

Students and Staff must have a completed attestation for each day they are onsite.

Staff

Students

All No Responses-  
Ok to work

COVID Supervisor  
Review of  
Responses in Base  
Camp

Yes Response(s)

All No Responses-  
OK to go to class

COVID Supervisor  
Review of  
Responses in Base  
Camp

Yes Response(s)  
Or  
Incomplete/  
Missing Surveys

Reported Error-  
Staff member  
resubmits  
Attestation

COVID Supervisor  
Confirms Responses

Reported Error or  
Onsite Attestation  
responses all no-  
Attestation  
Adjusted in Base  
Camp- Student sent  
to class

COVID Supervisor  
Confirms Responses  
&/ or Refers  
student for onsite  
Attestation  
Completion

### Guidance

What to do if you have confirmed or suspected coronavirus disease (COVID-19)

What to do if you were potentially exposed to someone with confirmed coronavirus disease (COVID-19)

What to do if you have symptoms of coronavirus disease 2019 (COVID-19) and have not been around anyone who has been diagnosed with COVID-19

Responses  
Remain Yes- Staff  
member sent  
home

Work with onsite  
Nurse or Health  
Services to  
Provide Direction.

Guidance must  
be based on the  
question(s)  
answered yes

Monitor and track  
return using COVID  
Tools  
& Connect  
individual with HR  
to coordinate  
appropriate leave

Encourage the Student or Staff member to be tested for COVID-19.

If Student or Staff member reports they are COVID-19 Positive, notify the district COVID Supervisor and Health Services Immediately for report to the Local Health Authority and wait for further direction.

Responses  
Remain Yes-  
Student isolated  
until pick up

Work with onsite  
Nurse or Health  
Services to  
Provide Direction.

Guidance must  
be based on the  
question(s)  
answered yes

Monitor and track  
return using COVID  
Tools  
&  
Report student  
attendance in eSP



## Daily TPS Student Health Screening Attestation

All students entering a Tacoma Schools building must complete this health attestation survey each day the student is onsite. The following attestation, as required by Department of Health and Labor and Industries guidelines, will be used by onsite COVID Supervisors to track who is in the building and respond to and monitor those who report COVID symptoms or exposure.

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/ Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Does your student have any of these COVID-19 Symptoms that you cannot attribute to another condition?** (On the first day after a break or for a new student, please ask about the past 3 days 72hours)

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Fever (100.4 or greater without the use of fever reducing medications)</li><li>• Chills</li><li>• Cough</li><li>• Shortness of breath</li><li>• Difficulty Breathing</li><li>• Fatigue</li></ul> | <ul style="list-style-type: none"><li>• Muscle or body aches</li><li>• Loss of taste or smell</li><li>• Sore throat</li><li>• Congestion or runny nose</li><li>• Headache</li><li>• Nausea or vomiting</li><li>• Diarrhea</li></ul> |
|--|---|

YES		NO	
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**Within the past 14 days, has a public health or medical professional told your student to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 Infection?**

YES		NO	
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**Has your student been in close contact during the past two weeks (14 days) with anyone diagnosed with COVID-19 or has COVID-like symptoms?** (Close contact means that you have been within 6 feet of someone with COVID-19 for 15 minutes or more or having direct contact with fluids from a person with COVID-19 (for example being coughed or sneezed on))

YES		NO	
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**Is your student currently under isolation for having tested positive for COVID-19?**

YES		NO	
-----	--	----	--

**If you answered yes to any of the above questions:**

**-Your student must be excluded from school today.** We encourage you to follow up with your student's healthcare provider to have their symptoms evaluated. For further information, please look to the Tacoma Pierce County Health Department: <https://www.tpchd.org/home/showdocument?id=6526>

**-Please notify your child's school attendance secretary**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Use Only:** Survey Entered into Base Camp (Check Box) ☐ **Date:** \_\_\_\_\_

## Isolation\*

If a student or staff member develops signs of COVID-19, **act immediately**, separate the person away from others, **with supervision at a distance of six feet**, 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 and then clean and disinfect the areas where the person was after they leave.

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, a room with several cots spaced at least six feet apart with privacy curtains between cots could be used. Ideally, the isolation unit would have a private bathroom for use only by persons being evaluated for COVID. If 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 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.

- 1) Isolate symptomatic students/staff as soon as possible, away from staff and other students (isolation area must be monitored).
- 2) Have the symptomatic person don a face mask (if not already wearing one) and sit in the isolation area.
- 3) Staff who interact with a student who becomes ill while at school should use [Standard and Transmission-Based Precautions](#) when caring for sick people. Staff should not interact within 6 feet of the student for 15 minutes or longer.
- 4) Health services staff conducting any **assessments** on known ill individuals must wear Personal Protective Equipment (PPE) including but not limited to N95 mask, gloves, goggles or face shield, & gown (this requires contact with the student within 6 feet for extended periods of time).
- 5) Send the student home immediately or to a healthcare facility if symptoms indicate a need for further evaluation.
- 6) Air out and then clean and disinfect the areas where the person was after they leave; to include the isolation room.

### Additional Points to Consider

- Principals should coordinate multiple individuals to support the isolation space, rotating as needed.
- RNs are the only members of the TEA bargaining unit who may supervise the isolation room unless supervision is voluntary.
  - RNs must prioritize tasks that cannot be delegated, health emergencies, and students requiring assessment over isolation room supervision.
  - TEA members beyond the RN can volunteer to support, have them complete the Voluntary Isolation Room Support Form.
- Isolation Room supervision does not require a licensed medical professional
- Individuals in other bargaining units can support the isolation room; such as those in classified positions, health clerks, COVID Supervisors, Administrators, etc.
- Ensure access to appropriate PPE for all individuals supporting the isolation room.
- In the event the principal is unable to identify adequate support for the isolation space and has worked with their level director to identify any and all solutions, principals should email Lisa Nolan [lnolan@Tacoma.K12.Wa.US](mailto:lnolan@Tacoma.K12.Wa.US) and Rosalind Medina [RMEDINA@Tacoma.K12.Wa.US](mailto:RMEDINA@Tacoma.K12.Wa.US) to explore a potential increase in para support or other appropriate options.

\* This has been drafted in alignment with Tacoma Pierce County Health Department Guidance to ensure safety of students and staff. This guidance is subject to change with evolving guidance.

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/FallGuidanceK-12.pdf>

# COVID-19 Illness and Quarantine Guidelines

In all cases please inform

, RN | Health Services at

## PERSON A



Any person who has tested positive for COVID-19.  
Confirmed with lab result.

With symptoms:

Isolation until the following requirements have been met:

- ✓ 10 days since symptoms first appeared **and**
- ✓ 24 hours (1 day) with no fever (without the use of fever-reducing medicine) **and**
- ✓ [Symptoms](#) have improved

The 24 hours without fever may possibly occur within the 10 days of isolation, or after the 10 days

Without symptoms (Asymptomatic):

Quarantine for 10 days from test date:

- ✓ Monitor self for symptoms, take temperature twice a day
- ✓ Released from quarantine after 10 days have passed as long as no symptoms have been present

## PERSON B



Any person who lives in the same household with Person A

NO symptoms:

- ✓ Quarantine immediately
- ✓ Quarantine while **Person A** is ill and isolated
- ✓ Quarantine an additional 14 days after **Person A** has recovered and been released
- ✓ Quarantine can last up to 24 days or longer

## PERSON C

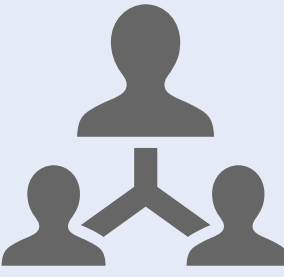


Any person with close contact to Person A  
(>15 min, < 6 feet)

Quarantine for 14 days following date of last exposure

- ✓ Contact Health Department with any questions XXX-XXX-XXX
- ✓ Monitor self for symptoms, take temperature twice a day
- ✓ Notify Primary Care Provider if symptoms develop

## PERSON D



Any person who has had exposure to Person B or C

NO QUARANTINE OR ACTION REQUIRED *unless*:

**Person B** develops symptoms OR tests positive and **Person D** had contact with within 14 days *then*:

- ✓ contact Primary Care Provider to see about testing
- ✓ Contact Health Services with questions regarding timing and exposure
- ✓ Clear on daily self-health screening tool



# Recovered and Released

## Definitions:

**Isolation** separates infected people with a contagious disease from people who are not sick.

**Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

**Close Contact** defined as anyone who was within 6 feet of an infected person for at least 15 minutes, starting from 48 hours before the person began feeling sick until the time the person was isolated.



## Tacoma Public Schools

# COVID-19 Contact Tracing and Outbreak Protocol

WA State Department of Health (DOH) recently updated their 2020-21 Guidance for schools which included information regarding COVID-19 outbreaks in schools and contact tracing. The below information is what TPS will use to base decisions regarding school closures from. This process will be in conjunction with our Local Health Jurisdiction (Tacoma-Pierce County Health Department, TPCHD).

## Contact Investigation, contact tracking, and quarantine of close contacts of confirmed COVID-19 cases:

When a school learns of a **confirmed case of COVID-19** of a person who was on the school premises,

- Immediately notify the onsite COVID Supervisor & Administrator of Health Services.
  - COVID Supervisor:
  - Health Services: 253-571-1438
- Immediately notify Tacoma-Pierce County Health Department (TPCHD).
  - Work with the Health Services Coordinator regarding this notification.
- Identify and provide to TPCHD all likely school-based close contacts of the COVID-19 case from 2 days before symptoms started (or date of positive test if the positive individual didn't show any symptoms) until the time the case was no longer in school.
  - Close contacts are defined as persons who were within six feet of the confirmed cases for approximately 15 minutes and would include.
    - Siblings who attend the same school.
      - TPCHD would direct whether the siblings at any other schools would be considered close contacts and need to quarantine.
    - Some or all students and teachers in the infected person's group (classroom, cohort).
      - Determined by TPCHD on a case-by-case basis.
    - Others sitting close to the student on the school bus.
- **TPCHD will advise** close contacts, but the school may help quickly communicate important information to exposed students and staff who should be advised to self-monitor and quarantine for 14 days from the last exposure.
- Forms to use:
  - DOH Guidance on exposure: [COVID Exposed](#)
  - TPS COVID-19 Exposure Flowchart

## **COVID-19 Outbreaks in School (Work with Health Services and District COVID Supervisor):**

**DOH Definition:** Two or more laboratory confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are:

- Epidemiologically linked
- Do not share a household
- And were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

If the school **is grouping** or cohorting students:

- Dismiss the entire classroom for home quarantine for 14 days if two or more confirmed cases of COVID-19 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).
  - Greater than or equal to 10% of classrooms are dismissed due to outbreaks (in schools with more 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 confirmed cases are reported in a 14-day period.
- Evaluate to determine if transmission is occurring in the school.
  - Absence rates
  - Symptom tracking- what symptoms are you seeing frequently in the health room?
  - What symptoms are being reported by parents?
  - Clusters of symptoms in a certain class/grade level
- Consider the following to determine the need to close a school and switch to remote learning for 14 days when:
  - Rapid increase in cases
  - Prolonged chain of transmission (2 or more generations) believed to occur in the school.
  - School cannot function due to insufficient teaching or support staff.

### **Notifying close contacts**

- Notification to close contacts is required.
- Notification would be in partnership with the TPCHD, Health Services, and PIO.

- Contact tracers identify potential close contacts in conjunction with the school.
- Communication with building after close contact notification (work with TPCHD to determine a *larger level* of notification).
- Notification does **NOT** identify the person who is sick.
- With communicable disease, the letter home to any potential contacts has come from the TPCHD (to be put on TPS letterhead).

## **\*\*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 of all 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 use 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.

## **Take-aways:**

- School staff will play a big role in contact tracing/notification to assist TPCHD.
- ALL determinations above go through TPCHD.
- The decision to close a school will be done through the Health Services Coordinator, District Administration and TPCHD.
  - **Health Room and Building staff should never make the determination to close a school without the support of the persons above.**

**Contact your building School Nurse if you have any questions. If you are unable to reach your building nurse, contact the Health Services Coordinator.**

**\*Information adapted/obtained from WA-DOH Fall Guidance 2020-21 and TPCHD Response Tool Kit**

This has been drafted in alignment with Tacoma Pierce County Health Department Guidance to ensure safety of students and staff. This guidance is subject to change with evolving guidance.

# RETURN TO SCHOOL/CHILDCARE/WORK GUIDANCE FOLLOWING A POSITIVE SYMPTOM SCREEN FOR **COVID-19** AND NO EXPOSURE

This guidance can be used by school, childcare and workplace staff and by health care providers when the COVID-19 rate in the community is MODERATE-HIGH (>25 cases/100,000 population over 14 days) and applies to persons with:

- 1 or more new, unexplained symptom consistent with COVID-19, AND
- No known COVID-19 exposure in prior 14 days

## Symptoms consistent with COVID-19

### Class A Symptoms

- Fever (defined as subjective or 100.4°F or higher)
- Cough
- Loss of sense of taste and/or smell
- Shortness of breath

### Class B Symptoms

- Fatigue
- Headache
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea (defined as 2 or more loose stool in 24 hours)

Does the person have:

- Any class A symptom of any duration, or
- 2 or more class B symptoms of any duration, or
- 1 or more class B symptom lasting more than 24 hours

YES

NO

### HCP evaluation and COVID test are recommended.

Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test?

YES

NO

COVID-19 test is...

Negative<sup>3</sup>

Positive or not done

#### Isolate until at least:

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

#### Isolate until at least:

- 24 hours after fever resolves without use of fever-reducing medication AND
  - Symptoms have improved
- OR
- Per condition diagnosed by HCP
- Whichever is LONGER

### HCP evaluation and COVID test should be considered.

Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test?

NO

YES

COVID-19 test is...

Positive

Negative<sup>3</sup> or not done

<sup>1</sup>For community COVID-19 rate, see [State of Washington COVID-19 Risk Assessment Dashboard](#)

<sup>2</sup>Examples of alternative diagnosis made by health care provider include childhood rash illness, acute otitis media, or a lab confirmed diagnosis such as strep throat or non-COVID-19 viral pathogen. If testing for other viral pathogens, strongly recommend testing for COVID-19 as well.

<sup>3</sup>In symptomatic persons and when community transmission is moderate-high, a negative rapid test should be confirmed with a PCR test performed in a clinical laboratory. See [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#) and [Considerations for Interpreting Antigen Test Results in Nursing Homes](#).



DOH 420-287 October 2020

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# RETURN TO SCHOOL/CHILDCARE/WORK GUIDANCE FOR PERSONS WITH SYMPTOMS OF **COVID-19** AND NO EXPOSURE

This guidance can be used by school, childcare and workplace staff and by health care providers when the COVID-19 rate in the community is LOW (<25 cases/100,000 population over 14 days) and applies to persons with:

- 1 or more new, unexplained symptom consistent with COVID-19, AND
- No known COVID-19 exposure in prior 14 days

## Symptoms consistent with COVID-19

### Class A Symptoms

- Fever (defined as subjective or 100.4°F or higher)
- Cough
- Loss of sense of taste and/or smell
- Shortness of breath

### Class B Symptoms

- Fatigue
- Headache
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea (defined as 2 or more loose stool in 24 hours)

Does the person have:

- Any class A symptom of any duration, or
- 2 or more class B symptoms of any duration

YES

NO

### HCP evaluation and COVID test are recommended.

Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test?

YES

NO

COVID-19 test is...

Negative<sup>3</sup>

Positive or not done

#### Isolate until at least:

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

#### Isolate until at least:

- 24 hours after fever resolves without use of fever-reducing medication AND
  - Symptoms have improved
- OR
- Per condition diagnosed by HCP
- Whichever is LONGER

### HCP evaluation and COVID test should be considered.

Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test?

NO

YES

COVID-19 test is...

