

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

Summary of July 6, 2021 Changes

- The current changes are technical revisions to align with the amended [Secretary of Health's Mask Order](#) and amended [Governor's Proclamation 20-25](#) (previously Healthy Washington – Roadmap to Recovery).
- Specifically, this update clarifies that face coverings/masks are not required outdoors. People who are unvaccinated are encouraged to wear a mask in crowded outdoor settings such as sporting events, fairs, concerts and similar settings where it's hard to maintain physical distance.
- A more comprehensive update in consideration of CDC recommendations will be completed later this summer.

NOTICE

The Washington State Department of Health (DOH) recognizes the need for advance planning even as the science of COVID-19 evolves. The trajectory of disease prevalence in our state and nation may require changes in our state's response efforts, and DOH will periodically update this guidance to reflect currently accepted safety guidance. *It is likely this document will be updated over the summer prior to the start of the school year.* Further, we will continue to work with the Office of Superintendent of Public Instruction (OSPI) to ensure districts, schools, and families have timely access to updated K-12 School 2021-2022 Guidance.

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

According to the Governor's [emergency proclamation 21-05.1](#) declaring a children and youth mental health crisis, in-person instruction is contingent on following the health and safety protocols outlined in this document. These requirements are specific to public and/or private schools serving kindergarten through 12th grade (K-12). Substantive decisions with respect to implementation of these requirements are best made in coordination with the local school board and with input from the local health jurisdiction. In addition, these requirements are based on existing science, expert public health opinion, current policies, stakeholder input, and the Centers for Disease Control and Prevention's [Operational Strategy for K-12 Schools through Phased Prevention](#).

For the 2021-2022 school year, schools must plan to provide full time in-person education for all interested students with the following mandatory mitigation measures: [face coverings](#), [ventilation](#), [cleaning and disinfecting](#), details of how schools will [respond to cases of COVID-19](#), and [meet the reporting requirements](#) to public health.

In addition to the required mitigation measures above, physical distancing is recommended and schools must have a plan that factors in [physical distancing](#) (3 feet physical distancing in classrooms and 6 feet elsewhere), to the greatest extent possible. Physical distancing recommendations should not prevent a school from offering full-time, in person learning to all students/families in the fall.

Schools should also have a contingency plan that **does not include physical distancing**. It is likely that schools will need to continue current physical distancing requirements over the summer, however, this requirement may be relaxed prior to the start of the fall.

Face Coverings

Universal and correct use of cloth face coverings or masks helps prevent the spread of COVID-19 and is required for all school personnel, students, and visitors. There are specific exceptions based on age, development, or disability outlined below. See [DOH's Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. In some circumstances, staff may require a higher level of protection. Refer to L&I's [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

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

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

- 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.
 - 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.
- In rare circumstances when a cloth face covering cannot be worn, students and staff may use a clear face covering or a face shield with a drape or wrap as an alternative to a cloth face covering. If used, face shields should extend below the chin, wrap around to the ears, and have no gap at the forehead.

- Younger students age 2 to 4 years old must be supervised when wearing a face covering or face shield. These students may need help with their masks and getting used to wearing them.
- Continue practicing physical distancing while wearing cloth face coverings.
- Students may remove face coverings to eat and drink, and when they can be physically distanced outside.
- 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](#).

Indoors

All school personnel, volunteers, visitors, and students must wear cloth face coverings or an acceptable alternative (e.g., surgical mask) at school when indoors regardless of vaccination status. Fully vaccinated staff must wear facial coverings indoors if children under the age of 18 are present, but they do not need to wear facial coverings indoors if no children are present and vaccination status has been verified. A person is considered fully vaccinated if it has been two weeks since their final dose of a two-dose series vaccine (Pfizer or Moderna) or two weeks since receiving a one-dose vaccine (J&J/Janssen). Any person who chooses to wear a mask should be supported in doing so.

