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.**

*In this document, universal masking means that face coverings are required to be worn by all individuals, regardless of vaccination status.

**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 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. Most layers, including universal masking, are required at this time. If schools choose to remove a recommended added layer of prevention such as screening testing of students or staff, 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, families, and the community.

Vaccination

Vaccination is the most effective prevention strategy available for allowing schools to maintain full-time in-person instruction. All employees in educational settings must be fully vaccinated or have a medical or religious exemption by October 18 per [Governor’s proclamation 21-14.1](#).

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)

COVID-19 vaccines must be authorized for emergency use, licensed, or otherwise approved by the FDA; or listed for emergency use or otherwise approved by the World Health Organization.

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.
- Parent/guardian 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.
- By September, schools utilizing the Washington Immunization Information System (WA IIS) School Module will be able to run a student COVID-19 report for vaccination status. The report will show students who are due now for COVID vaccination.
- Schools must 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](#).

Face Coverings/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:
 - Those under 2 years of age.
 - 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.
 - 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 in accordance with the Secretary of Health's [Mask Order](#). 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.

Medical and Disability Accommodations to Face Covering Requirements

For any individual claiming a disability-related exemption to the face covering requirements, schools must follow the process and requirements for providing disability-related reasonable accommodations under federal and state law. Schools must, to the extent permitted by law, before providing a disability-related reasonable accommodation, obtain from the individual

requesting the accommodation, or the individual's legal guardian, documentation from an appropriate health care or rehabilitation professional stating that the individual has a disability that necessitates an accommodation to the face covering requirements and the probable duration of the need for the accommodation.

Assessing whether an individual has a disability, i.e., a sensory, mental, or physical impairment that prevents them from wearing a required face covering and necessitates an accommodation and assessing for how long an accommodation is required are medical determinations that must be made by a health care or rehabilitation professional who is qualified and legally authorized to make such determinations. Medical documentation from a health care or rehabilitation professional whose scope of practice does not include making such determinations, does not provide a valid basis for providing an accommodation. Self and parental attestations do not constitute valid medical determinations.

Medical documentation submitted in support of a disability-related reasonable accommodation must include the individual's full legal name, the health care provider's name and license number, the reason for the accommodation, and affirmation that the provider has advised the parent/legal guardian of the risks and benefits of mask wearing, including increased risk for exposure to and spreading of COVID-19 and that the accommodated individual would not meet the CDC exception to the definition of a close contact in a classroom if they are not wearing a mask or appropriate alternative. Schools must retain all accommodation documentation and make it available upon request of the local health officer or any other lawful entity.

Per the Secretary of Health's [mask order](#), any person exempted from wearing a face covering due to a disability, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge or wrap, as long as their condition permits it.

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.
- In common areas outside of the classroom.
- During [high-risk activities](#) when increased exhalation or aerosolization occurs, such as PE or exercising, 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.
- Upgrade filters to MERV 13 if the system can handle the air resistance.
- 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.
- 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.
- Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products.

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](#). Fragrance-free is preferred to reduce sensitivity and asthma issues.
- Encourage students and staff to cover coughs and sneezes with a tissue and immediately wash their hands after blowing their nose, coughing, or sneezing. Remind students and staff not to touch their eyes, nose, and mouth with unwashed hands.
- 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

[COVID-19 testing programs](#) 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.

For more information, see the testing section of the DOH [Supplemental Considerations for Mitigation of COVID-19 in K-12 Schools](#).

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.

[State law requires that each school have a safety committee](#) that includes employer and staff representatives. This committee should help provide coordination and input on the school's COVID-19 response. See the [Core Rules, Chapter 296-800, WAC](#) from WISHA for more information on how to form a COVID-19 school response safety committee.

Refer to the [Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#) and [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) tools for additional information.

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, regardless of vaccination status.

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 student can be supervised and made comfortable, an outdoor setting is an acceptable emergency alternative if weather and privacy permit.

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 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 nucleic acid amplification test (NAAT) 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 health care 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.

