



# COVID-19 SAFETY PLAN

RISK AND SAFETY SERVICES DEPARTMENT

UPDATED 4-11-22

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## LWSD COVID19 Safety Plan Introduction

### Updated Layers of Protection for COVID-19

The most recent changes to the [Washington State Department of Health \(DOH\) requirements](#) for schools signals a shift in the management of the impact that COVID-19 has on the experiences of young people in our schools. The Department of Health continues to emphasize a layered strategy to address COVID, yet also indicates that the current conditions (vaccination rates, case rates, community readiness) allow for the opportunity to create more opportunities for youth that would be considered more typical.

In alignment with these changes, LWSD has demobilized the Emergency Coordination Center (ECC) and have placed this team in a monitoring position. This means that the individuals in the ECC will move away from direct response to cases to more of a consultation role. With this change to the ECC, we are also changing the structure of your Building COVID19 Safety Team. You no longer need to complete the Incident Command Structure Organizational Chart. However, you need to keep the role of COVID19 Supervisor and PPE Coordinator in place, as these two roles will continue to have requirements. Finally, the Case Manager team continues to be expanded. Each school will have an assigned Case Manager to provide significant support for responding to positive and symptomatic cases. Schools are encouraged to begin relying on this team

LWSD will continue to follow all DOH requirements as it begins to return to more typical operations. Over the course of April, schools will begin to shift lunches back to how they would normally operate. This shift allows our schools to free up staffing and space to benefit students in other areas. Schools may also begin to engage in more enrichment activities than they currently are offering. What this looks like may vary slightly based on the needs or capacity of each school. Should conditions change such that Public Health or DOH recommend or require a return to more restrictive approaches, LWSD would adapt these strategies accordingly.

| <b>Vaccination (Requirement – adults)</b> |                                                                                                                                                                                                                                                                                       |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | LWSD employees, contractors and volunteers are still subject to vaccination requirements. LWSD continues to support the promotion of vaccination clinics for staff and students.                                                                                                      |
| <b>Testing (Requirement)</b>              |                                                                                                                                                                                                                                                                                       |
|                                           | LWSD is maintaining testing sites at comprehensive high schools. LWSD is distributing a limited supply of rapid tests to schools and is establishing mobile testing teams available for outbreaks or other needs.                                                                     |
| <b>Isolation (Requirement)</b>            |                                                                                                                                                                                                                                                                                       |
|                                           | All students and staff are required to stay home when sick and to isolate for a minimum of 5 days following a positive COVID test (DOH Decision Tree).                                                                                                                                |
| <b>Notification (Requirement)</b>         |                                                                                                                                                                                                                                                                                       |
|                                           | LWSD will continue to notify staff and students/families of positive cases through roster notifications and the COVID dashboard.                                                                                                                                                      |
| <b>Hand Hygiene (Strategy)</b>            |                                                                                                                                                                                                                                                                                       |
|                                           | It is important to continue to remind students about good hand hygiene practices. Schools should maintain signage and students should be encouraged and supported in frequent hand washing and sanitizing. Hand sanitizer may be used but is not required after using shared objects. |

| <b>Cleaning (Strategy)</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | LWSD is continuing to maintain existing cleaning practices. At this point in time, there are no restrictions on furniture or porous items in the classroom with respect to cleaning.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Ventilation (Strategy)</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                             | LWSD is continuing to maintain ventilation practices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Masking (Requirement for health and isolation rooms)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                             | Masks are required for all persons entering health or isolation rooms. LWSD will continue to maintain a supply of masks for students or staff. LWSD respects student and staff choice for masking in other areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Physical Distancing (Strategy)</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                             | Physical distancing remains a strategy to be employed to the degree possible but should not limit or impair student access to learning opportunities. The rows below detail specific implications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Lunches/Snacks                                              | Lunches and snacks should return to typical practice by the end of April 2022, unless such a change would require a school to modify its master schedule or staffing. To assist with notification requirements, elementary schools may consider maintaining cohort seating.                                                                                                                                                                                                                                                                                                                                                                                         |
| Recess                                                      | Recess can return to typical practice. There is no need to physically separate into zones or cohorts, however, schools are not required to alter their existing master schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Classrooms                                                  | Classrooms could continue to physically distance to the extent possible but should not impair pedagogical strategies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Physical Distancing - Continued</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Assemblies/<br>Gatherings                                   | Schools may hold student gatherings during the school day and should consider the following strategies when planning these gatherings: <ul style="list-style-type: none"> <li>• Consider grouping an activity to include a smaller number of grades or classes than typical</li> <li>• Consider keeping such gatherings brief</li> <li>• Consider holding outside if feasible</li> <li>• Consider how you would identify participating groups should notification become necessary</li> <li>• Consider supporting masking by having masks available or by informing students in advance so they can evaluate whether they want to mask for the gathering</li> </ul> |
| Family Evening<br>Events                                    | Schools may hold family events in the evening and should consider the following strategies when planning these gatherings: <ul style="list-style-type: none"> <li>• Consider grouping an activity to include a smaller number of grades or classes than typical</li> <li>• Consider keeping such gatherings brief</li> <li>• Consider holding outside or over larger areas if feasible</li> <li>• Consider orchestrating traffic patterns or transition times to reduce congestion</li> <li>• Consider how you would identify participating groups should notification become necessary</li> <li>• Consider supporting masking by having masks available</li> </ul> |
| Staff                                                       | Staff meetings may be held either in-person or remotely. No restrictions on staff lounge. Consider the following where practical: <ul style="list-style-type: none"> <li>• Consider having participants physically distance to the extent possible</li> <li>• Consider using larger spaces than typical</li> </ul>                                                                                                                                                                                                                                                                                                                                                  |