Outdoors

Masks are not required outdoors, regardless of vaccination status. Masks are strongly recommended for unvaccinated individuals when outdoors in crowded spaces or when in close contact with people from outside their household for a sustained period of time, as the risk of COVID-19 infection increases with the duration and closeness of contact between individuals. A space might be considered crowded when individuals are unable to maintain six feet of distance from each other.

Ventilation

Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. Offer more outside time, open windows often, and adjust the HVAC system to allow the maximum amount of outside air to enter the program space and increase air filtration. Because each building and its existing HVAC systems will be different, a professional engineer or HVAC specialist should be consulted to determine the best way to maximize the system's ventilation and air filtration capabilities for each area in the building.

Basic Requirements:

- Change filters as needed (clogged filters decrease HVAC operation, stress the fan motors, and decrease ability to improve indoor air quality). Visually check the filter for a tight fit within the frame and ensure there are no rips or tears.
- Inspect and clean the entire system at least as often as recommended by the manufacturer or installer. Make repairs quickly to prevent more serious issues.
- Reduce recirculation of air; increase/maximize outside air.

- Increase filtration to the highest level possible. MERV 13 is recommended, if possible.
- Bring in outside air continuously from two hours prior to occupancy and for two hours after occupancy, including while cleaning and disinfection is occurring.
- Inspect and maintain local exhaust ventilation in restrooms, kitchens, cooking areas, labs, etc. Increase exhaust ventilation from restrooms above code minimums.
- Work with building engineer or HVAC specialist to generate air movement that goes from clean-to-less-clean air.
- Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products. Portable HEPA air cleaners can supplement ventilation and are most critical in rooms with poorer ventilation or in isolation areas.

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

Cleaning and Disinfecting

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

- Cleaning removes germs, dirt, food, body fluids, and other material.
- Sanitizing reduces germs on surfaces to safe levels.
- Disinfecting kills germs on surfaces of a clean object.
- The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current CDC [guidance for cleaning and disinfection for COVID-19](#) states that disinfectants should be registered by the EPA for use against COVID-19. 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 disinfectants. The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19. A good resource for standard infection control and school cleaning is available on the [Toxics Use Reduction Institute website](#).

If you use a bleach and water mixture for disinfection, mix it at a concentration of 4 teaspoons of 6% bleach per quart (or liter) of cool water or 5 tablespoons of 6% bleach per gallon (or 4L) 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 with bleach solution 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 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. Wash hands after you clean. Outdoor areas generally require

normal routine cleaning and do not require disinfection. Drinking fountains and bottle fillers do not need to be disabled, but buttons or levers should be cleaned regularly.

If groups of students are moving from one area to another in shifts, cleaning desks with soap and water is sufficient during the day. Clean and disinfect frequently touched surfaces each night after students leave and when [someone is sick](#) in the room (vomit, blood, feces, urine).

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

When disinfecting surfaces, 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 individuals return.
- Use the proper concentration of disinfectant.
- Pre-clean surfaces before applying disinfection.
- 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. Children under 18 years of age cannot use EPA registered sanitizers and disinfectants.
- 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.

Physical Distancing

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

Practice physical distancing of at least three feet or more between students in classroom settings, and at least six feet or more in certain circumstances to the degree possible and reasonable that allows for full-time, in person learning for all students. 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. There may be brief moments, such as passing by others in the hallway or during play at recess when students are not fully physically distanced from each other. Maximize opportunities to increase physical space between students during all scheduled activities and limit interactions in large group settings. Create one-way flow of foot traffic in indoor settings that historically are associated with crowding (e.g., hallways, administrative office).

Maintain three feet of distance between students in classroom settings to the degree possible.

Maintain six feet of distance between students to the degree possible for the following circumstances:

- For all staff and student in common areas, such as school lobbies and auditoriums.
- For all staff and students when masks can't be worn, such as when eating lunch.
- For all staff and students during activities when increased exhalation occurs, such as PE, exercise, or shouting. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.
- For all staff and students, in community settings outside of the classroom.

The CDC has resources to help schools distance students including a [K-12 Operational Strategy](#) and [Modifying School Spaces during Meal Times](#).