Staff who test positive for COVID-19, or parents/guardians of students who test positive for COVID-19, should notify the school immediately upon receipt of the test results. This enables the recommended exclusion of the staff or student from school for the duration of their isolation period, contact tracing to determine if any students or staff were exposed to the person with COVID-19, and notification of the LHJ. See [K-12 Supplemental Considerations](#) for more information.

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

A close contact is someone who was exposed to a person with COVID-19 infection. 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 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 classroom setting. Please see the DOH [K-12 Supplemental Considerations](#) document for additional information on the determination of close contacts in the K-12 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.

There are three options for duration of quarantine:

- Quarantine should last for 14 days after the last close contact with the COVID-19 positive person. This is the safest option. Monitor for symptoms during this time, and if any COVID-19 symptoms develop during the 14 days, get tested.
- If 14 days is not possible, quarantine can last for 10 days after the last close contact, without additional testing required. However, if any COVID-19 symptoms develop during the 10 days, remain in quarantine the full 14 days and get tested. Continue monitoring for symptoms until day 14.
- Quarantine can end after 7 full days beginning after the last close contact if no symptoms have developed and after receiving a negative test result. The test should occur no sooner than 48 hours (2 days) before ending quarantine. Continue monitoring for symptoms until day 14.

The LHJ has the authority to determine which quarantine option should be followed.

People who may be exempt from quarantine:

- **Close contacts or K-12 close contacts who are fully vaccinated and do not have symptoms do not need to quarantine** but should be tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in all

public indoor spaces for 14 days or until they receive a negative test result. They should isolate and follow appropriate [guidance](#) if they test positive. If they develop symptoms consistent with COVID-19, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their health care provider of their vaccination status at the time of presentation to care.

- Close contacts or K-12 close contacts who had confirmed COVID-19 in the past three months, have recovered and do not have symptoms, do not need to quarantine but should be tested for COVID-19 with an antigen test 3-5 days post-exposure, watch for symptoms, and get evaluated by a health care provider if symptoms develop.

If a K-12 close contact is neither fully vaccinated nor recovered from confirmed COVID-19 in the past three months and does not have symptoms, the K-12 close contact must quarantine unless they are a student following a “Test to Stay” protocol with the “modified quarantine” option that the school has chosen to adopt with approval from local public health. Unvaccinated close contacts, if not participating in a Test to Stay program, are recommended to get tested immediately and at 5-7 days post-exposure while they quarantine.

K-12 close contacts following a Test to Stay protocol must complete a modified quarantine at home away from others except for attending school (e.g., the person may not participate in extra-curricular or before/after school child care or activities and should not attend social gatherings, etc.). Please see the Test to Stay section of the [K-12 Supplemental Considerations](#) document for information on Test to Stay and modified quarantine options.

Close contacts with symptoms of COVID-19 should follow the steps to isolate 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 in schools must be reported to the local health jurisdiction (LHJ)/DOH in accordance with LHJ/DOH guidance and Washington State law ([WAC 246-101](#)). All outbreaks of COVID-19 must be reported to the LHJ ([WAC 246-101](#)). COVID-19 test results should be reported to DOH in accordance with guidance available at the [Reporting COVID-19 Test Results](#) webpage. 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:

- Multiple or probable or confirmed COVID-19 cases comprising at least **10% of students, teachers, or staff within a specified core group**¹

OR

- At least **3 cases within a specified core group**¹ meeting criteria for a probable or confirmed COVID-19 case

AND

- Cases have symptom onset or positive test result within 14 days of each other, AND

- Cases were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting, AND
- Cases were epidemiologically linked in the school setting or a school-sanctioned extracurricular activity²

¹ A “core group” includes but is not limited to extracurricular activity², cohort group, classroom, before/after school care, etc.

² A school-sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.

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 LHJ. 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.