Positive

Negative<sup>3</sup> or not done

<sup>1</sup>For community COVID-19 rate, see [State of Washington COVID-19 Risk Assessment Dashboard](#)

<sup>2</sup>Examples of alternative diagnosis made by health care provider include childhood rash illness, acute otitis media, or a lab confirmed diagnosis such as strep throat or non-COVID-19 viral pathogen. If testing for other viral pathogens, strongly recommend testing for COVID-19 as well.

<sup>3</sup>In symptomatic persons and when community transmission is moderate-high, a negative rapid test should be confirmed with a PCR test performed in a clinical laboratory. See [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#) and [Considerations for Interpreting Antigen Test Results in Nursing Homes](#).



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# Frequently Asked Questions for Small Groups



## **What is the recommended group size?**

The Department of Health defines a small group as 15 or fewer students. Small groups are allowable during any COVID-19 activity level.

## **Do staff count toward the group size?**

No. Ideally you should keep the group as small as possible but some groups may require additional staffing for student assistance. If a group of students needs a high ratio of staff, decrease the student group size.

## **Why is a different group size recommended for childcare?**

As an [essential service](#), childcare remained open through the Stay Home Stay Healthy orders. The Washington State Department of Health (DOH) adjusted the cohort or group size to fit the typical ratio size for childcare rooms for preschool-aged children. This is a maximum, and childcare providers may choose smaller group sizes. Childcare centers still follow DOH's health and safety guidance, which includes symptom monitoring, distancing to the degree feasible, increased hand hygiene, cleaning, and ventilation. In addition, providers are required to wear face coverings.

## **How do I prevent contact between different groups?**

Turn hallways into one-way flow only with a dedicated and entry and exit. Display appropriate signage. Consider one directional flow in hallways with a dedicated entry and exit. If possible, use entrances directly into classrooms. Stagger start and end times of classes to prevent a surge of students in hallways or common spaces all at the same time.

## **What groups should I bring back?**

DOH recommends prioritizing high need students, such as students with disabilities, students experiencing homelessness, those farthest from educational justice, and younger learners for return to small group in-person learning.

## **How do I reduce the number of potential close contacts in a group?**

Assign seating within the group so the same students sit next to one another. Keep track of the assigned seating in case someone in the group tests positive.

## **Do I still have to screen students even though I am bringing in only small groups?**

Yes. Ensure you complete an attestation or an on-site health screening.

## **Should students who are medically fragile return for in-person learning?**



# Frequently Asked Questions for Small Groups



For students who are medically fragile or more susceptible to illness, check with the family and their primary care physician to determine when it's safe to return to in-person learning and any additional precautions.

## **Can I offer internet drop-in space?**

We don't recommend this unless you can keep it tightly controlled. Consider offering alternatives such as materials that don't require internet access (packets, booklets, USBs, etc.). If offering in-person technology services:

- Limit the number of workstations to 15.
- Keep a list of who attended each session.
- Keep workspaces physically distanced.
- Monitor the area to ensure students stay physically distanced and wear face coverings.
- Clean and disinfect workstations after students leave.

**Good:** Develop a schedule where the same students come at the same times for internet access.

**Better:** Provide workspaces outside (physically distanced) where students and families can work.

**Best:** Offer small workspaces or offices where one student/family can work alone in a room by themselves. Allow time for small workspaces to air out between use by different groups if ventilation is poor.

## **Do small groups still have to wear face coverings and physically distance?**

Yes. Small groups need to wear face coverings and physically distance.

## **Many specialists normally work with more than 40 students a week. How should specialists limit contact?**

Specialists should keep a list of students they see each day. If a specialist tested positive for COVID-19, any student they work with could potentially be a close contact. If possible, limit the number of students a specialist sees.

## **Can students belong to multiple groups?**

We don't recommended students participate in multiple groups, as it can increase the spread of COVID-19. However, if students must be parts of different groups, try to keep the same students in the groups (e.g. if multiple students need additional help in speech therapy and reading, keep group participants consistent over time).

## **Can multiple groups be in the same area?**

If possible, have only one group per room. If you have limited space, consider the following:

**Good:** Ensure groups are adequately spaced apart from each other and don't mix. Divide large spaces (like gyms or cafeterias) into separate areas. Use a barrier such as cones or chairs to keep groups from mixing.

# Frequently Asked Questions for Small Groups



**Better:** Use a physical barrier between groups such as cubicle walls to separate groups or move groups outside where there is plenty of fresh air.

**Best:** Have only one group per room.

## Is there guidance for therapy spaces in terms of square feet and air circulation?

Maintain 6 feet of physical distancing. If not possible, an additional level of PPE may be required as dictated by L&I. Open windows if possible and adjust the HVAC to bring in the maximum amount of outside air to enter the therapy space. If you need a fan, point it to blow away from people. If the therapy space is very small, check with your COVID-19 supervisor to see if you can increase the filter rating or air exchange rate. Consider holding the class outside if possible, for maximum fresh air.

## My students need to see my mouth for learning. What type of face covering can I use?

Clear masks are an option. This is a cloth face covering but has a clear panel in front of the mouth. In rare circumstances, you can use a face shield with a drape. The face shield must extend below the chin, to the ears and have no gap at the forehead. The drape must cover the side and bottom edges of the face shield.<sup>1</sup>

## My special needs student will not wear a face covering. What do I do?

See if the student can wear a face shield with a drape instead of a face covering. If they can't wear any type of covering, contact your COVID-19 manager or HR department. The school is responsible to provide the appropriate PPE for employees.

## How do I clean and disinfect learning tools in between use?

If the item has not been used in over 7 days, it doesn't need to be disinfected for COVID-19. Consider removing items you can't easily clean and disinfect.

**Good:** Clean and disinfect after each use. Check with your district for your cleaning and disinfecting procedures\*.

**Better:** Have enough learning tools for the day that you can rotate out, and clean and disinfect at the end of the day.

**Best:** Assign each student a set of learning tools.

\*Be sure to observe the required contact time for the disinfectant used and use proper PPE.

## When would a school need to close due to a COVID-19 outbreak? <sup>2</sup>

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<sup>1</sup>As stated in [L&I](#) and DOH [K-12 Schools 2020-2021 Guidance](#).

<sup>2</sup>Adapted from DOH [K-12 Schools 2020-2021 Guidance](#).

# Frequently Asked Questions for Small Groups



If 2 or more students or staff in a group are confirmed to have COVID-19 within a 14-day period, the entire group should quarantine for 14 days.

The entire school should close for 14 days when the school has:

- $\leq 10$  groups and 2 or more groups must quarantine.
- $> 10$  groups and  $\geq 10$  percent of groups must quarantine.

Contact your local health department to help assist with school closure decisions.

## **How do I transport students safely to school for small groups?**

If you need transportation, try to keep students at least 6 feet apart. Stagger seating or use every other seat. Load the bus from back to front and unload front to back. Assign seating on the bus and keep a record of this. If possible, open windows for maximum ventilation. Clean and disinfect frequently touched surfaces, including the tops and backs of seats.

# Sporting Activities

## COVID-19 Requirements

### Summary of February 9, 2021 changes:

- Part-time professional sports without player's associations or unions added
- Clarified that indoor meets, qualifiers and tournaments for low risk sport in Phase 2 are capped at 200 people max, including spectators
- Clarified that travel advisory does not apply to certain school league competitions that cross state borders
- Clarified that face coverings removal allowed for athletes during cross country competitions and for gymnasts under certain circumstances

### Summary of February 1, 2021 changes:

- Major junior hockey section added with requirements similar to higher education.
- For School and Non-school Youth Team Sports Indoor and Outdoor and Adult Recreational Team Sports Indoor and Outdoor clarified that in Phase 2 facilities or complexes with more than one field or area of play a maximum of 75 people allowed per field or area of play, including spectators.

### Included Here:

- Professional sporting activities indoor and outdoor
- School and non-school youth team sports and sporting activities indoor and outdoor, and adult recreational team sports and sporting activities indoor and outdoor
- Higher education, colleges and universities sporting activities
- Major junior hockey: (For the purposes of this document "Major junior hockey" denotes only the highest level of junior hockey competition and does not denotes all youth hockey.)

### Not included here:

- Pool specific guidelines. Pool and water recreation facilities should follow the [Department of Health's COVID-19 guidance for staffed pools](#) and the [Governor's Phased Guidance for pools](#).
- Staffed indoor fitness studios, individual sports and fitness training, group fitness, gyms, and multi-use indoor fitness facilities providing private instruction and access to personal fitness training and/or specialized equipment, including but not limited to weight and resistance training, cardio exercise equipment, martial arts, yoga, figure skating, squash and racquetball and similar personal training, group training, or independent fitness services. Unstaffed indoor fitness facilities is locations such as hotels and an apartment buildings. Outdoor group fitness classes. [These activities should follow the Indoor Fitness and Training guidelines](#).
- Golf

All professional sporting activities, indoor and outdoor, youth team sports and sporting activities, and adult recreational team sports and sporting activities operating must adopt a written procedure for employee safety and customer interaction that is at least as strict as this procedure and that complies with the safety and health requirements below.

**No business may operate until it can meet and maintain all the requirements in this document, including providing materials, schedules and equipment required to comply.**

## **Professional Sporting Activities, Indoor and Outdoor**

### **RESTART COVID-19 REQUIREMENTS AND RECOMMENDATIONS**

All professional sporting activities, including back office operations subject to [Professional Services guidelines](#), full team practices, and spectator-less games and competitions, can resume on June 5, 2020, regardless of phase, if all of the following conditions are met:

- The organization follows both the league-wide and team-specific “return to play” safety plans.
- The league-wide plan is approved by the player’s association or union representing players of the team.
- The team must report in advance to its respective county health department the dates when full team practices and spectator-less pre-season games will occur.
- For horse racing, instead of the above requirements, a horse racing safety plan must be developed and followed and, along with specific guidance to horse racing, which can be found [here](#).

## **Higher Education, Colleges, Universities Sporting Activities Guidance**

### **RESTART COVID-19 REQUIREMENTS AND RECOMMENDATIONS**

Before returning to play sporting and athletic activities colleges, universities, and higher education institutions must:

1. Adhere to the Governor’s Office guidance in the [Higher Education and Workforce Training COVID-19 Requirements](#), and follow the principals of the [Campus Reopening Guide](#).
2. Adhere to the Secretary of the Department of Health [Face Coverings Order](#), and current DOH orders specific to higher education, and any other relevant DOH guidelines regarding hygiene, cleaning, ventilation, transportation, and records and contact tracing. [Department of Health Resources and Recommendation can be found here](#).
3. Ensure operations follow the Labor & Industries COVID-19 requirements to protect workers. COVID-19 workplace and safety requirements can be found [here](#).

In order to return to practices and competition colleges, universities, and higher education institutions must have a COVID-19 prevention plan for athletics. The plan must either:

- Adopt [sporting activities](#) guidelines from Governor’s office **or**,
  - Create a COVID-19 prevention plan for athletics and integrate requirements from an approved COVID-19 prevention plan for athletics adopted by the athletic conference in which the college, university, or higher education institution is a member.
4. A college, university, or higher education institution that does not adopt the Sporting activities guidance and adopts their conference COVID-19 prevention plan for athletics must maintain their return-to-play COVID-19 prevention plan on file for review upon request by the local health jurisdiction in the county where the college, university, or higher education institution resides or by the Washington State Department of Health. If a college, university, or higher education institution participates in an athletic conference, that athletic conference’s COVID-19 prevention plan for athletics must be approved by all member schools of the conference who are participating

in athletic competition with Washington state schools and be submitted for review, but not for approval, to the Washington State Department of Health. Schools participating in athletic activities are responsible for ensuring their athletic conference COVID-19 prevention plan is submitted to Washington State Department of Health for review.

5. Regardless of which plan (Washington State Sporting Activities guidelines or a conference COVID-19 prevention plan) a higher education institution follows, there shall be no spectators at games and competitions until such time as spectators are allowed for sporting activities and athletics under the Healthy Washington Plan.

## **Major Junior Hockey and Part-time Professional Sports Without Players Associations or Union Guidance**

### **RESTART COVID-19 REQUIREMENTS AND RECOMMENDATIONS**

Before returning to play major junior hockey and part-time professional sports without player's associations or unions franchises must:

1. Ensure operations follow the Labor & Industries COVID-19 requirements to protect workers. COVID-19 workplace and safety requirements can be found [here](#).
2. Adhere to the Secretary of the Department of Health [Face Coverings Order](#), and current DOH orders specific to higher education, and any other relevant DOH guidelines regarding hygiene, cleaning, ventilation, transportation, and records and contact tracing. [Department of Health Resources and Recommendation can be found here](#).

In order to return to practices and competition major junior hockey and part-time professional sports franchises must have a COVID-19 prevention plan for athletics. The plan must either:

- Adopt [sporting activities](#) guidelines from Governor's office **or**,
  - Create a COVID-19 prevention plan for the franchise and integrate requirements from an approved COVID-19 prevention plan for the major junior hockey and part-time professional sports league that the franchise participates in.
3. A major junior hockey and part-time professional sports franchise that does not adopt the Sporting Activities guidance and adopts their league COVID-19 prevention plan for athletics must maintain their return-to-play COVID-19 prevention plan on file for review upon request by the local health jurisdiction in the county where the major junior hockey franchise resides or by the Washington State Department of Health. If a major junior hockey and part-time professional sports franchise participates in a league, that league's COVID-19 prevention plan for athletics must be approved by all member franchises of the conference who are participating in athletic competition with Washington major junior hockey and part-time professional sports franchises and be submitted for review, but not for approval, to the Washington State Department of Health. Major junior hockey and part-time professional sports franchises participating in athletic activities are responsible for ensuring their league COVID-19 prevention plan is submitted to Washington State Department of Health for review.
  4. Regardless of which plan (Washington State Sporting Activities guidelines or a league COVID-19 prevention plan) a major junior hockey and part-time professional sports franchise follows, there shall be no spectators at games and competitions until such time as spectators are allowed for sporting activities and athletics under the Healthy Washington Plan.



# School and Non-school Youth Team Sports Indoor and Outdoor and Adult Recreational Team Sports Indoor and Outdoor

## Sport Risk Category guidance (all phases)

*For the purposes of this document, sports are defined using the following risk categories (The list below is not all-encompassing. Some sports are covered in other guidance documents, and if so those guidance documents govern those activities. If a sport does not appear on this list that does not necessarily mean it is prohibited at this time.):*

Low risk sports: tennis, swimming, pickleball, golf, gymnastics, climbing, skating, archery, fencing, cross country, track and field, sideline/no-contact cheer and no-contact dance, disc golf.

Moderate risk sports: softball, baseball, t-ball, soccer, futsal, volleyball, lacrosse, flag football, ultimate frisbee, ice hockey, cricket, crew, field hockey, school bowling competitions.

High risk sports: football, rugby, wrestling, cheerleading with contact, dance with contact, basketball, water polo, martial arts competitions, roller derby.

### **Phase 1:**

- Facial coverings required for all coaches, volunteers and athletes at all times.
- Indoor training and practice allowed for low and moderate risk sports if players are limited to groups of 6 in separate parts of the field/court, separated by a buffer zone. Brief close contact (ex: 3 on 3 drills) is permitted. It is preferable for the groups of six to be stable over time. All facilities must calculate allowable participant occupancy by dividing the room size or available floor space by 500 square feet per person.
- Indoor individual training/practice allowed for athletes in high risk sports either with or without a coach.
- Outdoor meets, qualifiers, and tournaments allowed for low risk sports. No spectators allowed.
- Outdoor team practices, training and intra-team competitions allowed for low and moderate risk sports. Scrimmage against other teams or training or practices with other teams is not allowed.
- Outdoor team practices and/or training allowed for high risk sports if players are limited to groups of 6 in separate parts of the field/court, separated by a buffer zone. Brief close contact (ex: 3 on 3 drills) is permitted. It is preferable for the groups of five to be stable over time.