| Other (Strategy)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field Trips             | <p>Most field trips are now allowed without restriction (out of state student travel limited to merit-based trips, international travel prohibited). Assigned bus seating no longer required. Planning for field trips should consider:</p> <ul style="list-style-type: none"> <li>• Parents must sign a COVID attestation as part of permission process</li> <li>• Volunteers/chaperones must be vaccinated as well as LWSD approved</li> <li>• Schools must have a plan for responding to students who become symptomatic, including immediately isolating them and arranging pickup.</li> </ul>                                                                                                                                                                                                                          |
| Volunteers              | <p>Approved volunteers are welcomed in LWSD schools. Currently, volunteers are subject to the state vaccination requirement. Schools should consider the following where practicable:</p> <ul style="list-style-type: none"> <li>• Limiting the number of volunteers in a single area or with a single group</li> <li>• Limiting the number of volunteers to the amount necessary to support a program</li> <li>• Encourage physical distancing and increase spacing available</li> </ul> <p>Volunteers should be informed of the following:</p> <p><i>We appreciate your engagement with our students. If you are experiencing any symptoms of illness, please don't come and call us to reschedule. Should you begin symptoms and be confirmed with COVID within 2 days of visiting our school, please notify us.</i></p> |
| Guest Speakers          | <p>Guest speakers are subject to the state vaccination requirement as well. If a guest speaker is not currently an approved volunteer, then the hosting school will need to verify the speaker's vaccination status in advance of an appearance. The same considerations and information sharing regarding symptoms as used with volunteers apply to guest speakers.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| After-School Activities | <p>Schools are open for building use and groups are subject to comply with COVID safety protocols as part of the building use agreement.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PE/Music                | <p>PE and music classes may return to more typical operations. Masking and bell covers continue to be recommended but are not required for these classes. Instructors should consider:</p> <ul style="list-style-type: none"> <li>• Physically distancing to the extent possible</li> <li>• Moving high aerosolizing activities outside or to larger spaces</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## COVID19 Safety Plan Structure

*This COVID19 Safety Plan is built directly from the Washington State Department of Health guidance for K-12 schools. Pages 9-11 are designed to provide an outline of the implementation of this guidance for LWSD. Included in this outline are links to specific documents and processes that will enable both the school and case managers to work through symptomatic and positive cases in schools. All of these supplemental documents and processes are located on the COVID19 Supervisor Channel in the DLT Teams Site in the folder named, 4.2022 Safety Plan.*

*This COVID19 Safety Plan was developed in partnership with the district's Health and Safety Workgroup, Health Services and Risk and Safety Services.*

## Department of Health – Section 1: Requirements

DOH Guidance – 3/12/22



### Section 1: Requirements

Schools and providers are **required** to continue to adhere to the requirements in this section when applicable:

- Employee COVID-19 Vaccination
- Exclusion of People with Symptoms of COVID-19
- At-Home Isolation Protocol and Returning to School, Care, or a Program
- Isolation of COVID-19 Cases within a Facility
- Notifying Groups or Individuals of Potential Exposure
- Ensure Access to Diagnostic Testing for COVID-19
- Reporting COVID-19 Cases and Outbreaks and Working with Public Health
- Responding to Clusters and Outbreaks

Schools, districts, providers, programs, and/or LHJs may choose to put more protective policies in place, which are also **required** to be followed.

#### Employee COVID-19 Vaccination

All employees in educational settings are **required** to be fully vaccinated or have a medical or religious exemption per [Governor's proclamation 21-14.3](#).

#### Exclusion of Individuals with Symptoms of COVID-19

Students, children, and staff who have symptoms of [COVID-19](#), are **required** to stay home and should get tested and/or see a health care provider and follow the return to work/care/school protocol accordingly (see At-Home Isolation Protocol and Returning to School or a Program section). See also the [What to do if a Person is Symptomatic](#) flowchart as a reference.

Any student, child, or staff member who tests positive for COVID-19 is **required** to isolate at home following current guidelines from DOH (see At-Home Isolation Protocol and Returning to School or a Program section) and the [CDC](#). This isolation guidance applies regardless of vaccination status.

#### At-Home Isolation Protocol and Returning to School, Care, or a Program

A student, child, or staff who tests positive for COVID-19 is **required** to isolate, regardless of vaccination status. The isolation period is 10 full days from the start of symptoms or the date of positive test. See [Calculating Your Isolation Period](#) for additional information.

The individual may return to school/care after 5 full days of isolation if:

- Their [symptoms](#) have improved or they are asymptomatic, AND
- They are without a fever for the past 24 hours without use of fever-reducing medications.

AND IF returning to school/care days 6-10, the individual is **required** to:

- Wear a well-fitted mask or face shield with a drape during days 6-10 of their isolation period, consistent with CDC guidance, OR
- Test negative with an antigen or at-home test any day after day 5 before returning without a mask. Testing beyond day 10 is not necessary.

If the individual is not able to wear a well-fitted mask or face shield with a drape, AND does not test negative, they are **required** to continue isolating through the end of their isolation period.

See also the [What to do if a Person is Symptomatic](#) flowchart as a reference.