Co-curricular and Extracurricular Activities

School-related and sponsored activities, including field trips, must follow all relevant guidance. This includes, but is not limited to:

- [Co-curricular Performing Arts Classes](#)
- [Extracurricular Performing Arts Activities](#)
- [Extracurricular Athletics](#)
- [Other Extracurricular Activities \(Clubs, Interest Groups, STEM Fairs, Field Trips, etc.\)](#)
- [Overnight Camps](#)
- [Child Care, Day Camps, and Youth Development](#)

Requirements for Co-curricular Performing Arts Classes

The purpose of this section of guidance is to ensure all students have access to their chosen performing arts course. Many students in performing arts engage in activities that are high aerosol-generating and increase the risk for COVID-19 transmission. Follow the requirements below to minimize this risk.

- **Universal masking with appropriate material – 3-layer medical face mask or similar material – is required by all students and staff in performing arts classes and while participating in performing arts activities.** Masking with a 3-layer medical face mask or similar material is essential to reduce aerosols from circulating in indoor spaces. Masks are not required when outdoors but are recommended if the setting is crowded.
- **High aerosol-producing performers, e.g., singers, woodwinds and brass, speech/debate, and theater performers are required to wear appropriate masks/face coverings and/or use appropriate bell covers while practicing or performing.** Woodwinds and brass performers may remove their face coverings/masks when practicing or performing on their instrument and must replace their face covering/mask during non-performance time. Face coverings/masks with slits

are recommended but not required.

- Cloth masks may be used in non-high aerosol-generating classes, such as percussion or string orchestra only, guitar, piano, or other similar classes.
- **Bell covers with appropriate material – MERV 13 or 3-layer medical face mask or similar material – are required for brass and woodwind instruments when indoors.** Bell covers are recommended when playing outdoors but not required.
- Practice good hygiene collecting water condensation from brass instruments. Consider using “puppy pads” for students to empty spit valves rather than emptying directly on the floor.
- **Universal masking with appropriate material – 3-layer medical face mask or similar material – is required in general music and elementary classrooms when singing is performed.** Teachers should provide students with a mask designed to fit snugly while allowing for facial movement during singing to replace cloth masks during the activity. When not singing, students should wear cloth masks as required in other classrooms.
- **Ensure that all students have access to their chosen performing arts course. Space constraints should not limit access to these classes. Distancing should be at least 3 feet, if possible, and more if space permits.** Distancing of at least 3 feet is also recommended outdoors.
- Reduce shared equipment to the degree possible. Have students use hand sanitizer before using shared equipment like music stands. If hand sanitizer is readily available and used often, shared equipment does not need to be sanitized between each group; regular daily cleaning is sufficient. For shared instruments, students should have their own mouthpieces. Allow the instrument to sit for 24 hours between uses.
- Maximize ventilation of the space as much as possible. If a space is smaller and/or not well-ventilated, use portable HEPA air cleaners to supplement. See also [Ventilation](#) above for best practices to allow appropriate time for air change.

School-Sponsored Performing Arts Performances and Activities

Students, teachers, and support staff must follow all requirements within this document when participating in school-sponsored performing arts activities and performances, even if not in a K-12 classroom setting.

Performances

- For performances, audience members should be seated in “family units” and those small groups should be spaced at least 6 feet apart. All audience members must wear a mask, regardless of vaccination status.
- Masking is required outdoors for all spectators if there are 500 or more people present at the event.
- Universal masking is required during performances for participants, including appropriate face coverings and bell covers on woodwind and brass instruments.

Travel for Performing Arts Activities

- Travel trips must follow [CDC’s order](#) for all riders and drivers to wear a mask on buses or other public transportation, regardless of vaccination status. Seat cohorts together on the bus and separate the cohorts by at least 3 feet to the degree possible. Increase

ventilation by opening windows as weather permits.