### **Phase 2:**

- Facial coverings required for all coaches, volunteers and athletes at all times.
- Outdoor training, practices and competitions allowed outdoors for low, moderate, and high risk sports. Maximum 200 people allowed at competitions, including spectators.
- For outdoor competitions; For facilities or complexes with more than one field or area of play a maximum of 75 people allowed per field or area of play, including spectators. All spectators of different households are to remain physically distant, 6 feet or more, as much as possible.
- Indoor team training, practices, and competitions allowed for low and moderate risk sports. Indoor team practices, training and intra-team competitions allowed for high risk sports. Scrimmage against other teams or training or practices with other teams is not allowed for high risk sports. For all indoor sports the occupancy of the facility may not exceed 25 percent of the fire code occupancy rating.

- Indoor meets, qualifiers, and tournaments allowed for low risk sports. For all indoor sports the occupancy of the facility may not exceed 25 percent of the fire code occupancy rating, or 200 people including spectators, whichever is lower as per the [Miscellaneous Venues guidance](#).

### **Guidance applicable to ALL sporting activities for school and non-school youth team sports and adult recreational sports in all phase levels**

No tournaments allowed for moderate and high risk sports. A prohibition on tournaments for sporting activities does not include postseason, playoff, state or regional championship competitions with no more than four teams at one site sanctioned by a statewide interscholastic activities administrative and rule-making body that oversees competition in all counties in the state.

Non-essential travel such as out-of-state team or individual travel for sporting activities are subject to quarantines as detailed in the [Governor's Travel Advisory](#). Essential Travel for "study" in the advisory is meant to include league play for school sports that cross state borders if that league sanctioned by a statewide interscholastic activities administrative and rule-making body that oversees competition in all counties in the state, or in a neighboring state. Cross-border travel for non-league games is not considered essential.

#### *Stay home when sick or if a close contact of someone with COVID-19*

Athletes, coaches, umpires/referees, spectators and any other paid or volunteer staff should be required to stay home if they feel unwell, show any signs of COVID-19, or are a close contact of a confirmed case. All coaches and students should be screened for signs/symptoms of COVID-19 prior to a workout. Screening should consider [symptoms listed by the CDC](#). Any person with symptoms of COVID-19 or who is a close contact of someone with confirmed COVID-19 should not be allowed to participate and should contact his or her primary care provider or other appropriate health-care professional.

Those who are excluded from training or contests due to [COVID-19 symptoms](#) or because they are [close contacts](#) must follow DOH and local public health isolation and quarantine guidance before returning to training or contests.

People with underlying health conditions should consult with their medical provider regarding participation in athletic activities.

#### *Masks*

Masks required for all athletes/participants. Coaches, trainers, managers, spotters, and any other paid or volunteer staff must wear face coverings at all times. Details can be found in the [Face Coverings Order](#). Organized sporting activities are not an allowable exception to the Face Coverings Order except as those detailed in this document.

School cross country meets and competitions should follow the guidance for [Races, non-motorized and motorized](#), including the allowance to remove face coverings once a competition begins. Face coverings required for training.

Gymnasts may remove their masks and facial coverings for routines that require for flips or blind landings, or similar maneuvers, where a slipped mask could impede safety.

#### *Physical Distance*

Physical distance of 6 feet must be maintained between staff, volunteers, and any spectators at all times with exceptions for training and medical personnel and volunteers performing their medical duties. Six feet of distance must be maintained among athletes when not engaged in sporting activities, huddles and team meetings must be physically distanced.

## *Hygiene*

Require athletes, coaches, umpires/referees and any other paid or volunteer staff to practice good hygiene including washing their hands frequently and covering their sneezes and coughs. Wash hands often with soap and water for at least 20 seconds before and after practice, especially after touching shared objects or blowing your nose, coughing, or sneezing. Avoid touching your eyes, nose, and mouth. If soap and water are not readily available, use a hand sanitizer that contains 60-95% alcohol content. Cover all surfaces of your hands and rub them together until they are dry. Athletes should not share water bottles, uniforms, towels, or snacks and should not spit (saliva, sunflower seeds, etc.).

Provide handwashing or hand sanitizing stations at training and contest locations.

Limit the use of locker rooms to handwashing and restroom use only. Showers should not be used due to potential spread of aerosolized droplets. If use of locker rooms for changing is necessary, maximize ventilation and use tape, spots, or cones to signal 6 feet of distance for athletes who need to change. If locker rooms are used cleaning protocols must be included in the sporting activity safety plan. Stagger entry to the changing area and use of these facilities as appropriate with members of the same team or training cohort only. Limit occupancy of the locker rooms to avoid crowding.

## *Cleaning*

Clean high touch surfaces and disinfect shared equipment before and after each use. Ensure restrooms are cleaned and disinfected regularly. 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](#).

## *Ventilation*

Ventilation is important to have good indoor air quality. Ensure that ventilation systems operate properly. Increase air circulation and ventilation as much as possible by opening windows and doors. Offer more outside time, open windows often and adjust mechanical ventilation systems to bring in as much outside air as possible. Increase filters to MERV 13 if the HVAC can accommodate. Use of fans for cooling is acceptable. In indoor spaces, fans should only be used when windows or doors are open to the outdoors in order to circulate indoor and outdoor air. They should blow away from people.

Outdoors locations are preferred to indoors locations, and should be utilized to the greatest extent possible to allow for maximum fresh air circulation and social distancing. Outdoor structures, in order to be considered outdoors, should have no more than two walls to provide appropriate ventilation unless they meet this ventilation requirement; Structures can have three walls if another opening exists that is large enough to create cross ventilation.

## *Transportation*

Limit exposure to those outside the household unit during travel. Encourage only those in the same household to travel together, and if not in the same household, travel in separate vehicles if possible.

For travel groups, (groups that include more than one household in the same vehicle whether in a carpool or on a bus) all members of the travel group, including the driver, must wear a face covering and spread out as much as possible within the vehicle. Limit travel groups to those who have been in regular contact (e.g. team members). Encourage family members to sit together. Maximize ventilation in the vehicle by opening windows.

Buses should install safety barriers (such as plexiglass shields) between the driver and passengers or close (block off/leave empty) the seats nearest the driver to ensure 6 feet of distance between the driver and passengers. Passengers should board from the rear door when possible. Buses should improve air filtration where possible. Buses should be cleaned and disinfected daily after use with attention to frequently touched surfaces (doors, rails, seat backs).

#### *Records and Contact Tracing*

Keep a roster of every athlete, staff and volunteer present at each practice, training session, and contest to assist with contact tracing in the event of a possible exposure. Similarly keep a roster and seating chart for each travel group. Attendance rosters and seating charts must be kept on file for 28 days after the practice, contest, or trip.

#### *Employees*

Employers must specifically ensure operations follow the main Labor & Industries COVID-19 requirements to protect workers. COVID-19 workplace and safety requirements can be found [here](#).



# HEALTHY WASHINGTON SPORT AND ACTIVITY GUIDELINES

*Washington Interscholastic Activities Association*

**PUBLISHED: JANUARY 12, 2021**

*(January 12, 2021) - The following is a summary of guidelines for school-based activities issued by the Washington State Department of Health on January 5 with further details added to the Governor's website on January 11. Please note that this document is intended to highlight key policies and add clarity to the DOH policies, it does not reflect WIAA policies. The full language issued on the Governor's website can be accessed [here](#).*

*The Governor's Office has declared school districts and organizations must follow these guidelines, unlike the recommendations issued in the Decision-Making Tree for schools to return to in-person learning. It is not mandated that schools return to in-person learning before taking part in extracurricular activities given the phase requirements are met. WIAA staff strongly encourages each school to work with their risk manager while planning for a return to participation.*

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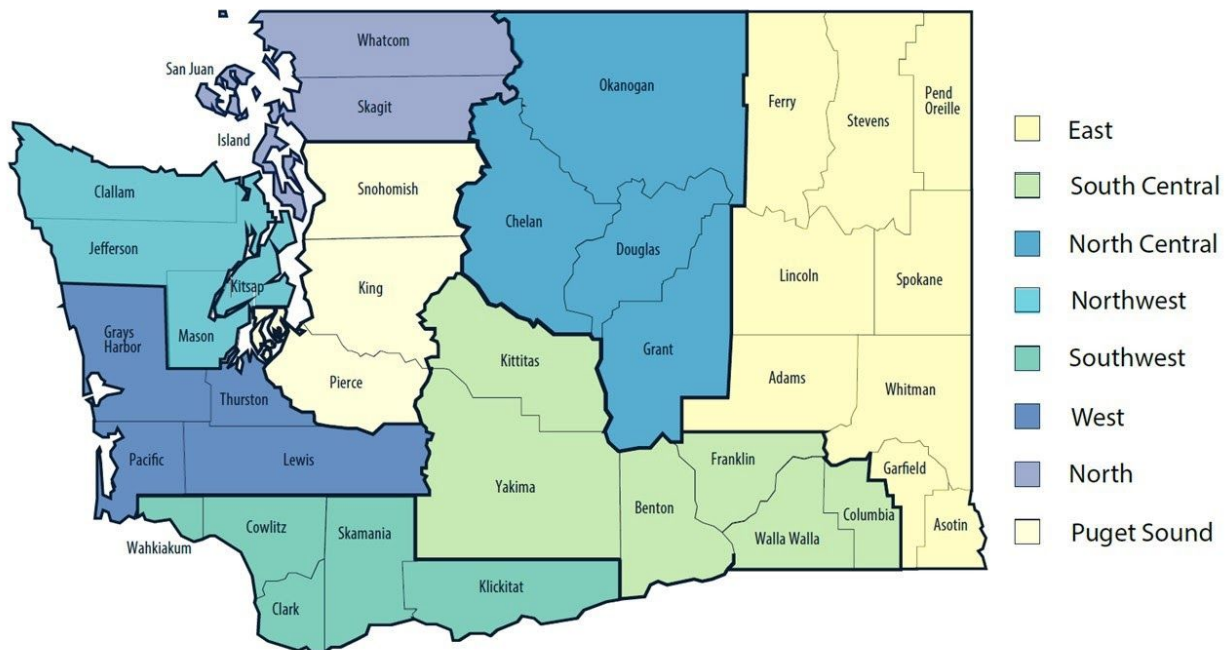
# HEALTHY WASHINGTON SPORT AND ACTIVITY GUIDELINES

*Washington Interscholastic Activities Association*

## DEPARTMENT OF HEALTH: REGIONS

The plan separates the state's counties into eight regions based mostly on Emergency Medical Services (EMS) regions used for evaluating healthcare services. The eight regions are as follows:

- **CENTRAL:** King, Pierce, Snohomish
- **EAST:** Adams, Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Whitman
- **NORTH:** Island, San Juan, Skagit, Whatcom
- **NORTH CENTRAL:** Chelan, Douglas, Grant, Okanogan
- **NORTHWEST:** Clallam, Jefferson, Kitsap, Mason
- **SOUTH CENTRAL:** Benton, Columbia, Franklin, Kittitas, Walla Walla, Yakima
- **SOUTHWEST:** Clark, Cowlitz, Klickitat, Skamania, Wahkiakum
- **WEST:** Grays Harbor, Lewis, Pacific, Thurston





## DEPARTMENT OF HEALTH: PHASES

New metrics have been adopted by the Department of Health as well, to divide regions into either Phase 1 or Phase 2. Sports will maintain their previously assigned risk levels with the exception of gymnastics which now moved to low risk. The level of participation for each sport will now be assigned to the phasing below.

**LOW RISK SPORTS:** Cross Country, Golf, Gymnastics, Tennis, Track & Field, Sideline/No-Contact Cheerleading and Dance, Swimming & Diving (Follow Pool and [Water Recreation Facility Guidelines](#))

**MODERATE RISK SPORTS:** Baseball, Bowling, Soccer, Softball, Volleyball

**HIGH RISK SPORTS:** Basketball, Football, Wrestling, Cheerleading w/ Contact, Dance w/ Contact

PHASE 1	PHASE 2
<b>FACIAL COVERINGS REQUIRED AT ALL TIMES FOR BOTH PHASES 1 AND 2</b>	
<b>LOW RISK, WHEN CONDUCTED OUTDOORS</b>	
<ul style="list-style-type: none"> <li>Competitions allowed</li> <li>No Spectators</li> </ul>	<ul style="list-style-type: none"> <li>Competitions allowed</li> <li>Maximum of 200 people including spectators</li> </ul>
<b>MODERATE RISK, WHEN CONDUCTED OUTDOORS</b>	
<ul style="list-style-type: none"> <li>Practice and training only</li> <li>Intra-team scrimmages allowed</li> </ul>	<ul style="list-style-type: none"> <li>Competitions allowed (no tournaments)</li> <li>Maximum of 200 people including spectators</li> </ul>
<b>HIGH RISK, WHEN CONDUCTED OUTDOORS</b>	
<ul style="list-style-type: none"> <li>Practice allowed if athletes are limited to groups of 6, with each group separated by a buffer zone</li> <li>Brief close contact (ex: 3 on 3 drills) is permitted</li> </ul>	<ul style="list-style-type: none"> <li>Competitions allowed (no tournaments)</li> <li>Maximum of 200 people including spectators</li> </ul>
<b>LOW RISK, WHEN CONDUCTED INDOORS</b>	
<ul style="list-style-type: none"> <li>Occupancy of 500 square feet/person</li> <li>Practice allowed if athletes are limited to groups of 6, with each group separated by a buffer zone</li> <li>Brief close contact (ex: 3 on 3 drills) is permitted</li> </ul>	<ul style="list-style-type: none"> <li>Competitions allowed (no tournaments)</li> <li>Venues at 25% capacity or 200 individuals, whichever is less</li> </ul>
<b>MODERATE RISK, WHEN CONDUCTED INDOORS</b>	
<ul style="list-style-type: none"> <li>Occupancy of 500 square feet/person</li> <li>Practice allowed if athletes are limited to groups of 6, with each group separated by a buffer zone</li> <li>Brief close contact (ex: 3 on 3 drills) is permitted</li> </ul>	<ul style="list-style-type: none"> <li>Competitions allowed (no tournaments)</li> <li>Venues at 25% capacity or 200 individuals, whichever is less</li> </ul>
<b>HIGH RISK, WHEN CONDUCTED INDOORS</b>	
<ul style="list-style-type: none"> <li>Occupancy of 500 square feet/person, separated by a buffer zone</li> <li>Individual training and practice allowed for athletes</li> </ul>	<ul style="list-style-type: none"> <li>Practice and training only</li> <li>Intra-team scrimmages allowed</li> </ul>

## DEPARTMENT OF HEALTH: METRICS

The previous guidelines for participation in athletics and activities were tied to county metrics of cases per 100,000 population. Movement between phases in the “Healthy Washington — Roadmap to Recovery” Plan will be tied to four new metrics.

Metrics for each region will be updated every Friday with an effective date of the following Monday. To date, the Department of Health has published a weekly “Roadmap to Recovery Report” on Fridays which have been posted under the “reports” [section of its COVID-19 Page](#).

### **To move forward from Phase 1 to Phase 2, regions must meet all four metrics:**

1. Decreasing trend in two-week rate of COVID-19 cases per 100K population (decrease >10%)
2. Decreasing trend in two-week rate new COVID-19 hospital admission rates per 100K population (decrease >10%)
3. ICU occupancy (total — COVID-19 and non-COVID-19) of less than 90%
4. COVID-19 test positivity rate of <10%

### **To remain in Phase 2, regions must meet at least 3 metrics:**

1. Decreasing or flat trend in two-week rate of COVID-19 cases per 100K population
2. Decreasing or flat trend in two-week rate new COVID-19 hospital admission rates per 100K population
3. ICU occupancy (total — COVID-19 and non-COVID-19) of less than 90%
4. COVID-19 test positivity rate of <10%.