### **Isolation of COVID-19 Cases within a Facility**

Any student, child, or staff who reports or exhibits [COVID-19-like symptoms](#) is **required** to be immediately isolated from others, sent home, and referred to diagnostic testing as soon as feasible, regardless of vaccination status. While waiting to leave the school or program, the individual with symptoms is **required** to be isolated in a designated isolation space. They are **required** to wear a well-fitting face mask, if tolerated and age appropriate. Anyone providing care or evaluation to the isolated individual is **required** to wear [appropriate PPE](#).

Masks are **required** by all children, staff, and visitors aged 2 years and older in the nurse/health room and in the isolation room as these are considered health care settings. Staff may require a certain level of respiratory protection when working with individuals in isolation who are known or suspected to have COVID-19. Refer to L&I's [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

The designated isolation space for individuals with COVID-19-like symptoms is **required** to be separated from the space used for those requiring general first aid or medicine distribution in a school setting, or from shared space with other children in a child care/early learning setting. For schools, if the nurse's office has an exam room designed with a negative air flow and 4 directly exhausted air, this room should be given priority as an isolation space. If this is not available, the isolation space would ideally be a room with a door that can close and a window that can be opened to improve ventilation. A properly sized HEPA air filter could be used to increase filtration, see [DOH ventilation guidance](#) for more information.

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

### **Notifying Groups or Individuals of Potential Exposure**

Staff are **required** to be notified of exposure following the requirements in [WAC 296-62-600](#). See the L&I guidance document [Questions and Answers: Reporting and Notification Requirements of HELSA and PPE Usage](#).

In addition, schools and providers are **required** to directly notify any student who has been identified as immunocompromised, medically fragile, or otherwise at [high risk](#) for severe COVID-19 of potential exposure. Notification should be provided to all employees and high risk individuals, irrespective of their vaccination status or recent infection within the past 90 days.

For the rest of the general school and youth-serving population, schools and providers are **required** to have a process in place to inform students, children, families, and staff when there are cases or

outbreaks in the school. Use communications in the language that families can understand. Always and when resources are limited, concentrate notification efforts to inform medically fragile students, children, families, and staff, including any others at high risk.

Below are options for keeping families informed of cases and outbreaks:

- Weekly newsletters or online dashboards of cases or outbreaks.
- Notification (e.g., by email or messaging system) of “groups” rather than individual “close contacts.” These groups could include classmates, teammates, grade levels, cohorts, bus riders, or others.
- Group notifications may also be appropriate in times of a cluster or outbreak.
- There may be instances where individual contact tracing may be required (e.g., during an outbreak). Consult with your LHJ.

Regardless of vaccination status, students, children, and staff who were potentially exposed to COVID-19 should be encouraged to:

- Monitor for [symptoms](#), AND
- Consider wearing a well-fitted mask (if age appropriate) for 10 days after the last date of exposure, especially during activities like high-risk indoor sports, performing arts, etc., AND
- Get tested 3-5 days after their last exposure. Molecular (PCR/NAAT), antigen, and at home tests are acceptable. If they test positive, they must isolate.
  - For individuals who have been recently infected (within the past 90 days), antigen testing should be performed as PCR results may remain persistently positive and not be indicative of a new, active infection.

See also the [What to do if You Receive an Exposure Notification](#) flowchart as a reference.

Exposed students, children, and staff may continue to take part in all in-person instruction and care, including sports, performing arts, and other extracurricular activities, as long as they are not symptomatic. If an exposed student, child, or staff develops symptoms, they are **required** to immediately isolate at home follow the protocols outlined in the Exclusion of People with Symptoms of COVID-19 section.

### **Ensure Access to Diagnostic Testing for COVID-19**

K-12 schools are **required** to ensure access to timely diagnostic testing for students and staff with symptoms or who were potentially exposed and want to test. This can be done at the school, at a centralized site for the district, and/or in partnership with a trusted and accessible community-based testing provider and local public health. Timely testing of symptomatic students and staff helps reduce days of in-person instruction lost. Additionally, symptomatic individuals with negative COVID-19 test results may be able to return to school earlier. Molecular (PCR/NAAT), point of care (POC) antigen, and at-home tests are acceptable.

DOH’s [Learn to Return](#) testing program is available to help K-12 schools meet diagnostic testing requirements. Schools or districts that would like more information about COVID-19 testing programs should contact [schools@healthcommonsproject.org](mailto:schools@healthcommonsproject.org). See the DOH [Testing in Schools](#) page for more information.

## Reporting COVID-19 Cases and Outbreaks and Working with Public Health

Schools and providers play an important role in identifying COVID-19 cases and limiting the spread of COVID-19. All cases of COVID-19 in schools and provider facilities are **required** to be reported to [LHJs/DOH](#) in accordance with LHJ/DOH guidance and Washington State law ([WAC 246-101](#)). All outbreaks of COVID-19 are **required** to be reported to the LHJ/licensor ([WAC 246-101](#)). COVID-19 test results should be reported to DOH in accordance with guidance available at the [Reporting COVID-19 Test Results](#) webpage. In addition, schools, providers, and the general public are **required** to cooperate with public health authorities in the investigation of cases and outbreaks that may be associated with the school or provider ([WAC 246-101](#)).

Employers are **required** to notify L&I about outbreaks of 10 or more staff members at a facility. See the L&I guidance document [Questions and Answers: Reporting and Notification Requirements of HELSA and PPE Usage](#).

## Responding to Clusters and Outbreaks

Clusters and outbreaks represent situations in a school or provider setting where, in coordination with local public health, enhanced mitigation efforts including some of the strategies outlined in Section 2 should be considered, and **may be required**, to prevent disease transmission.