Screening Testing for Performing Arts Activities

- Any participant with a positive test must be excluded from the event and removed from the venue. See [Responding to Cases or Suspected Cases of COVID-19](#) for more information. Positive test results must be reported to the local health jurisdiction as outlined in the [Reporting Cases and Outbreaks and Working with Public Health](#) section. Contact tracing should be performed per guidance in the [What to Do if Someone is a Close Contact of Someone with COVID-19](#) section. The performing arts group should work with local public health to determine how to approach isolation, quarantine, and further testing.
- Unvaccinated students, teachers, or other support personnel identified as close contacts should quarantine immediately, even if they recently had a negative test. Unvaccinated close contacts are recommended to get tested immediately and at 5-7 days post-exposure while they quarantine.
- Fully vaccinated students, teachers, or other support personnel identified as close contacts do not need to quarantine but should be tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask for 14 days or until they receive a negative test result. They should isolate and follow appropriate [guidance](#) if they test positive. If they develop symptoms consistent with COVID-19, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their health care provider of their vaccination status at the time of presentation to care.
- All point of care test results should be reported to the DOH in accordance with guidance available at the [Reporting COVID-19 Test Results for Point-of-Care Testing Facilities site](#).

School-sponsored Extracurricular Athletics

Sporting activities must follow the requirements listed below. In this document, universal masking means that face coverings are required for all participants, regardless of vaccination status. Physical Education (PE) classes are curricular classes and are not considered sporting activities. **Students and staff must all wear masks indoors during PE classes.** Masks are not required outdoors.

The use of cohorts within the team limits the potential for team-wide transmission in the event of an exposure or outbreak and should be considered for practices, warm-ups, and when traveling.

Travel trips must follow [CDC's order](#) for all riders and drivers to wear a mask on buses or other public transportation, regardless of vaccination status. Seat cohorts together on the bus and separate the cohorts by at least 3 feet to the degree possible. Increase ventilation by opening windows as weather permits.

Athletes, coaches, athletic trainers and other support personnel should maintain at least 6 feet to the degree possible when not playing (e.g., on the bench, in the dugout, on the sideline, in

locker rooms and other similar situations). Please also refer to DOH's [Guidance for Sporting Activities](#) for additional information.

Mask Requirements for Sporting Activities

- **Universal masking is required by all athletes, coaches, athletic trainers and support personnel when in weight rooms, regardless of vaccination status.** Weight rooms are high-risk indoor settings. They are often poorly ventilated, crowded and used by athletes from sports of multiple contact levels, as well as PE students. Practice physical distancing to the degree possible.
- **Masks are not required for athletes while practicing or competing in low-risk or moderate-risk sports indoors, regardless of vaccination status.** While not required, masks are strongly encouraged when practicing indoors, regardless of vaccination status. Universal masking is required indoors at all times when not actively practicing or competing. Risk levels for individual sports are referenced in DOH's [Guidance for Sports and Fitness Activities](#).
- **Masks are not required for fully vaccinated athletes practicing or competing in high-risk indoor sports. Masks are not required for unvaccinated athletes practicing or competing in high-risk indoor sports when they participate in screening testing.** While not required, masks are strongly encouraged when practicing indoors, regardless of vaccination status. Universal masking is required indoors at all times when not actively practicing or competing. Contact risk levels for individual sports are referenced in DOH's [Guidance for Sports and Fitness Activities](#).
 - Indoor basketball, wrestling, and water polo are high-risk sports and require screening testing of unvaccinated individuals in order to participate. Cheer is a high aerosol-generating activity and require screening testing of unvaccinated individuals in order to participate. See the section on [Screening Testing for Sporting Activities](#) below.
 - High-risk indoor athletes who are engaging in practices off-season must either:
 - Practice universal masking at all times, regardless of vaccination status; or
 - Initiate the screening testing protocol of unvaccinated athletes to allow the removal of masks by all athletes, vaccinated and unvaccinated, while practicing. Masks must be worn at all other times when not practicing, regardless of vaccination status.
- **Masks are not required for outdoor sports of any risk level** but are recommended in settings where unvaccinated athletes, coaches, athletic trainers and/or support personnel are in close proximity, such as standing on the sidelines, in a huddle, or sitting in a dugout.
- All coaches, athletic trainers, and other support personnel involved with sporting activities must wear face coverings indoors in K-12 settings, regardless of vaccination status.
- Officials who are fully vaccinated do not have to wear face coverings indoors when actively officiating and running (e.g., basketball). When they are not running, masks are required (e.g., talking with coaches, between quarters). Unvaccinated referees must wear face coverings at all times when they are officiating, unless they participate in

screening testing.