## QUESTIONS & ANSWERS

**Q:** Are masks required during practices and competition for all sports?

**A:** Yes

**Q:** Can a school hold practices for traditional indoor sports, outside?

**A:** Yes, if a traditional indoor sport is moved outdoors it would then follow the outdoor guidelines for that sport's assigned risk level. Ex. If a volleyball team (moderate risk) was to practice outdoors, they would adhere to the moderate risk outdoor policies.

**Q:** Can the traditional format or location of a sport or activity be modified to meet certain guidelines?

**A:** It is highly recommended that schools consult their risk manager if any modifications are being considered. WIAA approval is also required.

**Q:** Can any competitions be played in Phase 1?

**A:** Yes, low risk sports can be played outdoors in Phase 1.

**Q:** What football drills and equipment are acceptable in Phase 1?

**A:** All equipment and drills are permitted, given they are limited to no more than six-person pods and brief close contact. The WIAA encourages schools to work with their risk management departments to determine the acceptable threshold for brief close contact.

**Q:** If the local county/region has updated stats, can those be used instead of the state dashboard?

**A:** No

**Q:** Where can we find what phase each region is in?

**A:** Metrics and phase information will be maintained on the Department of Health website. To date, the DOH has published a weekly report with updates which can be found under the "reports" section [here](#).

**Q:** Are the pod requirements still in place as they were with the old guidelines?

**A:** Pods of 6 or fewer are required in Phase 1 for high risk outdoor sports as well as low and moderate risk indoor sports.

**Q:** Can a school modify a sanctioned sport to fall under a different risk category (i.e. flag football, sand volleyball)?

**A:** Any sport not sanctioned by the WIAA would need to follow the appropriate guidelines issued by the Department of Health. Those guidelines and risk categories can be [found here](#).

**Q:** Can a school travel out of our DOH Region for a scheduled contest?

**A:** Yes, given that both regions are in the appropriate phase for competition to begin.

High School	Main Gym Capacity				Aux Gym Capacity				Pool Area Capacity		
	sq.ft	Phase 1	Capacity	Phase 2	sq.ft	Phase 1	Capacity	Phase 2	sq.ft	Phase 1	Phase 2
<b>Foss</b>	16,355	32	1201	200	12,000	24	526	131	9338	50	50
<b>Lincoln</b>	10190	20	1050	200	6956	14	640	160	7523	46	46
<b>Mt. Tahoma</b>	13,303	26	2136	200	8571	17	738	183	11,608	50	50
<b>Stadium</b>	13,484	26	1922	200	5105	10	341	58	7610	47	47
<b>Wilson</b>	11,105	22	1581	200	6288	12	895	200	10,504	50	50

*\*Listed under each phase is the indoor capacity for each gym or pool space, to include all participants. (both coaches and athletes)*

# COVID-19 Guidance

## For Business & Government

### Sick people must stay home.

#### Review your sick leave policies.

Make sure employees aren't sick at the start of their shift.



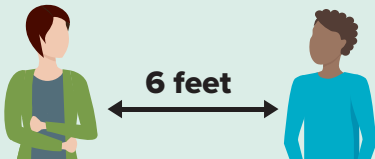
#### Check for coughing, shortness of breath and other symptoms.

Fever, chills, muscle pain, headache, sore throat, loss of taste or smell.

#### Let high risk employees stay home.

Aged 65 and over, pregnant or with weakened immune systems.

### Support social distancing.



#### Leave 6 feet between people.

Keep face-to-face contact less than 10 minutes.



Designate an employee to enforce social distancing for customers and staff.

### Clean and disinfect frequently.



#### Wipe down surfaces people touch often.

Key pads, light switches, shopping cart and basket handles, electronics, door knobs, and counter tops.

### Promote health.



#### Don't touch ready to eat food with bare hands.

Use gloves, tongs or utensils.



#### Frequently wash your hands with soap and warm water.

Scrub for 20 seconds.



#### Set up sanitizer stations around the store for customers and staff.

Use sanitizer with at least 60% alcohol.



#### Cough or sneeze into a tissue or your elbow.

Throw used tissues in the trash and wash your hands right away.

# Return to work safely



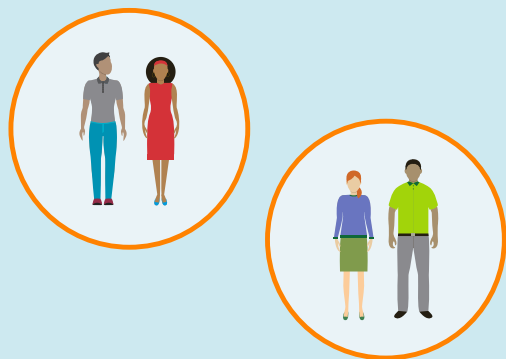
Practice social distancing.



Find ways to complete tasks alone.



Disinfect your workspace.  
Don't share items.



Create separate work groups.



Check in and out with  
your supervisor.



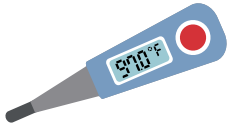
Interact with customers and  
coworkers safely.

Keep your workplace healthy. Learn more at [tpchd.org/coronavirus](https://tpchd.org/coronavirus).





# Tips to Keep Employees Healthy



## Monitor employee health.

- Ensure employees aren't sick at the start of their shift.
- Follow Health Department guidelines for when to return to work.
- Supervisors should check in with their employees. Ask them how they feel and have them stay home if they are sick.



## Practice good workplace and personal hygiene.

- Wash your hands frequently.
- Wipe down surfaces often.
- Disinfect commonly touched items and common areas.
- Disinfect keypads, keyboards, phones, copy machines, and tools often.
- Set up multiple hand sanitizer stations.



## Limit contact between employees.

- Arrange workstations 6 feet apart.
- Rearrange furniture or remove equipment to achieve this.
- Install physical barriers like plexiglass if you can't social distance.
- Encourage staff to work remotely.
- Separate and keep people in the same work team to limit their close contacts.
- Stagger schedules to reduce the number of people in the same space.
- Have employees use separate entrances and areas of the building.
- Take separate cars, if possible.



## Interact safely with customers.

- Encourage people to wear cloth masks.
- Establish a separate entrance and exit to your business, if possible.
- Leave doors open during busiest times.
- Limit the number of customers in your facility.
- Create a numbering system and have people wait outside until their turn.
- Ensure 6 feet between tables or collection points.
- Shift more services to your website.
- Ask customers to call ahead with orders. Call customer when ready for pickup.
- Don't shake hands with customers or guests.

### Payments

- Encourage electronic payments. If you handle cash, wash hands afterward.
- Ask customers to run their own credit cards or tap and pay.
- Use PayPal, Venmo, Zelle or other e-options for payment.



# Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



When in public, wear a cloth face covering over your nose and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



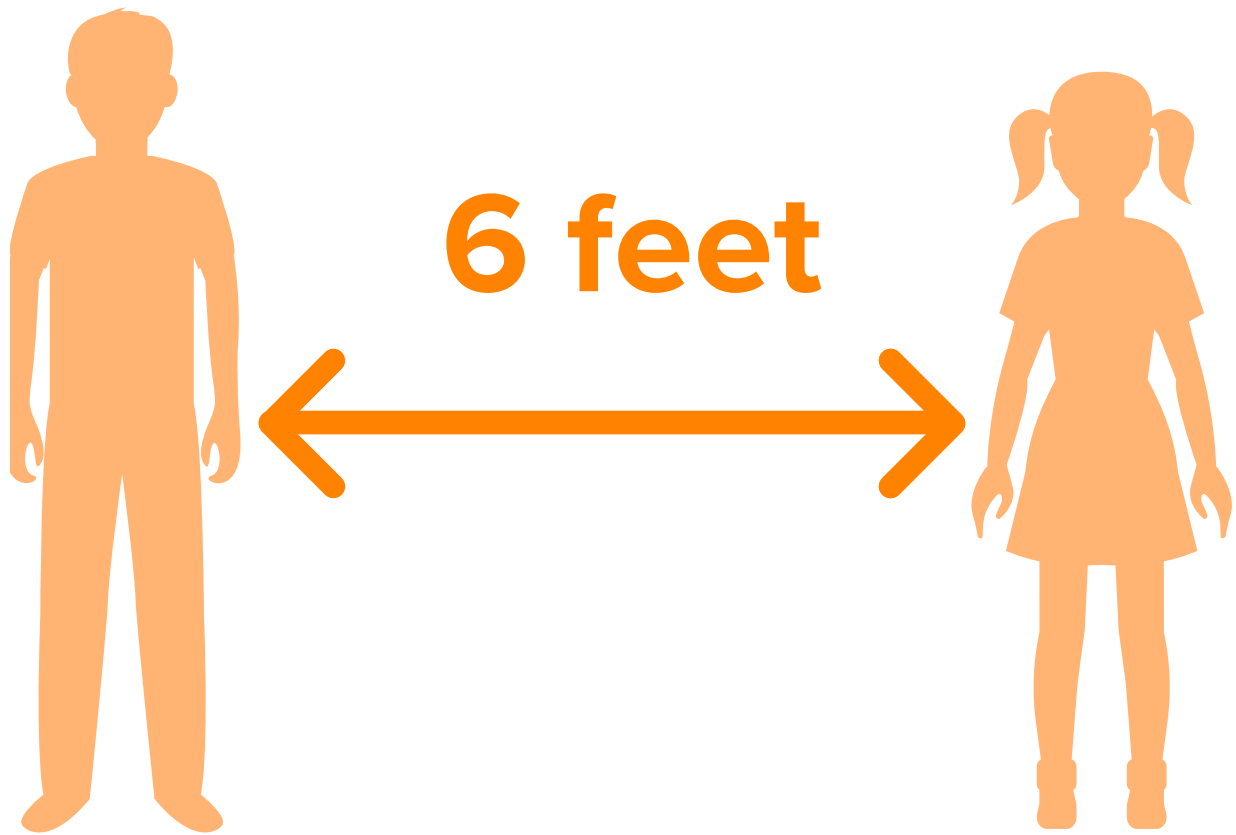
[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Wash your hands.

[tpchd.org/coronavirus](https://tpchd.org/coronavirus)



# Practice healthy habits.



- Don't stand in groups.
- Keep 6 feet between people.



Stay home if you are sick.  
Learn more about COVID-19  
at [tpchd.org/coronavirus](https://tpchd.org/coronavirus).



# Health Check

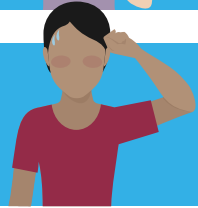
*Before you enter...*



Do you have a persistent cough?

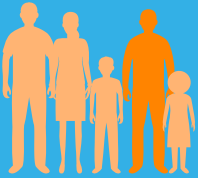


Do you have shortness of breath?



Do you have other symptoms?

Fever, chills, muscle pain, headache, sore throat, loss of taste or smell.



Have you had close contact  
with someone with COVID-19?

- » If you answered “**Yes**” to any of these questions, don’t come in. Go home now and take good care of yourself. Call your supervisor when you get home.
- » If you start to feel sick while at work, leave immediately and contact your supervisor.

**We care about you.**

[tpchd.org/coronavirus](https://tpchd.org/coronavirus)





# Health Check

*All vendors must...*



**Wear a face mask?**

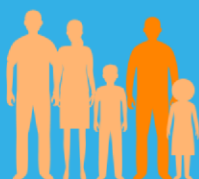


**Avoid touching eyes, nose & mouth**



**Check -Do you have other symptoms?**

Fever, chills, muscle pain, headache, sore throat, loss of taste or smell.



**Practice Social Distance. <-6 feet->**

**NOTE: Vendors need to sign in prior to drop off of goods.**

**Tacoma Public Schools #10 cares about you.**





# GO to Main Entrance

*All employees & vendors must*



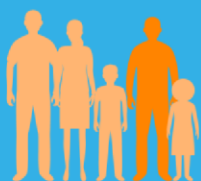
Sign in & wear a face



Avoid touching eyes, nose & mouth



Have your temperature checked



Practice Social Distance. <-6 feet->

**NOTE:** This assists with the Health Departments requirement in health tracking if someone becomes ill with Covid 19.



# Face Mask Required



Starting Friday 6/26/2020, every Washingtonian must wear a facial covering when in a public space, as mandated by the public health order. This includes both indoor and outdoor public spaces.







**NO**

Get that nose covered



**NO**

Wear as a mask, not a beard



**NO**

Masks are not for sharing



**YES**

Nose is covered.

Mouth is covered.

Mask is clean.

## **TPS Student Mask info**

The Washington State Health Authority and the Office of the Superintendent of Public Instruction requires all students wear a face mask in public schools. Guidance from these authorities provide that the following types of masks are acceptable for students:

### **Cloth Masks**

- Can have ear loops that fit behind the ears or cords that tie around the head and neck.
- Some have a nose wire (a metal strip along the top of the mask) that can help to improve fit.
- Masks can be washable and reusable
- **Do NOT** wear cloth masks with exhalation valves or vents since they allow respiratory droplets containing the virus to escape.

Cloth masks can be made from a variety of natural and synthetic fabrics and fibers, and many types of cloth masks are available. Check to be sure the mask fits snugly over the nose and mouth and under the chin and that there are no gaps around the sides.

**NOTE:** Poorly fitting masks may have gaps around the sides of the face or nose. Gaps may allow respiratory droplets containing the virus to leak in and out around the mask. Depending on how they fit and how they are made, cloth masks vary in how well they can protect you and others from getting and spreading COVID-19.

### **Additional resources**

#### **CDC recommends**

- Have two or more layers of washable, breathable fabric
- Completely cover your nose and mouth
- Fit snugly against the sides of your face and don't have gaps
- Have a nose wire to prevent air from leaking out of the top of the mask

#### **Mask Layering**

Adding more layers of material to a mask (layering) is a good way to reduce the number of respiratory droplets containing the virus that come through the mask. One layering strategy is to use a cloth mask that has multiple layers of fabric. Another strategy is to wear two masks.

#### **However, there are some mask combinations that should not be used:**

- Do not combine two medical procedure masks. Medical procedure masks are not designed to fit tightly and wearing a second medical procedure mask on top of the first medical procedure mask does not help to improve the fit.
- Do not combine a KN95 mask with any other masks. You should only use one KN95 mask at a time, and you should not use any type of second mask on top of or underneath a KN95 mask.

**GAITERS:** The OSPI guidance does not allow neck Gaiters as a mask option.

**ACCOMMODATIONS FOR DISABILITIES:** Students who have medical conditions that affect their ability to wear a mask will be evaluated on a case by case basis for exceptions to these guidelines.

**SPORTS:** The WIAA, in conjunction with OSPI has issued separate guidance for masks in school sports.

**STUDENT CONDUCT:** TPS staff will help provide masks to students who do not have one or who are having issues with mask compliance. Staff will follow District Policy relating to student conduct to address repeat non-compliance that is behavioral in nature and not as the result of another barrier.

# Which Mask for Which Task?

## *COVID-19 Prevention at Work: When to Use Face Coverings and Respirators*

This information is current as of Sept. 9, 2020.



Division of Occupational Safety and Health



[www.Lni.wa.gov/safety-health](http://www.Lni.wa.gov/safety-health)



1-800-423-7233



Washington State Department of  
**Labor & Industries**



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Protecting workers from retaliation  
or discrimination

Resources

# Introduction

Face coverings and masks are important tools to prevent the spread of the coronavirus. Used along with social distancing and physical barriers, they can help protect workers and the public.

This publication provides guidance about when workers are required to use cloth face coverings and masks to protect others from the coronavirus, and when they must use respirators to protect themselves.

This information supplements the technical guidance in *Washington Coronavirus Hazard Considerations for Employers (except hospitals/clinics) Face Coverings, Masks, and Respirator Choices*, available at [www.Lni.wa.gov/MaskConsiderations](http://www.Lni.wa.gov/MaskConsiderations).