## LWSD COVID19 Implementation Plan for Section 1: Requirements

### Employee Covid-19 Vaccination

#### Staff:

All school district staff must show proof of being fully vaccinated or have an approved exemption. This process is completed through the Human Resources Department.

#### Volunteers and contractors:

All school district volunteers must show proof of being fully vaccinated in order to volunteer or provide services in schools. Questions can be directed to the Communications Department regarding volunteers.

#### Students:

Students are not required to prove vaccination status in order to attend school.

The district has and will continue to support vaccination efforts for our entire community. In addition to hosting vaccination clinics for students, every effort is made to communicate other vaccination clinics on the Eastside, and the Seattle metro area.

### Exclusion of Individuals with Symptoms of COVID19

*DOH – “Students, children and staff who have symptoms of COVID19 are required to stay home and should get tested and/or see a health care provider and follow the return to work/care/school protocol accordingly.”*

#### Absence Reporting:

Students and staff may report illness over the phone as an absence. In this case, these illness-related absences should be reported to the COVID19 Supervisor and your school’s Case Manager and entered into the SharePoint Data system for case management.

The Washington State Department of Health flowchart, [What to do if a Person is Symptomatic](#), will be used to determine isolation, testing needs and return to school plan.

#### Symptoms at School:

If a student exhibits symptoms while at school, they must be isolated in the Quarantine Room (Q-Room). Parent or guardian should be called and the student must remain in the Q-Room until they are picked up. The student should be sent home with a take-home COVID19 rapid antigen test the [Symptomatic Notification Letter](#), which provides instructions on next steps. The students should be entered into the SharePoint Data System for case management.

The Washington State Department of Health flowchart, [What to do if a Person is Symptomatic](#), will be used to determine isolation, testing needs and return to school plan.

## Case Review

All symptomatic and positive cases should be entered into the SharePoint Data System for case management. Once entered, your school's assigned Case Manager will reach out to the family or staff member and complete the [Intake Form](#), which completes the information needed to manage the case.

Schools are encouraged to refer all cases to your case manager. In the event of higher caseloads, school staff may be asked to support case management.

## Contact Tracing

Rather than investigate each positive case of COVID19 for close contacts, the district will use a place-based method to determine notifications. This means that everyone within the classroom, team or other identified group will receive notification of the positive case. Case Managers are trained in utilizing Skyward to create rosters of students based on the information gathered in the initial case review and Intake Form. These rosters and the information from the Intake Form will be used to determine next steps in notification.

The Washington State Department of Health flowchart, [What to do if You Receive an Exposure Notification or are Identified as a Close Contact](#), will be used to determine isolation, testing needs and return to school plan.

## Notifications

### Staff

Staff are required to be notified when they are exposed to COVID19, which is required by L&I.

### Students

All students identified in the placed-based contact tracing process or identified through the case management process will receive notification of exposure.

All notifications will be made using [template letters](#) but can be customized based on specific school information or needs.

## Ensure Access to Diagnostic Testing for COVID19

*DOH – “K-12 schools are required to ensure access to timely diagnostic testing for students and staff with symptoms or who were potentially exposed and want to test.”*

All COVID19 testing information is located on the district website and is kept up-to-date. This information includes testing locations, schedules and instructions on how to access all district testing opportunities.

For community-based testing, if somebody does not have a 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](#). [King County Tool Kit](#)

## Reporting COVID-19 Cases and Outbreaks and Working with Public Health

The district's SharePoint Data System for COVID19 links directly to Public Health for reporting purposes. This system is managed by the Health Services Department.

Questions or clarifications for this plan should be sent to Shelley O'Rourke, Health Services Manager.

## Responding to Clusters and Outbreaks

The district has a [Cluster/Outbreak Tiered Response Plan](#), and this plan will be used whenever either is suspected or identified. Additionally, the district will partner with Public Health in these cases. It is important to note that classroom, program or school closures will only be considered as a last resort in this response.

When an outbreak or cluster is suspected, the [Cluster/Outbreak Consultation Form](#) must be completed. This can be completed by the COVID19 Supervisor or the Case Manager. This form will gather the information needed and provide instruction on next steps, including who will be required to be involved.

## Department of Health – Section 2: Information on Optional Strategies for Layered Prevention

DOH Guidance – 3/12/22



### Section 2: Information on Optional Strategies for Layered Prevention

The Washington Department of Health (DOH) encourages schools to coordinate with their local health jurisdiction (LHJ) for any decisions related to the strategies outlined herein. While we are moving into a new phase of the pandemic, COVID-19 remains with us, and it should be recognized the COVID-19 pandemic response must remain flexible with the possibility for changes that occur at the state and local levels. **Conditions may require implementation of 6 additional mitigation practices to lessen the impact of disease in schools and provider settings, and to ensure continuity of in-person instruction and care.**

Successfully limiting transmission of COVID-19 and maximizing in person instruction relies on communication between schools, providers, 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.

The following information is based on existing science and information from the Centers for Disease Control and Prevention's (CDC) [Guidance for COVID-19 Prevention in K-12 Schools and COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#).

Evidence to date suggests that when prevention strategies are layered and implemented with fidelity, transmission rates within schools and provider programs can be limited. Further, transmission of SARS-CoV-2 (the virus that causes COVID-19) in the community is correlated with incidence of infected individuals in schools and provider settings. When community rates of COVID-19 are high, there is an increased likelihood that SARS-CoV-2 will be introduced to, and potentially transmitted within, a school or provider setting.