- Masking is required universally for all spectators attending indoor K-12 sporting activities, regardless of vaccination status. Audience members should be seated in “family units” and those small groups should be spaced at least 6 feet apart.
- Masking is required outdoors for all spectators if there are 500 or more people present at the event.

Screening Testing for Sporting Activities

- **To ensure safe participation in athletics, schools must institute screening testing protocols for unvaccinated athletes, coaches, trainers, and other personnel who work with athletes in high-risk indoor sports.**
- **Screening testing is required for all unvaccinated athletes in [high-risk indoor sports \(basketball, wrestling, water polo, and indoor cheer\)](#).** Fully vaccinated athletes do not have to participate in screening testing. Screening testing of unvaccinated participants must be performed twice weekly using a molecular or antigen test. A rapid antigen test must be performed on all unvaccinated athletes within 24 hours of the competition. The second test during the week should be performed 3-4 days prior to or after the competition and may be a molecular or antigen test. In a multi-day event, testing should occur before each day of competition. If a molecular test is performed, the athlete does not need to quarantine while awaiting screening test results; unless they are exhibiting symptoms then they must [isolate](#).
- Unvaccinated athletes participating in indoor low or moderate contact sports are recommended, but not required, to participate in screening testing once or twice weekly. This is especially important when community transmission is substantial or high. Please see the [CDC’s matrix \(Table 1\) for definitions of the levels of community transmission](#).
- Any athlete with a positive test must be excluded from the event and removed from the venue. See [Responding to Cases or Suspected Cases of COVID-19](#) for more information. Positive test results must be reported to the local health jurisdiction as outlined in the [Reporting Cases and Outbreaks and Working with Public Health](#) section. Contact tracing should be performed per guidance in the [What to Do if Someone is a Close Contact of Someone with COVID-19](#) section. The team should work with local public health to determine how to approach isolation, quarantine, and further testing.
- Unvaccinated athletes, coaches, athletic trainers and other support personnel identified as close contacts should quarantine immediately, even if they recently had a negative test. Unvaccinated close contacts are recommended to get tested immediately and at 5-7 days post-exposure while they quarantine.
- Fully vaccinated athletes, coaches, athletic trainers and other support personnel identified as close contacts do not need to quarantine but should be tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask for 14 days or until they receive a negative test result. They should isolate and follow appropriate [guidance](#) if they test positive.
- If they develop symptoms consistent with COVID-19, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their health care

provider of their vaccination status at the time of presentation to care.

- All point of care test results should be reported to the DOH in accordance with guidance available at the [Reporting COVID-19 Test Results for Point-of-Care Testing Facilities site](#).

Other Extracurricular Activities (Clubs, Interest Groups, STEM Fairs, Field Trips, etc.)

Students, teachers, and support staff must follow all requirements within this document when participating in school-sponsored activities, contests, shows, etc., even if not in a K-12 classroom setting.

Other Extracurricular Activities

- Universal masking of all students, staff, volunteers is required indoors. Face coverings or masks are not required outdoors but are recommended in settings where students and attendees will be in sustained close proximity or if there is potential for crowding.
- Physical distancing of at least three feet is required indoors to the degree possible.
- For shows, exhibits etc., visitors or audience members should be seated or travel through exhibits in “family units” and those small groups should be spaced at least 6 feet apart. All students, audience members, judges, or other guests must wear a mask, regardless of vaccination status.
- Any activity involving [Performing Arts](#) (e.g., talent show, international night, etc.) or [Sports](#) should follow the guidance provided in those sections.

Travel for Other Extracurricular Activities

- Travel trips must follow [CDC’s order](#) for all riders and drivers to wear a mask on buses or other public transportation, regardless of vaccination status. Seat cohorts together on the bus and separate the cohorts by at least 3 feet to the degree possible. Increase ventilation by opening windows as weather permits.
- Universal masking is required indoors. Masks are recommended for crowded outdoor events, such as festivals.

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 leaves some 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.