Handwashing and Respiratory Etiquette

Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors, and provide adequate supplies. Ensure that teachers and staff use proper handwashing and respiratory etiquette.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used.
- Encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.
- Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.
- Adequate supplies: Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. If soap and water are not readily available, schools can provide alcohol-based hand sanitizer that contains at least 60% alcohol (for staff and older children who can safely use hand sanitizer).

Responding to Cases or Suspected Cases of COVID-19

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

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

Any student, teacher, or staff who reports [COVID-19-like symptoms](#) must be immediately [isolated](#) from others and sent home as soon as feasible. Close contacts of a person diagnosed with COVID-19 must [quarantine](#).

While waiting to leave school, the individual with symptoms must be isolated in a designated isolation space. They must continue to wear a cloth face covering or mask. Anyone providing care or evaluation to the isolated individual must wear appropriate PPE. Refer to DOH, OSPI,

and Washington State Department of Labor & Industries [Employer Health & Safety Requirements for School Scenarios](#) for PPE requirements.

The designated isolation space for individuals with suspect COVID-19 symptoms must be separated from the space used for those requiring general first aid or medicine distribution. If the nurse's office has an exam room designed with a negative air flow and directly exhausted air, this room should be given priority as an isolation space. If this is not available, the isolation space would ideally be a room with a door that can close and a window that can be opened to improve ventilation. A properly sized HEPA air filter could be used to increase filtration (see [DOH ventilation guidance](#) for more information). If no appropriate indoor space is available (e.g., already occupied) and the child can be supervised and made comfortable, an outdoor setting is an acceptable emergency alternative (weather and privacy permitting).

Reporting Cases and Outbreaks and Working with Public Health

Reporting Requirements

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

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

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

Notify Public Health

When a school learns of a student or staff with COVID-19 or an outbreak of COVID-19 on the school premises, the School COVID-19 Coordinator must immediately notify the school district and local health jurisdiction of the school. A list of [local health jurisdiction](#) (LHJ) contacts can be found on the DOH website. Be prepared to provide LHJs with information for all students or staff with COVID-19. Schools, per [WAC 246-101](#) and [Governor Inslee's emergency proclamation 20-64.5 "Public Information Act – Contact Tracing – Personal Information,"](#) must release information about COVID-19 cases to local public health as part of a case or outbreak investigation, which may include:

- Name
- Date of birth
- Role (student, staff, teacher)
- Parent or guardian name

- Home phone number, or home phone number of parent or guardian
- Home address
- Classroom/Grade
- Type of COVID-19 Test
- Date of positive test
- Date of symptom onset
- Preferred language spoken
- Information about any close contacts of the student or staff with COVID-19

The School COVID-19 Coordinator must also gather information about everyone the student or staff with COVID-19 may have been in close contact with at the school during their infectious period. A close contact is someone who was within six feet of the student or staff with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the student or staff with COVID-19 was infectious. A close contact may vary in some situations (i.e., less time spent in close proximity to an unmasked person who is coughing, direct cough/sneeze spray, or other contact that is more intense [e.g., sharing drinks, eating utensils, etc.]). The ultimate determination of close contact is made in cooperation with local public health. The infectious period of someone with COVID-19 starts two days before the start of symptoms or is estimated as two days before the test date if a student or staff with COVID-19 did not exhibit symptoms.

Extracurricular Activities

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

- [Sporting Activities](#)
- [Overnight Camps](#)

Testing and Vaccination

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

Schools or districts who would like more information about COVID-19 testing programs should contact schools@healthcommonsproject.org.

Vaccines are not yet authorized for use in children under 12 years old. For these reasons, we must continue to implement a layered strategy. Schools should actively promote vaccination among all eligible students, staff, and volunteers.

All prevention strategies provide some level of protection, and layered strategies implemented at the same time provide the greatest level of protection.

More COVID-19 Information and Resources

Additional COVID-19 K-12 Resources

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

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

General COVID-19 Resources

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

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

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

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

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