Lessons learned over the first two years of the pandemic have identified the importance of the following to prevent COVID-19 transmission and related outbreaks:

- Staying up to date on vaccinations.
- Wearing masks for personal protection and source control.
- Enhancing ventilation to reduce transmission of aerosolized viruses.
- Remaining at home when ill.
- Conducting rapid diagnostic testing.
- Exercising good respiratory etiquette and hand hygiene.

- Practicing physical distancing to the degree possible and practical.
- Cleaning and disinfecting as indicated.
- Maximizing outdoor activities.

Schools and providers need to maintain flexibility in how layers of mitigation practices are applied. Removal of a layer of protection should be done factoring in considerations such as community levels of transmission, local outbreaks, and vaccination rates. Schools and providers should also

ensure an environment that supports individuals who choose to continue a protective practice, like wearing a mask. As disease prevalence increases, schools and providers should consider adding back in additional layers of prevention or mitigation measures. Coordination with local public health will ensure this is done in the way to best ensure the safety of students, children, employees, families, and the community.

Individuals who choose to continue to use preventative measures to protect themselves should be supported. Assumptions regarding someone's beliefs or health status should neither be made nor commented about. Schools and programs should not tolerate harassment or bullying of any kind.

## Vaccination

Vaccination is the most effective prevention strategy available to protect vaccine-eligible children and adults from the most severe outcomes due to COVID-19 illness. As noted above, all employees in educational settings must be fully vaccinated or have a medical or religious exemption per [Governor's proclamation 21-14.3](#).

Schools and providers should promote staying [up to date](#) on all vaccinations for eligible students, children, staff, and families – including COVID-19 vaccination. DOH created the [COVID-19 Vaccine School Toolkit](#) to provide materials and resources to schools to help them answer parent questions and promote COVID-19 vaccination. DOH also created a [COVID-19 Vaccine Clinic Toolkit for Schools](#) to help schools coordinate vaccine clinics with community partners and promote COVID-19 vaccination. Both toolkits can be found on DOH's [School and Child Care Immunization](#) page.

See also the [CDC's guidance](#) on [how schools can promote vaccinations](#). Visit [DOH's Vaccine Information](#) webpage for general information about COVID-19 vaccines, including the [vaccine locator](#) tool.

## Masks

Correct use of well-fitting masks or face coverings protects the wearer as well as others, thereby helping to prevent transmission of COVID-19.

While masks are no longer required universally in schools or provider settings, there will be situations when the use of well-fitting masks may be temporarily required for individuals by DOH and/or local public health (e.g., days 6-10 when a student, child, or staff returns from isolation after 5 days, see At-Home Isolation Protocol and Returning to School or a Program section). Masks may also be required universally during clusters and/or outbreaks in classrooms or with groups of students (e.g., a choir class or a sports team), or within provider settings, to limit disease transmission and ensure in-person instruction and care (see Responding to Clusters and Outbreaks section).

Students, children, and staff will have the choice to wear a mask at school and/or at provider settings, with the expectation that others' choices will be respected. Some may need to wear a mask because they or a member of their household is [high risk](#) for severe COVID-19 disease.

Students, children, and staff who are immunocompromised, medically fragile, and/or otherwise high risk for severe disease should consult their health care provider about whether or not to continue wearing well-fitted masks. Staff who provide for students and children with disabilities that requires close contact should strongly consider wearing appropriate PPE when providing care. In addition,

schools should leverage recommended mitigation measures in meeting the needs of their high-risk populations, following all existing state and federal laws in doing so.

Schools and providers should provide masks and other appropriate PPE to staff, students, and children as needed or desired.

While correct use of well-fitting masks helps prevent the spread of COVID-19, there are specific exceptions to mask recommendations based on age, development, or disability. See [DOH's Guidance on Face Coverings](#) and [CDC Recommendation Regarding the Use of Face Coverings](#) for more information. Employees have the right to choose to mask or select more protective masks. Refer to L&I's [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

## Screening

Testing Screening testing (one-time or weekly cadence) for students, children, and staff are not required but can assist in identifying individuals who may be infected and contagious. Identification can lead to decreasing transmission by ensuring prompt isolation of cases to limit onward spread of disease.

In addition to required access to diagnostic testing, the Learn to Return program can also support screening testing for students and/or staff among schools who choose to layer this strategy. Schools or districts who would like more information about COVID-19 testing programs should contact [schools@healthcommonsproject.org](mailto:schools@healthcommonsproject.org).

Testing resources for providers may be requested through LHJs. Visit DOH's [COVID-19 Testing](#) page for general information on how to get test kits, including at-home tests, and where to get tested.

## Test to Stay

Many schools, in coordination with local public health, have established robust Test to Stay programs as an alternative to at-home quarantine in an effort to keep children in school and provider programs if they are not ill or positive for COVID-19. While contact tracing is no longer required, schools may continue existing testing programs to ensure uninterrupted, full-time, in-person learning.

Considerations for engagement in Test to Stay protocols include, but are not limited to:

- Higher risk exposures [e.g., high-risk indoor sports, high aerosol-generating activities (e.g., indoor cheer, singing, or playing brass or woodwind instruments), working out in a training room, or when evaluating ill individuals].
- Household exposures, which provide opportunities for prolonged and repeated exposures.
- Known exposure of an individual not up to date on COVID-19 vaccinations.
- Individuals who are at high risk for significant disease.
- During clusters and outbreaks to maintain in-person instruction.