The information in this document does not apply to workers who treat active COVID-19 patients in hospitals and clinics. Employers of those workers must follow Centers for Disease Control (CDC) guidelines for selecting respirators and other personal protective equipment (PPE). More information on CDC guidelines is available at [www.cdc.gov/coronavirus/2019-nCoV/hcp](http://www.cdc.gov/coronavirus/2019-nCoV/hcp).

## Why wear a face covering, mask, or respirator?

Wearing a face covering, mask, or respirator at work can lessen the risk for spreading the coronavirus. Businesses must also require customers to wear a face covering. This is along with social distancing, hand washing and disinfecting surfaces to prevent virus spread.

The coronavirus can spread into the air on tiny particles of saliva when an infected person breathes, talks, coughs, or sneezes. Many infected people don't have noticeable symptoms (are asymptomatic), so they might spread the virus to others without knowing it.

**Cloth face coverings** help keep exhaled particles from escaping into the air, but don't effectively filter out particles already in the air.

**Masks** are usually more protective than cloth face coverings.

**Respirators** offer a higher level of protection than cloth face coverings and masks because they also prevent wearers from inhaling particles already in the air.

All three provide some protection when a person coughs and sneezes nearby. Some that are approved by the U.S. Food and Drug Administration (FDA) provide more protection against coughs and sneezes.



### **Can employees use a face shield instead of a face covering?**

No. A face shield is not a substitute for a cloth face covering. Face shields allow particles exhaled from the wearer to freely move around the edges of the shield and into the open air for others to breathe. Face shields may be worn along with cloth face coverings to protect employees from others who sneeze or cough nearby or to protect from splashes when diluting or applying harmful liquids like bleach or cleaning chemicals.

### **Are employees with a medical or disability issue required to wear face coverings or masks?**

For some workers, medical issues or disabilities make face coverings unsafe to wear. To be considered exempt from face-covering requirements, employees must provide their employer with an accommodation statement from their health care provider. The statement must specify that the employee should not wear a face covering because of a health condition or disability. Employers with workers who are unable to wear masks must take alternative steps to prevent the spread of the virus.

Employers should assess any negative impacts that face coverings might have on employees with disabilities and adjust for accommodations per the Americans with Disability Act (ADA) process at [www.eeoc.gov/laws/guidance/fact-sheet-disability-discrimination](http://www.eeoc.gov/laws/guidance/fact-sheet-disability-discrimination).

In addition, workers may remove their masks to communicate with people who are deaf or hard of hearing so they can read facial cues or lip-read, while keeping at least six feet or a physical barrier between them. If employees remove their mask to accommodate a deaf person, the employer should ensure that alternative protections are in place to prevent the spread of the virus.

### **Is social distancing less important for a worker wearing a face covering?**

No. Face coverings and masks do not replace social distancing. Besides staying at least six feet away from others, workers must still practice frequent hand washing and frequent cleaning and disinfecting of surfaces and tools, and follow other critical safety measures required by the Washington State Department of Labor & Industries (L&I) ([www.Lni.wa.gov/CovidSafety](http://www.Lni.wa.gov/CovidSafety)) and the Governor's reopening guidelines to help prevent the spread of the coronavirus at [www.governor.wa.gov/issues/covid-19-resources](http://www.governor.wa.gov/issues/covid-19-resources).

# Negligible Risk

Employees working alone or driving by themselves are not required to wear a cloth face covering because the risk for transmission is negligible (very low).

“Alone” means the employee is isolated from interactions with others and has little or no expectation of in-person interruptions. If someone working alone has to pass another person once or twice a day, they should stay at least six feet away to maintain negligible risk. If that isn’t possible, then a cloth face covering is required during passing.

## **Examples of negligible-risk jobs:**

- A sole occupant in an office with a door.
- Small landscaping crews of three or four workers who drive separately and work alone outdoors all day.
- A crane operator isolated in an enclosed cab.
- Delivery drivers with no face-to-face interaction with others when picking up or dropping off packages.
- A lone janitor in a building.



## Low Risk

A reusable cloth face covering is required when risk for transmission is low.

Risk for transmission is low when employees work around or travel with others and stay at least six feet apart, except for briefly passing by others up to several times a day.

Risk is also considered low when one or two workers provide personal services to healthy clients who also wear a cloth face covering.

### Examples of low-risk workplaces and jobs with low-risk activities:

- A driver and passenger sitting six feet apart in a vehicle and only needing to pass each other briefly when entering and exiting the vehicle several times a day.
- Manufacturing facilities that are set up to keep workers separated while they operate machinery and perform other tasks.
- Custodial staff who work after hours around others and do not clean up after known COVID-19 cases.
- One or two healthy workers in a room providing haircuts or other personal services to clients who also wear a face covering.
- Waiters at restaurants and cafes with curbside pick-up services only.
- Mechanics working on vehicles around others (but six feet away) at repair shops.



Examples of cloth face coverings for use during low-risk work.

*Top photo provided by author Doc James,  
<https://commons.wikimedia.org/wiki/File:HomemadeFacemask.jpg>*

## Medium Risk

Masks are required when risk for transmission is medium. Examples of masks include disposable dust masks used for hobbies, but not approved by the National Institute for Occupational Safety and Health (NIOSH); surgical-style masks not approved by the FDA; and masks such as KN90s or KN95s approved in other countries.

Risk for transmission is generally considered medium when workers stay at least six feet away from others except for several times throughout the day when the six-foot distance is broken for several minutes and prevention measures such as physical barriers aren't feasible.

When employees are in vehicles, it's considered a medium risk for up to one hour per trip if:

- There are no more than two people per compact car.
- There are no more than four in larger sedans or work trucks with two rows of seats.
- There are no more than seven in passenger vans depending on capacity.

And:

- Occupants stay at least three feet apart.
- Mechanical and natural ventilation is optimized (e.g., fresh air from vehicle system and/or open windows).

For personal services, employees are considered medium risk when three to six people are working in a room with healthy clients who wear a cloth face covering.

### Examples of medium-risk jobs and medium-risk activities:

- Commercial fishing crews.
- Crews of workers being transported to a job site.
- Grocery store produce stockers who work during store hours around customers.
- Manicurists working with clients wearing cloth face coverings.
- Kitchen workers in restaurants.
- Ride-service drivers who only pick up masked passengers.
- Transit operators.



Examples of masks for use during medium-risk work. From left to right, top to bottom: KN95, surgical-style mask, hobby dust mask.

# High Risk

Respirators are required when risk for transmission is high.

Respirators for high-risk activities must be approved by the National Institute for Occupational Safety and Health (NIOSH) or by an equivalent approval body from outside the United States. Examples include: elastomeric (rubber-like) half- or full-facepiece respirators with cartridges, tight or loose-fitting powered air-purifying respirators (PAPRs) with particulate cartridges, and filtering facepiece N-, R-, or P-95s to 100s (when supplies allow).

Risk for transmission is considered high when employees work or travel within three feet of others for more than 10 minutes an hour many times a day, and other prevention measures aren't feasible.

Risk is also considered high when workers:

- Clean and sanitize areas recently occupied by someone with known COVID-19 illness.
- Provide services in residences of clients with known COVID-19 illness.

- Perform procedures that aerosolize saliva, mucous, or secretions from eyes; or that cause increased or forced breathing, coughs, sneezes, or yawning.

## Examples of high-risk activities:

- Working or traveling with multiple people in a small room, confined space, vehicle, or other small space for more than 10 minutes in an hour.
- Using an ultrasonic scaler or air and water syringe on a client in a dentist office.
- Administering medication with a nebulizer.
- Performing spirometry or coaching a client on deep or forced breathing exercises.
- Providing in-home maintenance or pet euthanasia services for a masked client with known or potential COVID-19 illness.

## Examples of high-risk jobs:

- Dentists and dental hygienists.
- Mortuary services.
- Work crews in confined spaces.



Examples of NIOSH-approved respirators for use during high-risk work. From left to right, top to bottom: N95 filtering facepiece, elastomeric half-facepiece with particulate (HEPA) filters, elastomeric full-facepiece with particulate (HEPA) filters, loose fitting PAPR with particulate (HEPA) filters.

*Top left photo provided by author Banej, [https://commons.wikimedia.org/wiki/File:3M\\_N95\\_Part particulate\\_Respirator.JPG](https://commons.wikimedia.org/wiki/File:3M_N95_Part particulate_Respirator.JPG)*

# Extremely High Risk

When risk for transmission is extremely high, workers must wear a NIOSH-approved N95, half- or full-facepiece elastomeric respirator with cartridges; PAPR (powered air-purifying respirator) with particulate cartridges; or an FDA-approved surgical mask with eye protection, or other respirators with NIOSH-equivalent approval from outside the United States.

Workers must also:

- Wear goggles or face shields to protect their eyes during face-to-face interactions when not using full-facepiece respirator styles.
- Have the client wear a surgical mask or other type of mask (as supplies allow), when feasible, during face-to-face tasks for as long as possible during transport or care.

Transmission risk is extremely high when employees transport people with COVID-19 or work in residential or non-hospital or clinic settings within six feet of someone infected with the coronavirus.

Transmission risk is also extremely high when workers have direct contact with another person's mouth, nose, or eyes, even if they appear to be healthy or asymptomatic.

## Examples of extremely high-risk jobs:

- Emergency Medical Technicians (EMTs).
- Long-term care facility workers who care for clients ill with COVID-19.
- Occupational or physical therapists providing therapy to quarantined clients.

## Examples of extremely high-risk tasks:

- Conducting visual eye exams or tonometry.
- Taking mouth or nose swab samples at drive-up testing stations.



Examples of NIOSH-approved respirators for use during high-risk work. From left to right, top to bottom: N95 filtering facepiece, surgical N95 filtering facepiece, elastomeric half-facepiece with particulate (HEPA) filters, elastomeric full-facepiece with particulate (HEPA) filters, and loose-fitting PAPR with particulate (HEPA) filters.

## Use and Care

When respirators are required, employers must provide NIOSH-approved respirators (or respirators with equivalent approval from a country outside the United States) and follow requirements to ensure workers receive a medical evaluation, fit test, and training; and practice maintenance, storage, and other necessary provisions as required by the Respirators rule in Chapter 296-842 WAC ([www.Lni.wa.gov/safety-health/safety-rules/rules-by-chapter/?chapter=842](http://www.Lni.wa.gov/safety-health/safety-rules/rules-by-chapter/?chapter=842)).

If employees use an N95 or other tight-fitting respirator, they must be clean shaven so the respirator can form a reliably tight face seal. PAPRs with loose-fitting hoods do not require fit testing and may be an alternative for bearded workers.

### Protecting workers from retaliation or discrimination

It is against the law for employers to fire, demote, retaliate, or discriminate against employees for exercising their safety and health rights. Those include the right to:

- Raise safety and health concerns with employers.
- Participate in union activities related to safety and health.
- File safety and health complaints.
- Participate in Division of Occupational Safety & Health (DOSH) investigations.

Workers can file retaliation complaints with DOSH and/or with the federal Occupational Safety and Health Administration (OSHA) within 30 days of the alleged incident.

Learn more:

[www.Lni.wa.gov/WorkplaceDiscrimination](http://www.Lni.wa.gov/WorkplaceDiscrimination).

### Resources

Call a consultant near you at 1-800-547-8367 or email [DOSHConsultation@Lni.wa.gov](mailto:DOSHConsultation@Lni.wa.gov) for free, confidential help. [www.Lni.wa.gov/DOSHConsultation](http://www.Lni.wa.gov/DOSHConsultation).

The DOSH coronavirus website ([www.Lni.wa.gov/safety-health/safety-topics/topics/coronavirus](http://www.Lni.wa.gov/safety-health/safety-topics/topics/coronavirus)) includes resources from the CDC and OSHA.

Washington State Department of Health:  
[www.doh.wa.gov/Emergencies/Coronavirus](http://www.doh.wa.gov/Emergencies/Coronavirus).

*Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.*

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# Healthy Air for Healthy Schools

## Use Only:

- Approved chemicals, cleaners, or disinfectants provided by the school or district. Never bring in products from home.
- Fragrance-free soap and water or fragrance-free baby wipes to clean surfaces. Disinfection is for trained custodians with approved effective products.
- Pens, markers, and board cleaners that are water-based, unscented, crayon, or low-odor.
- Spray paints and spray glues where there is mechanical exhaust ventilation.

## Avoid Products That Reduce Air Quality — Do Not Use:

- Room deodorizing sprays, plug-ins, scented candle warmers, scented reeds, candles, incense, essential oils, or potpourris.
- Air-cleaning devices that generate ozone or are called “ionizers” — ozone is a respiratory irritant.
- Perfumes, colognes, body sprays and other strongly scented personal care products.
- Permanent, solvent-based, or scented pens, markers, and board cleaners.
- Disinfectant wipes.
- Urinal cakes.
- Rubber cement or spray adhesives with hexane or toluene.



**Using classroom products that are free of airborne irritants means healthy indoor air quality!**

- > Eliminate unnecessary chemicals.
- > Reduce asthma and headaches.
- > Increase attendance and performance!

**Learn more at [www.doh.wa.gov/schoolenvironment](http://www.doh.wa.gov/schoolenvironment)**



DOH 333-243 August 2019

For people with disabilities, this document is available on request in other formats. Call 1-800-525-0127 (TDD/TTY call 711).

# Ventilation and Air Quality for Reducing Transmission of COVID-19

Good ventilation and indoor air quality are important in reducing airborne exposure to viruses, including SARS-CoV-2 that causes COVID-19, as well as other disease vectors, chemicals, and odors. However, buildings vary in design, age, Heating Ventilation and Air Conditioning (HVAC) systems, and their ability to provide adequate ventilation and air filtration.

The American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) underscores the importance of ventilation and air filtration in reducing the transmission of COVID-19 through the position statement: “Transmission of SARS-CoV-2 through the air is sufficiently likely that airborne exposure to the virus should be controlled. Changes to building operations, including the operation of heating, ventilating, and air-conditioning (HVAC) systems, can reduce airborne exposures. Ventilation and filtration provided by heating, ventilating, and air-conditioning systems can reduce the airborne concentration of SARS-CoV-2 and thus the risk of transmission through the air. Unconditioned spaces can cause thermal stress to people that may be directly life threatening and that may also lower resistance to infection. In general, disabling of heating, ventilating, and air-conditioning systems is not a recommended measure to reduce the transmission of the virus.” (Source: [ASHRAE](#))

The main goal in reducing airborne transmission of viruses is to decrease the number of viral particles that accumulate in indoor air, by increasing the intake of outdoor air as much as possible and/or through effective air filtration. However, **ventilation and air filtration are not effective alone** – they are tools that must be used along with other measures such as health screenings, physical distancing, reducing building occupancy, frequent hand washing, wearing face coverings, and implementing appropriate cleaning and disinfection protocols. Additionally, when there are high levels of outside air pollution, such as during a wildfire smoke event, outside air intakes will need to be modified as necessary.

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 specific room in the building.** More detailed guidance can be found in [CDC’s Interim Guidance for Businesses and Employers Responding to COVID-19 \(May 2020\)](#), and the [ASHRAE Guidance for Re-Opening Buildings](#). Guidance for schools can be found [in CDC’s guidance for improving ventilation and increasing filtration in schools](#), the [ASHRAE guidelines for schools and universities](#), and the [ASHRAE guidance for the re-opening of schools](#).



## General Considerations

- Upgrade filters to MERV 13 if the system can handle the air resistance.
- Change filters as needed (clogged filters decrease HVAC operation, stress the fan motors, and decrease ability to improve indoor air quality). Visually inspect monthly.
- Inspect and clean entire systems. Make repairs quickly to prevent more serious issues.
- Reduce recirculation of air, increase/maximize outside air.
- Maintain humidity of 40-60%.
- Bring in outside air prior to occupancy and after, especially while cleaning and disinfection is occurring.
- Inspect and maintain local exhaust ventilation in restrooms, kitchens, cooking areas, labs, etc. Increase exhaust ventilation from restrooms above code minimums.
- Work with building engineer or HVAC specialist to generate air movement that goes from clean-to-less-clean air through positioning of air supply and exhaust air diffusers and/or dampers.
- If there are ceiling fans, reverse the flow direction to draw air upward or turn them off.