### *Test to Stay Protocol*

Individuals may continue to attend work, class, child care, and participate in extracurricular activities while completing a Test to Stay protocol, if they:

- Are tested\* serially over a 10-day period (e.g., twice per week) of the protocol AND
- Are asymptomatic.

Individuals completing a Test to Stay protocol are strongly recommended to monitor for symptoms and wear a well-fitting mask when around others. If an individual tests positive for COVID-19 at any time, they must isolate at home and follow DOH isolation guidance.

\*Antigen tests, point of care (POC) molecular tests, or at-home tests are acceptable and preferred, given the ability to obtain results within minutes and the need to identify positive individuals and isolate in a timely fashion.

Collection of diagnostic specimens for asymptomatic persons during a Test to Stay protocol may occur in schools, health care settings, or other locations supervised by school or health care personnel.

School districts must receive permission from parents/guardians for students to receive school-based testing.

### **Ventilation**

Good ventilation, filtration, and indoor air quality are important in reducing airborne exposure to respiratory pathogens, including COVID-19, as well as chemicals, and odors.

DOH recommends the following ventilation practices:

- Upgrade filters to MERV 13 if the system can handle the air resistance.
- Bring in as much outside air as possible – through the HVAC or by opening windows.
- Consult with a professional engineer or HVAC specialist to determine the best way to maximize the system's ventilation and air filtration capabilities for each area in the building.
  - Cooling fans may be used. They should blow away from people. If there are ceiling fans, reverse the flow direction to draw air upward or turn them off.
  - Portable HEPA air cleaners can provide increased filtration in rooms with poorer ventilation or in isolation areas. 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, negative ion air purifiers, etc. because they can produce harmful by-products. Do not use personal air purifiers.

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

### **Physical Distancing**

Physical distancing should not prevent a school from offering full-time, in-person learning to all students/families, nor should it prevent a provider from providing care. Select strategies to increase physical distancing that will work for your school and program in the space available. There may be moments, such as passing by others in the hallway or during play at recess when students and

children are not fully physically distanced from each other. Maximize opportunities to increase physical space between students and children to the degree possible during all scheduled activities and limit interactions in large group settings.

Maximize distance between students and children to the degree possible for the following circumstances:

- When in the cafeteria.
- In common areas outside of the classroom.
- During high-risk activities when increased exhalation or aerosolization occurs (e.g., PE 10 or exercising indoors, singing or playing instruments, and cheering or shouting). These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.

Schools and providers must adhere to existing licensing rules regarding group size and staffing ratios.

### **Bus Transportation**

Strategies to reduce risk of COVID-19 transmission during school and provider transportation include:

- Consider wearing well-fitting masks.
- Keeping riders as far apart as possible on the bus.
- Maximize ventilation on the bus by keeping at least 2 front and 2 rear windows open a few inches.
- Do not fog/mist the bus with disinfectant. Leave windows open to air out the bus after runs and clean as needed.
- Encourage walking or biking where safe.
- Encourage students to wash or sanitize hands when they leave their home or classroom before boarding the bus.

### **Handwashing and Respiratory Etiquette**

Schools and providers should continue to encourage frequent handwashing and good respiratory etiquette to prevent contracting and spreading infectious diseases, including COVID-19. Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors. Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, and no-touch/foot-pedal trash cans. Ensure that staff practice proper handwashing and respiratory etiquette.

### **Cleaning and Disinfection**

Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, drinking fountains, and restrooms. In general, cleaning once a day is enough to sufficiently remove potential virus that may be on surfaces. Desks can be cleaned with soap and water. Desks only need to be disinfected for vomit, blood, or feces, or during an outbreak. Wash hands after you clean.

Sanitizers and disinfectants must be EPA registered anti-microbial pesticides. If they are not EPA registered, they are not an appropriate product. For COVID-19, choose a disinfectant registered for use against the [SARS-CoV-2 virus](#). When possible, chose safer fragrance-free disinfectants and

sanitizers. Hydrogen peroxide or alcohol-based products are safer for human health and are better products for those who suffer from asthma.

General safe practices:

- 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

(i.e., at the end of the day).

- Use the proper concentration of disinfectant.
- Always preclean surfaces before applying 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. Children under 18 years of age cannot use EPA registered sanitizers and disinfectants, including disinfectant wipes.
- Facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
- Parents and staff should not supply disinfectants and sanitizers.
- Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics.
- Do not use fogging, fumigation, or wide-area spraying to control the spread of COVID19. These methods are not effective, do not clean contaminated surfaces, and are hazardous to human health.

Find more information about cleaning, disinfecting, and choosing safer cleaning and disinfection products on the [Safe Cleaning and Disinfection Guidance for Public Spaces](#).

## Department of Health – Section 3: Supplemental Considerations

DOH Guidance – 3/12/22



### Section 3: Supplemental Considerations

#### Behavioral & Mental Health

Feeling anxious about changes in school/provider routines, such as the discontinuation of masking, or when disease levels rise, is normal and expected. The experiences of children, teens, families, and staff during the COVID-19 pandemic has frequently been complicated and challenging; and has had an impact on bodies, minds, and emotions. As children, teens, parents, caregivers, and school staff navigate the next phase of the pandemic and what that means for schools and families, these factors may impact their individual emotional functioning. Some students will be relieved and happy, but others may feel anxious and not ready for the changes. It will take time for everyone to adjust. It will be important to provide support and guidance for students, to allow time for them to adjust to new guidelines, and to offer permission for youth and staff to continue to wear masks or physically distance if they feel uncomfortable with the changes.