## Buildings with an Existing HVAC System

- Adjust the HVAC system to allow the maximum amount of outside air to enter the program space. Disable demand-controlled ventilation to bring in more outside air. Reduce recirculation of air.
- Clean unit ventilators, upgrade filters if possible, and adjust for maximum outside air.
- Visually check outside air dampers to make sure they are open.
- Assess units to determine if filters can be upgraded to MERV 13-14, or the highest MERV that will not significantly diminish airflow. Ensure that filters fit tight.
- For existing HVAC systems that cannot be upgraded, optimize as much as possible and consider supplementing with other measures (see below).
- Flush the building's indoor air two hours before and two hours after occupancy and always when cleaning and disinfecting.
- There is no special cleaning or disinfection for (HVAC) systems. Cleaning the system or filters with disinfectants is not recommended and not necessary.
- Clean and service HVAC unit on a regular schedule (check with HVAC specialist).

## Buildings that DO NOT have an Existing HVAC System

### Opening windows:

- Open windows and doors if it is safe and weather allows, and include more outside time during the day.
- Reduce occupancy in areas where outdoor ventilation cannot be increased to the optimal amount.
- Use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow

directly from one person over another (strategic window fan placement in exhaust mode (e.g., blowing out of the window) can help draw fresh air into room via other open windows and doors without generating strong room air currents).

- Ventilate building or room 2 hours before and after occupancy.
- Use of fans for cooling is acceptable. They should blow away from people.

### Portable air filtration:

- Portable HEPA air cleaners can supplement ventilation and are most critical in rooms with poorer ventilation or in isolation areas.
- Unit air ratings are based on the square footage of the room and the Clean Air Delivery Rate (CADR). This [guide](#) provides a useful tool to calculate ventilation rates for indoor space(s): [Harvard-CU Boulder Portable Air Cleaner Calculator for Schools](#).
- The equivalent of at least 5-6 air changes per hour is recommended.
- Consider the noise rating as some units can be quite loud. Consult with the manufacturer before purchasing. The Clean Air Delivery Rate is at the highest speed, which will be too loud for some environments. Choose one rated for a larger size room and run it on the low fan speed to reduce the noise, or use two for the room.
- Units should be pointed so they do not blow air across occupants (e.g., from one individual to others).
- Air filtration should be maximized in the space 2 hours before and after occupancy.
- Choose HEPA air cleaners certified by the [California Air Resources Board](#) to not emit dangerous levels of ozone.
- Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products.
- Do not use personal air purifiers.
- HEPA filters should be replaced regularly as recommended by the manufacturer. The unit should be vacuumed and cleaned on a regular schedule – this should be done outside. Filter disinfection is not needed or recommended.

## Additional Considerations

### Restrooms:

- If toilets have lids, instructions should be given to shut them during flushing.
- Ensure restroom exhaust fans are functional and operate at full capacity 24/7.
- Install paper towels to dry hands, disconnect hand dryers (blowers).
- Ensure that face coverings are worn in the bathroom.
- Ensure that all drain traps are primed (water flow maintained regularly).

## 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](#)
- [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](mailto:civil.rights@doh.wa.gov).



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



Washington State Department of  
*Health*



Washington State Department of  
**Labor & Industries**

# EMPLOYER HEALTH & SAFETY REQUIREMENTS FOR SCHOOL SCENARIOS

**Updated January 28, 2021**

## **Developed by:**

- The Office of Superintendent of Public Instruction
- The Department of Health
- The Department of Labor & Industries
- Local School District Superintendents
- School Labor Representatives

## ABOUT THIS GUIDANCE

The following set of rules and guidance for school staff health and safety was developed by representatives from the Office of Superintendent of Public Instruction (OSPI), the Department of Health (DOH), the Department of Labor & Industries (L&I), local superintendents, and labor organizations.

Questions related to personal protective equipment (PPE) or other employment-related requirements should be [directed to L&I](#), questions about health requirements should be directed to DOH, and questions about K–12 education requirements should be directed to OSPI.

## Key Points

This guidance clarifies and builds out the worksite safety guidance embedded in the June reopening guidance ([Reopening Washington Schools 2020: District Planning Guide](#)).

The key points are as follows:

- The overall health risk for the typical K–12 in-person instructional setting is classified as low risk. There are other scenarios in the school setting where the risk level may be higher or lower.
- In low risk situations, staff may wear a cloth face covering.
- In medium risk situations, L&I's long-standing guidance allows for several different protection options, including a face shield with a cloth face mask, a surgical-style mask, a hobby dust mask, a KN95 mask, or a KN90 mask.
- For high risk or extremely high risk situations, an N95 respirator or equivalent should be used. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield **plus** an FDA-approved surgical mask, procedural mask, or a KN95 mask until a respirator can be obtained.
- N95 respirators or equivalent protection are only required in high risk or extremely high risk situations.

For all risk levels, different face covering and respirator options are included in L&I's [Which Mask for Which Task?](#) document.

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# INTRODUCTION

This document provides general guidance to protect employees in common school scenarios under existing conditions. The guidance is intended to aid local school districts and safety officers as they develop required COVID-19 safety plans and procedures. The guidance does not replace local decisions based on specific conditions.

When schools reopen for in-person instruction, they must protect their employees. Required protections may differ based on the specific job duties and occupations. For guidance related to the health and safety requirements for students, please refer to materials developed by the Department of Health, including:

- [Fall Guidance, K–12](#)
- [Decision Tree, K–12](#)

This document focuses on required PPE, assuming other required safeguards such as cleaning and hygiene, and engineering or administrative controls, are present. It is intended to aid school districts for planning purposes only.

Please also consider recently updated guidance from the U.S. Centers for Disease Control and Prevention (CDC):

- [Strategies for Protecting K–12 School Staff from COVID-19](#)
- [What is known about the signs and symptoms, burden, and transmission of SARS-COV-2 among children?](#)
- [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#)

## GENERAL REQUIREMENTS

As described in the [Reopening Washington Schools 2020: District Planning Guide](#), school districts, like all businesses, have a general obligation to keep a safe and healthy worksite in accordance with state and federal law and safety and health rules for a variety of workplace hazards. An employer's obligations include developing an Accident Prevention Plan (APP), including a Job Hazard Analysis that also includes worker protections from COVID-19, a known workplace hazard.

School districts must comply with the following COVID-19 worksite-specific safety practices as outlined in the Governor's "Stay Home, Stay Healthy" Proclamation 20-25, and in accordance with L&I's [General Requirements and Prevention Ideas for Workplaces](#) and DOH's [Workplace and Employer Resources and Recommendations](#).

K–12 employers must specifically ensure operations follow the main L&I COVID-19 requirements to protect workers, including:

1. Educate workers in the language they understand best about coronavirus, how to prevent transmission, and the employer's COVID-19 policies.
2. Limit capacity in indoor spaces to ensure 6 feet of distance can be kept between all staff, students, and others.
3. Maintaining a minimum 6-foot separation is required between all employees, students, and others to the maximum extent feasible. When strict physical distancing is not feasible for a specific task, and takes more than 10 minutes in an hour, the employer is required to provide additional prevention measures, such as use of barriers, masks, or respirators that provide a higher level of protection than a cloth face covering, minimize the number of staff or students in the enclosed areas, and stagger breaks, recesses, and work shift starts.
4. Provide (at no cost to employees) and require the wearing of PPE, such as gloves, goggles, face shields, and face masks as appropriate or required for the work activity being performed. Cloth face coverings must be worn by every employee not working alone on the job site unless their exposure dictates a higher level of protection under L&I safety and health rules and guidance.
  - a. Exceptions to this requirement for cloth face coverings include:
    - i. when working alone in an office, vehicle, or at a job site;
    - ii. if the individual is deaf or hard of hearing and is communicating with someone who relies on language cues such as facial markers and expression and mouth movements as a part of communication;
    - iii. if the individual has a medical condition or disability that makes wearing a facial covering inappropriate; or
    - iv. when the job has no in-person interaction.
  - b. For additional details, please refer to:
    - i. L&I's [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospitals and clinics\) Face Coverings, Masks, and Respirator Choices](#) document.
    - ii. L&I's [Which Mask for Which Task?](#) document.
    - iii. Cloth face coverings are described in [Department of Health guidance](#).
5. Ensure frequent and adequate hand washing with adequate maintenance of supplies. Use disposable gloves where safe and applicable to prevent transmission on tools or other items that are shared.



6. Increase the frequency of facility cleaning schedules that includes cleaning and sanitizing with a particular emphasis on commonly touched surfaces – which shall be no less stringent or frequent than what is required by the [Department of Health's fall guidance for K–12 schools](#).
7. Screen employees, students, and any other individual who will be at the school facility for more than 15 minutes, for signs/symptoms of COVID-19 at start of every shift.
8. Make sure sick employees and students stay home or immediately go home if they feel or appear sick.
9. Cordon off any areas where an employee or student with probable or confirmed COVID-19 illness worked, touched surfaces, etc. until the area and equipment is cleaned and sanitized. Follow the cleaning and sanitizing guidelines established by the Department of Health in their fall K–12 guidance.

A site-specific COVID-19 supervisor shall be designated by the employer at each school and other worksite to monitor the health of employees and enforce the COVID-19 job site safety plan.

## SCENARIOS FOR SCHOOL SETTINGS

The following scenarios are intended as general guidance to aid local school districts and safety officers as they develop required COVID-19 safety plans and procedures. Specific conditions of each work site must be considered when determining workplace protections required for workers. However, these general guidelines should be beneficial for planning and anticipating needed PPE supplies.

### Each scenario assumes:

- The activity is conducted indoors, if not otherwise specified. In general, working outdoors reduces potential exposure to airborne pathogens.
- People who are required to wear a cloth face covering are, indeed, wearing a cloth face covering during any interaction. While protections outlined below are required for workers, they are predicated on the assumption that virus transmission is reduced when non-workers also wear at least a cloth face covering.
- No known positive case of COVID-19 exists in the workplace. When a positive case is identified, that person is immediately removed from the worksite, and the locations where the person had been are cordoned off and sanitized before workers return to the area.
- Exposure time exceeds 15 minutes. In general, longer periods of potential exposure increase the likelihood that a worker is infected. For reference, the June reopening guidance exempts individuals who are on campus less than 15 minutes.
- All required protections – including PPE – are provided by the employer. These workplace protections work together to protect workers. No single protection is sufficient by itself.
- Required disinfection occurs before work areas are shared. For example, if a school employee moves from one classroom to another, all shared equipment is sanitized before the next employee arrives.
- Additional controls are not present. Where additional barriers, ventilation, distance or other controls are provided, minimum requirements may be reduced further. [Consultative services from the Department of Labor & Industries Division of Occupational Safety and Health](#) are available for districts with specific questions.

In the [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospitals & clinics\)](#), minimum requirements for face coverings, masks, and respirators are identified based on transmission level. For each scenario below, a risk level is identified, indicating required PPE and some alternatives. Additional alternatives, or combinations of controls and PPE may also be identified through consultation services.

The summary tables on pages 8–11 provide basic PPE requirements in each scenario. However, all additional conditions identified immediately above must also be considered when applying the minimum PPE guidelines summarized in the tables.

## SUMMARY OF PPE REQUIREMENTS FOR SCHOOL-SPECIFIC SCENARIOS

### Examples of Work Conditions by Transmission Risk Level

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Worksite with controlled and low public interaction, where at least 6 feet of distance is always maintained and only broken in passing once or twice a day.</p> <p><i>For example, when working alone in a classroom or office.</i></p>	<p>Work inside a structure/office where number present allows for at least 6 feet of distance to be <b>easily maintained fulltime and only broken intermittently</b>, in passing, up to several times a day.</p> <p><i>For example, in the general instructional setting, in office settings with 6 feet of distance, or in food service with 6 feet of distance.</i></p>	<p>Work inside a structure/office where at least 6 feet of distance is <b>mostly maintained, but with job tasks that require sustained several minutes of 6-foot distance broken several times a day</b> without sneeze guards or other mitigations.</p> <p><i>For example, in an individual/small group instructional setting with 6 feet of distance or in transportation settings with 6 feet of distance mostly maintained.</i></p>	<p>Work in close quarters, such as a multiple-occupancy permit-required confined space or inside a room with 10 or more people <b>where at least 6 feet of distance is not maintained, and includes job tasks requiring sustained close-together</b> (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.</p> <p><i>For example, in different in-person educational settings with sustained close contact.</i></p>	<p>Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Potential for droplets of biological material or fluids to become airborne within the breathing zone of the employee. Examples include tonometry during eye exams, visual examination of the oral and nasal cavities, visual examination of the eyes, swab sampling in the mouth or nose.</p> <p><i>For example, in a health or isolation room.</i></p>

## Minimum Required Mask or Respiratory Protection for Employees Without Additional Engineering Controls or PPE

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Reusable cloth face covering that fully covers mouth and nose except when working alone in room, vehicle, or on job site. Job has no in-person interaction.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Reusable cloth face covering that fully covers the mouth and nose.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Face shield with a cloth face covering.</p> <p><b>-OR-</b></p> <p>Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.</p>	<p>Elastomeric half- or full-face respirator with particulate filters ****</p> <p><b>-OR-</b></p> <p>Powered-air purifying respirator (PAPR) with particulate filter. (Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.)</p> <p><b>-OR-</b></p> <p>Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****).</p> <p><b>-OR-</b></p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p>	<p>FDA-approved surgical mask or healthcare N95 filtering facepiece respirator****</p> <p><b>-OR-</b></p> <p>Elastomeric respirator with particulate filters.</p> <p><b>-OR-</b></p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p> <p>Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models.</p> <p>When feasible, people with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.</p>

*\*Use a face shield combined with the minimum face covering to lower the risk category where the work or job task allows.*

\*For all risk levels, different face covering and respirator options are included in L&I's [Which Mask for Which Task?](#) document.

## Staff-Only Face Coverings Required in School-Specific Scenarios

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
<b>In Classroom or Office Working Alone</b>	X – when “working alone,” a mask is not required				
<b>General Group Instructional Setting</b>		X – with 6 feet of distance easily maintained			
<b>Individual/Small Group Instructional Support Setting</b>			X – with 6 feet of distance	X – without 6 feet of distance, sustained close contact*	
<b>Office Settings—School and Non-School-Based</b>	X – when “working alone,” a mask is not required	X – with easily maintained 6 feet of distance		X – if near health/isolation room, sustained close contact*	
<b>Transportation (Driver and Staff)</b>			X – with 6 feet of distance mostly maintained	X – without 6 feet of distance, sustained close contact	
<b>Food Service</b>		X – with easily maintained 6 feet of distance	X – with 6 feet of distance mostly maintained		
<b>Health/Isolation Room*</b>					X – whether nurse or other staff*
<b>Band</b>	X – remote instruction	X – classroom instruction with 6-foot distancing without instruments.	X – groups of 15 or less playing instruments with 9-foot distancing. Students masked and using bell or instrument		

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
			covers. No more than 30 minutes. <a href="#">See DOH guidance.</a>		
<b>Choir</b>	X – remote instruction	X – classroom instruction with 6-foot distancing and activities using conversational voice levels, not singing.	X – groups of 15 or less with 9-foot distancing. Students masked with 3-layer surgical style, well-fitting mask when singing. No more than 30 minutes. See DOH guidance.		
<b>Drama, Theater, Dance, Movement, Speech, Debate</b>	X – remote instruction	X – classroom instruction with 6-foot distancing and activities using conversational voice levels.	X – practice performance or training using elevated voice levels or active movement. 9-foot distancing and students masked with 3-layer surgical style, well-fitting masks. No contact between students during dance or movement. See DOH guidance.		
<b>Physical Education (Outdoor)</b>		X – with easily maintained 6 feet of distance; no strenuous activity; cloth face covering worn at all times.			

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
<b>Physical Education (Indoor)</b>			X – with 6 feet of distance mostly maintained; no strenuous activity; cloth face covering worn at all times		
<b>Distribution Centers</b>		X – with 6 feet of distance easily maintained	X – without 6 feet of distancing		

**\*Additional PPE is required as indicated.**

If an employer cannot reasonably obtain a NIOSH-approved N95 or equivalent for their employees who perform work tasks (not including aerosolizing procedures) that require one, they may utilize a face shield and an approved KN95 mask, dust mask, or procedural mask until a respirator can be obtained. The employer must show that they are attempting to procure the appropriate the PPE (for example, through a standing order that cannot be filled).

## 1. General Instructional Settings

General instructional settings are the most common settings in schools. This is a typical 900-square-foot classroom with a planned number of students present, allowing for 6 feet of physical distancing and additional recommended health and safety measures as outlined by the Department of Health.

School employees working from their classroom workstation with students present would be at low risk level, where at least 6 feet of distance is **easily maintained full time** and only **broken intermittently**, in passing, up to several times a day.

**This low risk environment requires:**

- Reusable cloth face coverings that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

However, there are some situations that may require a different level of protection, depending on specific job tasks. For example, school employees working from their classroom workstation with no one else (students or staff) present are considered to be “working alone” and, therefore, not required to wear a cloth face covering.

When leaving the classroom or if being joined by any other person, employees must wear a cloth face covering or face shield that includes a cloth extension attached to the entire edge of the shield.

Where possible, a cohort model is used to reduce potential exposure. According to the CDC’s guidance [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#), updated August 24, 2020:

Cohorting is a new term for a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). These strategies work by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort.

This practice may help prevent the spread of COVID-19 by limiting cross-over of students and school employees to the extent possible, thus:

- Decreasing opportunities for exposure or transmission of SARS-CoV-2
- Reducing contact with shared surfaces
- Facilitating more efficient contact tracing in the event of a positive case
- Allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Cohorting strategies are common practice in many elementary schools across the United States. Many elementary school students have the same school employees and classmates during the entire school year. Implementation of this strategy varies, depending on setting and resources. For example, schools may:

- Keep cohorts together in one classroom, and have employees rotate between rooms.
- Alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.



- Adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to remote learning.

Evidence of the impact of cohorting on the spread of COVID-19 is limited. Some evidence from other viral disease outbreaks and school reopenings in international settings suggests that cohorting may be an important tool for mitigating the spread of COVID-19. However, it is essential to note that those studies were conducted in very different contexts, in communities with lower transmission levels.

## 2. Individual/Small Group Instructional Support Setting

Individual instructional settings include situations when work occurs inside a classroom or office where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations. Examples may include:

- Working with students with disabilities or other students needing one-to-one support
- Speech language, behavioral support, or articulation therapy

A school employee working in an individual or small group instructional support setting would generally be considered medium transmission risk.

### Medium transmission risk requires:

- A minimum of 6 feet of distance is maintained in most interactions.
- Students wear at least a cloth face covering.
- Employees wear at least a face shield with a cloth face covering **OR** non-cloth disposable dust mask, KN95 or other non-approved, foreign-system NIOSH-style filtering facepiece respirator, or non-FDA approved procedure mask.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices also include:

- Wearing a disposable gown that is discarded after each close interaction.
- Frequent hand washing and reminders to not touch face.

In addition, and while it is likely the exception, there may be job tasks that require sustained close contact with students. For those job tasks, a school employee may be considered high transmission risk where at least 6 feet of distance **is not maintained**, and includes tasks **requiring sustained** close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.

In these situations:

- School employees wear at least industrial use N95, R95, or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator\*\*\*\*). If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.
- Respirator use that is required must comply with existing respirator rules, including medical surveillance, fit testing, training, and a written program. Written Respiratory Protection Program templates can be found on L&I's website.

### 3. Office Settings – School and Non-School Based

Like other office settings, school and non-school-based office settings could include situations where workers are “working alone” and also potential interactions with students and other staff on a daily basis. Non-school-based office settings *may* include short interactions with families and students for specific staff, but primarily the settings would only include other staff members working in the same school buildings.

When a worker in a school-based office setting is expected to interact with others but maintains distance, it would be considered a negligible transmission risk, requiring at least a cloth face covering. This may include situations where more than one worker is in an office space without partitions or doors, or students or other staff may enter the space.

Where an office worker is working alone, with no expectation of human interaction, a cloth face covering is not required. A person is considered to be working alone when they're isolated from interaction with other people and have little or no expectation of in-person interruption. How often a worker is able to work alone throughout the day may vary.

Examples of working alone include:

- A person by themselves inside an office with four walls and a door.
- A lone worker inside a cubicle with four walls (one with an opening for an entryway) that are high enough to block the breathing zone of anyone walking by, and whose work activity will not require anyone to come inside of the cubicle. Cubicle walls or other barriers may include plexi-glass or other non-porous materials.

Staff working in an office with students present would be at low risk level, where a distance of at least 6 feet is **easily maintained fulltime** and only broken intermittently in passing up to several times a day.

It would require:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

Office staff who are working with students in the health or isolation room where known or suspected cases of COVID-19 may be present, and where at least 6 feet of distance is maintained may be considered high transmission risk, requiring at least Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator\*\*\*\*) or surgical mask. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield **plus** an FDA-approved surgical mask, procedural mask, or a KN95 mask.

If their duties include working directly (within 3 feet) with these students, particularly students not able to wear a mask, a respirator is required. See section 6, Health/Isolation Room minimum requirements.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices may also include:

- Wearing a disposable gown that is discarded after each close interaction.
- Frequent hand washing and reminders to not touch face.

## 4. Transportation

Student transportation may include many different sizes of buses and numbers of students. Students boarding the bus may be screened prior to boarding to take temperatures and observe symptoms. (If screening is done, it is performed by additional staff at the pick-up spot.) Windows should remain open to increase ventilation whenever possible.

A driver or other staff working to transport students would be considered medium transmission risk, requiring they:

- Wear non-cloth disposables, such as dust masks, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks

**-OR-**

- Wear a face shield with a cloth face covering.

Also, consider leaving seats open near the driver to reduce exposure.

A driver or other staff working to transport students, including students with disabilities or other students that may require the driver or staff to be in close proximity, where at least 6 feet of distance **is not maintained**, and includes job tasks **requiring sustained** close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day would be considered high transmission risk, requiring at least Industrial use N95, R95, or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator\*\*\*\*). If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices may also include:

- Wearing a disposable gown that is changed between each close interaction.
- Frequent hand washing and reminders not to touch face.

Frequent cleaning procedures for commonly touched surfaces on the bus is also required. Follow [CDC guidelines](#), including:

- [Clean and disinfect](#) frequently touched surfaces on school buses at least daily or between use as much as possible.
- Develop a schedule for increased frequency of [routine cleaning and disinfection](#).
- If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit operators](#).
  - Develop a schedule for increased, routine cleaning and disinfection.
  - Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#).
  - Avoid using cleaning products near children and ensure there is adequate ventilation to prevent children or themselves from inhaling toxic fumes.

When considering spacing of students while being transported, 6 feet of distancing is not required. Follow DOH's [K–12 Fall Guidance](#), including:

- Keep riders as far apart as possible on the bus. Consider how to reduce occupancy and increase space on the bus through scheduling (e.g., through staggered arrivals/departures, A/B scheduling) or add buses where possible.
- Require assigned seating.
- If possible, seat students with household members or members of their school group/cohort.
- Maximize outside air and keep windows open as much as possible.
- Encourage walking or biking where safe or being driven by caregivers when feasible.
- Require riders and staff members to wear a cloth face covering or acceptable alternative.
- 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, using an EPA-registered product and following manufacturers' instructions.

### Additional Resources

- [National Association of Pupil Transportation](#)
- [Transit Operators Guidance](#) (CDC)
- [List of Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency)
- [Resources for School Bus Personnel](#) (American Federation of Teachers)

## 5. Food Service

In addition to other applicable food handling and safety requirements, school personnel preparing, serving, delivering, and cleaning up after service for students must be provided appropriate PPE to meet the conditions of their work. Several different approaches to food service in schools may be used.

Wherever possible, schools should have students bring their own meals or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria to reduce staff interaction, while ensuring the safety of children with food allergies.

In addition, schools should:

- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered, use pre-packaged boxes or bags for each student instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the [safety of children with food allergies](#).

In areas where food service workers are in a common, indoor kitchen, where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations would be considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

**-OR-**

- A face shield with a cloth face covering.
- Tools are shared and sanitized between different users.

In areas where food service workers are in a common, indoor kitchen, where number present allows for at least 6-foot distance to be **easily maintained full time** and only broken intermittently, in passing, up to several times a day would be considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

Workers delivering meals are encouraged to place them outside the classroom or eating space, and pick up leftover food/packaging there, as well. Staff delivering pre-packaged meals or retrieving debris after meals, but remaining outside the eating area or classroom, where at least 6-foot distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day are considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.
- A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.

Food service workers serving students or cleaning after a meal, gathered in a cafeteria, whether in a cohort group or not, where at least 6-foot distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations would be considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

**-OR-**

- A face shield with a cloth face covering.

In addition, follow Department of Health guidelines for schools, including:

- Limit gatherings and potential mixing of classes or groups in the cafeteria or other communal spaces.
- If using the cafeteria, have students sit with their class or group and ensure physical distance between students in a group or cohort and between groups.
- Stagger mealtimes in lunchroom or dining hall. Arrange and direct the flow of students to reduce crowding such as at handwashing sinks, food vending areas, etc.
- Space students as far apart as you can at the table. Make sure tables are at least 6 feet apart. Individually plate food for each student.
- To reduce the spread of germs, staff (not students) should handle utensils and serve food.

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

Schools could also review the [CDC's guidance for bars and restaurants](#) for additional food service safety guidance.

## 6. Health/Isolation Room

Each school facility is required to plan for temporarily isolating any staff or student who appears symptomatic or indicates a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell. Refer to the [CDC guidance about protecting school staff](#) to ensure that personnel managing sick employees or students are appropriately protected from exposure. See also [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).

- Only designated, trained staff should interact with people showing symptoms of COVID-19. At least one designated, trained staff member should be available at all times in case there is a need to isolate a symptomatic employee or student.
- When providing care for anyone with suspected or confirmed SARS-CoV-2 infection, personnel who need to be within 6 feet of a sick colleague or student must be provided appropriate PPE (including gloves, a gown, a face shield or goggles, and an N95 or equivalent or higher-level respirator or a surgical facemask and face shield if a respirator is not available), and follow [Standard and Transmission-Based Precautions](#).

If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with Washington Administrative Code 296-842 – Respirators.

Staff serving in these roles would be considered an extremely high transmission risk, requiring:

- FDA-approved surgical mask or healthcare N95 filtering facepiece respirator\*\*\*\* or elastomeric respirator with particulate filters. Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models. When feasible, clients with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.
  - If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.
- Add face shield to surgical masks or eye goggles to half-face disposable respirators and non-permeable disposable upper body coverings; use powered-air purifying respirator (PAPR) system, elastomeric full-face respirators with particulate filters or higher protection.

However, if the interaction with ill students involves students without masks, particularly for very close contact (3 feet), or if there is an additional reason for concern (aerosol-generating procedure or performing physical assistance would be the most likely), a surgical mask would not be sufficient. If staff are simply watching over the students and can generally maintain physical distancing, then surgical masks are sufficient.

In addition, staff are required to cordon off any areas where an employee or student with probable or confirmed COVID-19 illness was present until the area and equipment is cleaned and sanitized. Follow the [cleaning guidelines set by the CDC](#) to clean and sanitize.

School nurses circulating in multiple school settings must follow these guidelines for each school setting in which they work. In addition, follow guidelines required for cleaning vehicles prior to traveling between work locations.

*This document does NOT substitute nursing judgment and acknowledges that courses of action may be modified on a case-by-case basis.*

## **Additional Resources**

- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#) (National School Nurses Association)
- [Special Considerations – School nurses/health professionals](#) (CDC)

## **7. Performing Arts**

Please refer to the [K–12 Schools 2020–21 guidance](#) for co-curricular performing arts activities in K–12 schools.

For classroom activities (lecture, discussion, and so forth) follow the guidance for the general instructional settings.

For practice of performance skills, the room occupancy must be limited to 15 students and distancing must be 9 feet between students and instructors. Practice sessions are limited to 30 minutes. Other than wind instrument players, all students must wear a 3-layer surgical style, well-fitting mask. Wind instrument players must use a mask adapted for playing and covers for their instruments designed to filter aerosols.

Time between practice sessions should be 20 minutes or enough for at least one air change and ideally allowing for 3 air changes.

Instructors for practice sessions have a medium exposure risk and must use a non-cloth disposable mask: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

## **8. Physical Education**

Whenever possible, physical education should occur outdoors, within class cohorts. Outdoor locations for fitness training and team sports are preferred to indoor locations and should be utilized to the greatest extent possible to allow for maximum fresh air circulation and social distancing. Outdoor temporary structures may be used. Outdoor temporary structures should have no more than two walls to provide appropriate ventilation.

Limit exercise so that it is not strenuous to allow students and staff to continue to wear at least a cloth face covering and maintain at least 6 feet of distance. Clean and disinfect all exercise equipment and tools between users.

If indoors, increase the distance between staff and students during exercise and follow DOH guidelines, avoid strenuous activity so that a cloth face covering is worn by all participants at all times. Keep doors and windows open where possible and utilize fans to improve ventilation. Adjust mechanical ventilation systems to bring in as much outside air as possible. Increase filters to MERV 13 if the HVAC can accommodate.

Use class cohorts to reduce possible transmission outside the cohort. Clean and disinfect all exercise equipment and tools between users. In addition, schools should:

- Modify or adjust cardio equipment, free weight areas, weight training equipment, and classrooms to maintain at least 6 feet of distance between students, coaching staff, and athletic trainers.
- Where specialized equipment is used such as weights, balls, or rackets, they must be disinfected between each use.
- Consider limiting locker room access to the restroom area only, prohibiting the use of shower and changing areas.
- Consider closing water stations and water fountains if students have alternative water access.
- Encourage staff and students to bring their own water bottles to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
- Students and staff must wash their hands or use hand sanitizer before and after each exercise session.
- Mark group exercise areas with floor markings to show the physical distancing requirements for participants, when practical, and sanitize thoroughly before and after use. Adequate time must be provided between classes in order for the facility to properly sanitize after each class.

Staff, whether working with a cohort or not, where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations, are considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

**-OR-**

- A face shield with a cloth face covering.

## Additional Resources

- [COVID-19 Reopening Guidance for Businesses and Workers](#) (Governor Inslee's Office)
- [Phase 2 and 3 Indoor Fitness and Training COVID-19 Reopening Requirements – Update](#) (Governor Inslee's Office)
- [Indoor Fitness and Training – Proclamations 20–25](#) (August 3, 2020 Memo by Governor Inslee)
- [Fitness Frequently Asked Questions](#) (Governor Inslee's Office)



## 9. Distribution Centers (Food Service, Technology, etc.)

Distribution centers used to prepare and distribute items such as meals, student learning packets, or technology have generally been held outside with few or no students present. Interaction is limited between employees and the public, with the public remaining in their vehicles to access services and supplies.

The following guidance should be followed when school employees are outside and are working together to prepare and package meals and materials:

1. In a large area where at least 6 feet of distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day and tools are not shared or are sanitized between different users would be considered low transmission risk, requiring:
    - A reusable cloth face covering that fully covers the mouth and nose.
    - Writing utensils or other tools are not shared or are sanitized between users.
    - A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.
  2. In a large area where at least 6 feet of distance is **mostly maintained**, but with job tasks that require several minutes of 6-foot distance broken several times a day and tools are shared and sanitized between different users would be considered medium transmission risk, requiring:
    - Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.
- OR-**
- A face shield with a cloth face covering.