The [Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID19 Pandemic](#) provides general information about common emotional reactions of children, teens, and families during disasters. It also has suggestions on how to help children, teens, and families recover from disasters and grow stronger.

The [COVID-19 Back-to-Classroom THINK Toolbox](#) provides behavioral health tips and resources for navigating some of the common emotional responses of children, teens, and adults during disasters and how these may present in the classroom and other areas of life.

Check the [DOH's Behavioral Health Resources & Recommendations](#) and the [Washington State COVID-19 Response: Mental and emotional well-being](#) webpages for additional resources.

Additional resources:

- [Behavioral Health Monthly Forecasts](#)
- [Recognizing and Reporting Child Abuse and Neglect in Online Education Settings](#)
- [Coping with Grief and Loss During COVID-19](#)
- [Behavioral Health Support Guidance for Children, Youth, and Teens in Crisis](#)

#### Equity

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data collected during the last two years has shown that communities of color are 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. See [Stigma Reduction Resources](#).

#### Individuals at High Risk and Those with Disabilities

Those at [high risk](#) for health problems from COVID-19 should consult with their health care provider when considering how to participate in school, child care, youth development opportunities, or day camps. See L&I's [FAQ for Protecting High Risk Workers](#) for more information.

When serving children or youth with disabilities, refer to the [CDC guidance for Direct Service Providers for people with disabilities](#).

### **Infant and Toddler Care**

Infants and toddlers need to be held. To the extent possible when holding, washing, or feeding young children, child care workers should:

- Wash their hands frequently.
- Wash their hands, neck, and anywhere touched by a child's body fluids.
- Avoid touching eyes while holding, washing, or feeding a child.
- If body fluids get on the child's clothes, change them right away, whenever possible, and then wash hands.
- Wash hands before and after handling infant bottles prepared at home or in the facility.

### **Returning to School or a Program after Travel**

Travelers should refer to [CDC travel guidance](#) for information. Schools and programs should consider integrating recommendations from the CDC into their policies. Communicate with parents and guardians the expectations for returning to school or a program after traveling.

### **Screening Testing for Events and/or After Breaks**

Schools and programs may consider 'return' testing following summer, winter, spring, or other holiday breaks or ahead of large events/gatherings to minimize risk of transmission among the school and provider populations. Testing should be done in a way that does not interfere with or disrupt instruction or delivery of care. At-home tests can be an acceptable option.

### **Performing Arts**

High aerosol-producing performers [e.g., singers, woodwinds and brass, speech/debate, dance (competitive and dance squads) and theatre performers] should consider wearing appropriate masks and/or use appropriate bell covers while practicing and/or performing.

- Bell covers with appropriate material – MERV 13 or 3-layer medical face mask or similar material – are recommended for:
  - o Brass and woodwind instruments when indoors.
  - o The end or barrel of a recorder when indoors.
- Masking with appropriate material – 3-layer medical face mask or similar material – should be considered in general music and elementary classrooms when singing is performed. Staff may provide students with a mask designed to fit snugly while allowing for facial movement during singing.

Performers, directors, and other support personnel should physically distance indoors to the degree possible. Ensure that all students have access to their chosen performing arts course. Space constraints should not limit access to these classes.

- The use of cohorts within a performing arts activity group limits the potential for groupwide transmission in the event of an exposure or outbreak.

Maximize ventilation of the space as much as possible. If a space is smaller and/or not well-ventilated, consider using portable HEPA air cleaners to supplement. See also Ventilation above for best practices to allow appropriate time for air change.

Practice good hygiene collecting water condensation from brass instruments. Consider using absorbent pads for students to empty spit valves rather than emptying directly on the floor.

### **Athletics**

Maximize ventilation of indoor space as much as possible. If a space is smaller and/or not well-ventilated, consider using portable HEPA air cleaners to supplement or moving the activity outdoors. See also Ventilation above for best practices to allow appropriate time for air change.

Athletes, coaches, athletic trainers and other support personnel should consider wearing masks when participating in indoor activities, especially high-risk indoor sports (e.g., basketball, wrestling, water polo, indoor cheer), where aerosolization may occur and the indoor space is not well ventilated; and should distance to the degree possible whenever not playing.

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

### **Screening Testing for Sports, Performance Arts, or Other Activities/Events**

To promote safer participation in school-sponsored activities, schools may implement screening testing protocols for all athletes in high-risk indoor sports (e.g., basketball, wrestling, water polo, indoor cheer), performing arts (e.g., choir, band, theatre), and/or other activities.

- Screening testing of participants can be performed either at a regular weekly cadence (e.g., once or twice per week) or be performed on the day of the production, competition, or event. Individuals who tested positive for COVID-19 in the past 90 days and recovered do not need to participate in screening testing unless symptomatic, at which time an antigen test is recommended.
- All participants in indoor low- or moderate-risk sports, or other activities, may also participate in screening testing. This is especially important when community levels are high. Please see the [CDC's COVID-19 community levels](#) for more information.
- Any athlete, performer, or staff member with a positive test is required to isolate and should not participate in training, rehearsal, competitions, productions, or events during their isolation period. Follow the Exclusion of People with Symptoms of COVID19 and Isolation of COVID-19 Cases sections above for more information. Exposure 14 notification of the team as a group may be warranted. Report cases as required.

### **Other Co-curricular or Extracurricular Activities (CTSOs, Clubs, Interest Groups, STEM Fairs, Field Trips, etc.)**

Students, children, staff, support staff, and volunteers should consider the guidelines within this document when hosting or participating in school- or program-sponsored activities, contests, shows, etc., to minimize the risk for COVID-19 transmission.