For school employees working together to distribute meals and materials where they are outside and have limited interaction with members of the public only such as reaching through a car window and/or placing items into a car trunk, where at least 6 feet of distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day and tools are not shared or are sanitized between users would be considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Writing utensils or other tools are not shared or are sanitized between users.
- A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.

### Additional Resources

- [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#) (CDC)



# Covid-19 Bus Transportation Protocol

This protocol applies to infectious illnesses that (1) result in a public health emergency, or (2) could pose an immediate and grave health risk. The common cold or seasonal influenza virus generally does not warrant additional bus transportation guidelines.

This protocol applies all TPS and Contractor drivers, delivering students for Tacoma Public Schools.

## Personal Protective Equipment (PPE)

1. Cloth face cover or disposable mask

## Procedure

### General Bus Transportation:

To prevent COVID during school transportation:

- Keep riders as far apart as possible on the bus.
- 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.
- Riders and staff members must wear 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.
- Buses will be cleaned after each run at the school, and end of the day at the bus yard (link to bus cleaning protocol below).

### Bus School Load Zone Dropoff:

\* SpEd buses should take priority in unloading students off buses.

- Upon arrival to a school load zone, keep students seated and door closed.
- Wait to be directed by (PERSON CONTROLLING LOAD ZONE) to open doors and unload students.
- Unload students from buses, front to rear.

### Bus School Load Zone Pickup:

\* SpEd buses should take priority in loading students onto buses.

- Upon arrival to a school load zone, wait to be directed by (PERSON CONTROLLING LOAD ZONE) to open doors and load students.
- Load students onto buses, rear to front and per assigned seat.

### Bus Cleaning:

- Follow [Covid-19 Bus Cleaning Protocol](#)

DOH FallGuidanceK-12 <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/FallGuidanceK-12.pdf>

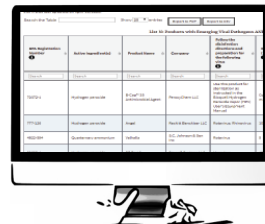
\*This is subject to change depending on current guidance from our local health authority\*

# 6 Steps for Safe & Effective Disinfectant Use



## Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: [epa.gov/listn](https://www.epa.gov/listn)



## Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

## Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.



## Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

## Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.



## Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

[coronavirus.gov](https://www.coronavirus.gov)

# K-12 Schools 2020-2021 Guidance

## Summary of January 25, 2021 changes:

- Requirements guiding K-12 [performing arts activities](#) have been added.
- Quarantine language has been updated to include recommendations for people who have recently been in [countries where the new variant of the SARS-CoV-2 virus, 501Y.V, has been identified](#).
- An additional [screening question](#) has been added to the [Health Screening at Entry](#) section of this document to align with the [DOH Employer Screening guidance](#).

## Introduction

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 12<sup>th</sup> grade (K-12). Schools can use this guidance regardless of the county or phase they are in of [Governor Inslee's Healthy Washington – Roadmap to Recovery](#) plan. Use this guidance to inform **how** to resume school in person. Use the accompanying document, [K-12 Metrics and Toolkit](#), 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](#).

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 Healthy Washington or COVID-19 activity level and should take appropriate clinical infection prevention measures.

School-related sports should follow the [Healthy Washington Sporting Activities Requirements](#) and any additional recommendations or requirements of the [Washington Interscholastic Activities Association \(WIAA\)](#).

[Guidance regarding the arts](#) is included near the end of this document.

**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 Metrics and Toolkit](#) periodically and work with OSPI to ensure districts, schools, and families are aware of updates.**

## 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 15 cumulative minutes over a 24-hour period) with someone who has confirmed COVID-19 in the last 14 days.
3. Have tested positive for COVID-19 in the past 10 days, or are awaiting results of a COVID-19 test.
4. Have been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection.

Please refer to [DOH guidance on screening](#) for more information.

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](#) and the [DOH guidance on screening](#).

### 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.
  - Shortness of breath or difficulty breathing
  - Cough



- 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, or are you awaiting results of a COVID-19 test?
  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.
- **Modify classes where students are likely to be in very close contact.** Physical Education should be held outside whenever possible. 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 region's phase. 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.
- **Take extra precautions for activities 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 large gatherings.** Cancel in-person activities and events such as field trips, student assemblies, 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 tablecloth 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 as well as the [Association for Heating, Ventilating and Air-Conditioning Engineers \(ASHRAE\) guidance on ventilation during COVID-19](#).

### 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 but have not been around anyone 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 and follow [DOH guidance for what to do if you have confirmed or suspected COVID-19](#) infection. 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 quarantine, especially if they have not adhered to social distancing and mask use.

Quarantine should last for 14 days after the last close contact. **This is the safest option.** Monitor for symptoms during this time, and if any COVID-19 symptoms develop during the 14 days, get tested. Certain high-risk settings or groups **should** use the 14-day quarantine option:

- People who have recently been in [countries where the new variant of the SARS-CoV-2 virus, 501Y.V, has been identified](#).
- People who work or stay in an acute or long-term healthcare setting.
- People who work or stay in a correctional facility.
- People who work or stay in a shelter or transitional housing.
- People who live in communal housing such as dormitories, fraternities or sororities.
- People who work in crowded work situations where physical distancing is impossible due to the nature of the work such as in a warehouse or factory.
- People who work on fishing or seafood processing vessels.

If 14 days is not possible, quarantine can last for 10 days after the last close contact, without additional testing. 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.**

Under special circumstances, it may be possible to end quarantine after 7 full days beginning after the last close contact **if** you have been without symptoms **and** after receiving a negative result from a test (get tested no sooner than 48 hours before ending quarantine). *This will depend on availability of testing resources.* **Continue monitoring for symptoms until day 14.**

Consult with your local health jurisdiction to determine the best option for your individual circumstances.

If somebody does not have a doctor or health care provider, many locations have free or low-cost testing, regardless of immigration status. See the [Department of Health's Testing FAQ](#) or call the [WA State COVID-19 Assistance Hotline](#).

Refer affected classmates and teachers to [DOH guidance for what to do if you were potentially exposed to someone with COVID-19](#).

### Returning to school after testing positive for COVID-19

A staff member or student who had confirmed COVID-19 can return to the program after 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. Also refer to [DOH guidance for what to do if you have confirmed or suspected COVID-19](#) infection.

### 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 still quarantine and monitor their health for [COVID-19 symptoms](#). They should not go to work, childcare, school, or public places while in quarantine. Refer to [DOH guidance for what to do if you were potentially exposed to someone with COVID-19](#) for more information.

Stay in quarantine for 14 days after your last close contact. **This is the safest option.** Monitor your symptoms during this time, and if you have any COVID-19 symptoms during the 14 days, get tested. Certain high-risk settings or groups **should** use the 14-day quarantine option:

- People who have recently been in [countries where the new variant of the SARS-CoV-2 virus, 501Y.V, has been identified](#).
- People who work or stay in an acute or long-term healthcare setting.
- People who work or stay in a correctional facility.
- People who work or stay in a shelter or transitional housing.
- People who live in communal housing such as dormitories, fraternities or sororities.
- People who work in crowded work situations where physical distancing is impossible due to the nature of the work such as in a warehouse or factory.
- People who work on fishing or seafood processing vessels.

If 14 days is not possible, stay in quarantine for 10 days after your last close contact, without additional testing. If you have any COVID-19 symptoms during the 10 days, stay in quarantine the full 14 days and get tested. **Keep watching for symptoms until day 14.**

Under special circumstances it may be possible to end quarantine after 7 full days beginning after your last contact ***if*** you have been without symptoms ***and*** after receiving a negative result from a test (get tested no sooner than 48 hours before ending quarantine.) *This will depend on availability of testing resources.* **Keep watching for symptoms until day 14.**

Consult with your local health jurisdiction to determine the best option for your individual circumstances.

If somebody does not have a doctor or health care provider, many locations have free or low-cost testing, regardless of immigration status. See the [Department of Health's Testing FAQ](#) or call the [WA State COVID-19 Assistance Hotline](#).

### 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 6 feet of the confirmed positive case for at least 15 cumulative minutes over a 24-hour period, 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 for COVID-19 symptoms and quarantine for up to 14 days (see page 13 for recommendations) 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 (see page 13 for recommendations) 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.

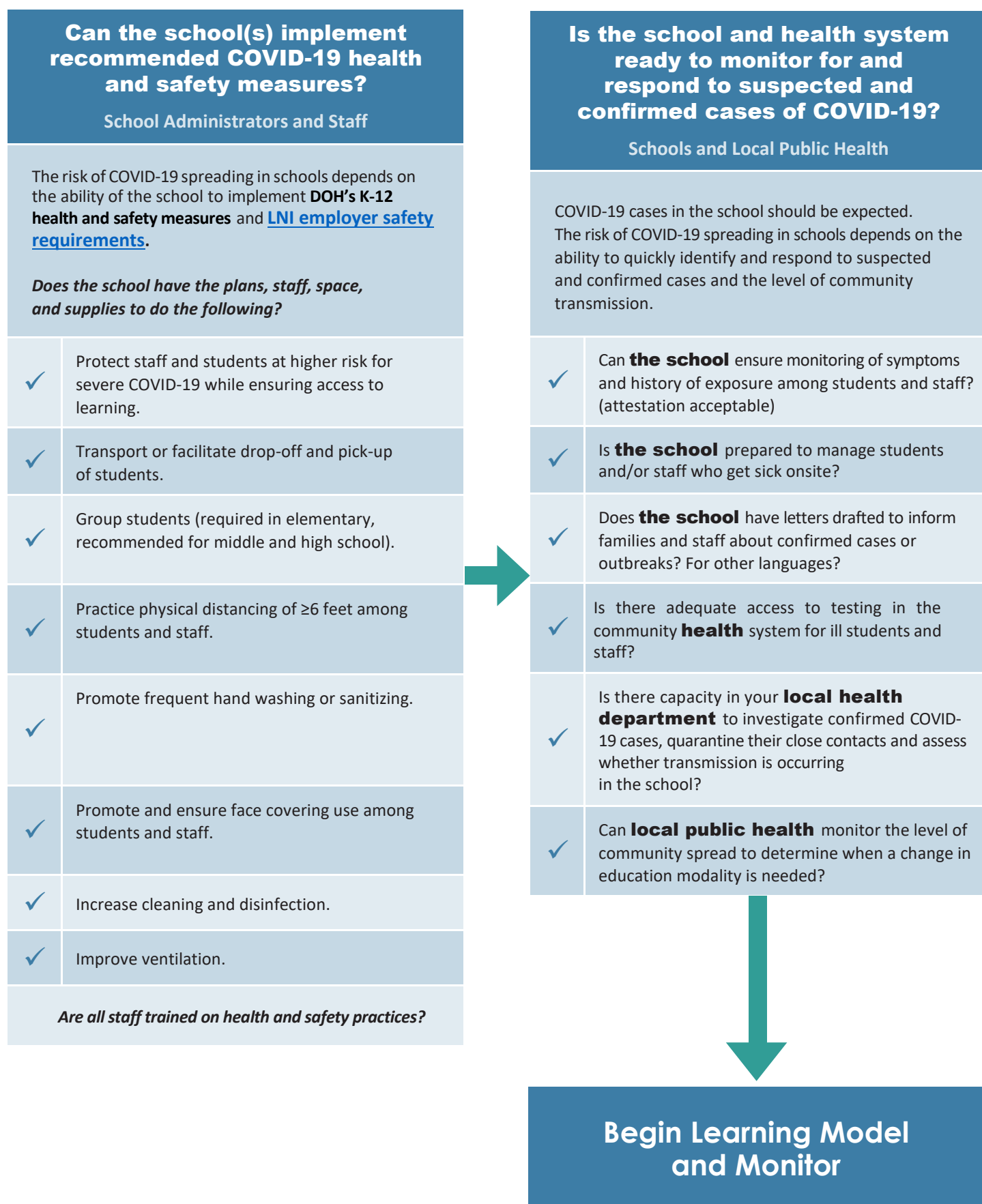
### **If the school is not grouping or cohorting students:**

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.

## Appendix A: Health and Safety Checklist



## Performing Arts Guidance

This section provides the required health and safety guidance related to co-curricular performing arts activities in K-12 schools. The recommendations here should be implemented while following all requirements outlined above and considering the [K-12 School Metrics and Toolkit](#) recommendations for providing in-person learning. Implementation of all health and safety requirements are a condition of providing in-person learning during the COVID-19 pandemic following Governor Inslee's emergency proclamation [20-09.3 "Phased Reopening of K-12 Schools"](#). This health and safety guidance is based on existing science, expert public health opinion, current policies, and stakeholder input.

## General Performing Arts Recommendations

The following subsections outline activity-specific requirements that apply to K-12 performing arts activities including band/orchestra/instrumental; choir/singing; dance/movement; theatre/drama; speech/debate; and other substantially similar activities. Requirements outlined previously in this document concerning [masks and face coverings](#), [physical distancing](#), [grouping students and staff](#), [ventilation](#), [cleaning and disinfection](#), and [hygiene practices](#) still apply to performing arts activities. Additional requirements that apply to all K-12 performing arts activities:

- Limit duration of activity to 30 minutes. Allow time for a minimum of 1 air exchange rate (ACH) between different groups using a space, 3 ACH is preferred.<sup>1</sup>
- Physical distancing of a minimum of 9 feet between and in front of students; and between students and instructor, conductor, or accompanist.
- Groups must not exceed 15 students.
- Live performances, assemblies, and other large gatherings of students and staff are prohibited at this time.

## Activity-specific Recommendations

### Band/orchestra/instrumental

Considerations:

- Follow all [general performing arts recommendations](#) listed above.
- Modified face coverings should be worn by students while playing instruments. A surgical-style mask with an opening or slit cut for the instrument mouthpiece should be used. Other styles of face coverings can have tightly woven, stretchy overlapping fabric that allows access for the instrument mouthpiece and recloses over the outside of the mouthpiece. Students should switch to regular, unmodified face coverings without openings as soon as they are done rehearsing.
- Instruments should have specially designed bell covers (brass and woodwind instruments) or bags with hand openings (woodwind instruments) to limit the spread of droplets and aerosols.

- Brass and woodwind instrument bell covers should be multiple layers of tightly woven fabric, ideally with the middle layer being MERV-13 filter material, which securely covers the entire bell of the instrument.
- Flutes and recorders should use a tightly woven cloth material over the end of the barrel.
- Bags with hand openings are another option for woodwind instruments.
- Instruments and equipment should be cleaned according to manufacturer recommendation. [COVID-19 Instrument Cleaning Guidelines](#) may be referenced as well. Avoid shared music, instruments, or other supplies; and perform safe storage options for equipment.
- Instrumentalists must control spit valve releases in a manner that prevents spread, and wash hands immediately after.

## Choir/singing

Considerations:

- Follow all [general performing arts recommendations](#) listed above.
- A 3-layer surgical style, well-fitting mask is required-while singing.

## Theatre/drama

Considerations:

- Follow all [general performing arts recommendations](#) listed above.
- If singing, shouting, or cheering, 3-layer surgical style, well-fitting mask is required.

## Dance/movement

Considerations:

- Follow all [general performing arts recommendations](#) listed above.
- No contact allowed between students.

## Speech/debate

Considerations:

- Follow all [general performing arts recommendations](#) listed above.

## Reference

<sup>1</sup>National Federation of High Schools – International Coalition of Performing Arts Aerosol Study Report 3 (December 16, 2020) <https://www.nfhs.org/media/4294910/third-aerosol-report.pdf>

## 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.

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

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](mailto:civil.rights@doh.wa.gov).