## Department of Health – Section 4: COVID-19 Information and Resources

DOH Guidance – 3/12/22



### Section 4: COVID-19 Information and Resources

#### Additional COVID-19 Resources for Schools and Providers

- DOH: [What to do if you test positive for COVID-19](#)
- DOH: [What to do if you were potentially exposed to someone with COVID-19](#)
- DOH: [Handwashing to Prevent Illness at School](#)
- DOH: [Classroom Cleaning - Tips for Teachers](#)
- DOH: [Cleaning and Disinfection for Asthma Safe Programs](#)
- L&I: [Workplace Safety and Health Requirements for Employers](#)
- L&I: [Which Mask for the Task?](#)
- CDC: [Guidance for COVID-19 Prevention in K-12 Schools](#)
- CDC: [Operating Child Care Programs during COVID-19](#)
- CDC: [Small and Large Gatherings](#)
- AAP: [Cloth Face Coverings for Children during COVID-19](#)
- OSPI: [COVID-19 guidance and resources for schools](#)
- NFHS: [International Coalition of Performing Arts Aerosol Study Report 3](#)

#### 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.

- [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 \(COVID-19\)](#)

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

## Department of Health – Appendix A: Glossary of Terms

DOH Guidance – 3/12/22



### Appendix A: Glossary of Terms

**Asymptomatic:** A person showing no [symptoms of COVID-19](#) illness.

**Asymptomatic surveillance testing:** Testing of an individual who is without symptoms to monitor disease occurrence in a group or population.

**Case investigation:** Part of the process to support people who have confirmed or suspected COVID-19. Public Health staff work with an individual to identify close contacts who might become sick with COVID-19, give information about how to stay safe and healthy, help people check for symptoms, connect people with resources to safely isolate or quarantine, and stop the spread of COVID-19.

**Close contact:** A close contact is someone who was exposed a COVID-19 case. A close contact is generally defined by CDC and DOH as someone who was within 6 feet of a COVID-19 case for 15 cumulative minutes or more over a 24-hour period of time during the case's infectious period.

In a K-12 indoor or outdoor classroom, the close contact definition may exclude individuals who were at least three feet away from an infected individual when both were consistently and correctly wearing well-fitting face coverings/masks.

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

**Cohort:** An assigned, small group (of students) with dedicated staff who remain together throughout the day. The students, children, and staff in a cohort should remain consistent from day to day and should not mix with other cohorts.

**Contact tracing:** The process of interviewing a COVID-19 case to identify people who have been exposed to COVID-19 and notifying these close contacts about their exposure, while protecting confidentiality, in order to provide public health guidance. Contact tracing helps public health track and prevent the spread of COVID-19. Please see the [Symptom Decision Tree for Schools and Providers](#) and [COVID-19 Contact Tracing Guide and FAQ for Schools and Providers](#) for additional information.

**COVID-19:** Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the SARSCoV-2 virus. Individuals who have been infected may be without symptoms (asymptomatic) or present with the following [symptoms](#). The virus is thought to spread mainly from person to person:

- Between people who are in close contact with one another (within about six feet or two meters), especially indoors and if spaces are crowded and/or have poor ventilation.
- Through droplets and airborne particles formed when a person who has COVID-19 coughs, sneezes, sings, talks, or breathes. These droplets and airborne particles can remain suspended in the air and be breathed in by others, and travel distances beyond six feet (for example – during choir practice, in restaurants, or in fitness classes).

**COVID-19 case:** For the purposes of this document, at a minimum, a COVID-19 case is a person with a molecular- or antigen-positive COVID-19 test. Consult with your LHJ to determine if they would like additional individuals to be included in this definition in order to determine when contact tracing should be performed or when schools should report cases to LHJs (e.g., probable cases who are close contacts of a molecular- or antigen-positive person, have symptoms of COVID-19, and have not been tested).

**COVID-19 cluster:**

DOH defines a cluster of COVID-19 in a K-12 setting as:

- Multiple probable or confirmed COVID-19 cases comprising at least 10% of students, teachers, or staff within a specified core group<sup>1</sup>
- OR
- At least 3 cases within a specified core group<sup>1</sup> meeting criteria for a probable or confirmed COVID-19 case;
- AND
- Cases have symptom onset or positive test result within 14 days of each other, AND
  - Cases were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting

**COVID-19 outbreak:**

DOH and the CDC define an outbreak of COVID-19 in a K-12 setting as:

- Multiple probable or confirmed COVID-19 cases comprising at least **10% of students, teachers, or staff within a specified core group<sup>1</sup>**
- OR
- At least **3 cases within a specified core group<sup>1</sup>** meeting criteria for a probable or confirmed COVID-19 case;
- AND
- Cases have symptom onset or positive test result within 14 days of each other, AND
  - Cases were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting, AND
  - Cases were epidemiologically linked in the school setting or a school-sanctioned extracurricular activity<sup>2</sup>

<sup>1</sup> A “core group” includes but is not limited to extracurricular activity<sup>2</sup>, cohort group, classroom, before/after school care, etc.

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

DOH defines an outbreak of COVID-19 in a child care setting as:

- Two or more COVID-19 cases who tested positive by a viral test, AND
- At least two cases have symptom onsets (or positive test specimen collection dates if asymptomatic) within 14 days of each other, AND
- Cases were epidemiologically linked in the child care setting or a child care-associated activity (e.g., field trip), AND

- There is no plausible epidemiological linkage suggesting transmission is more likely to have occurred in another setting (e.g., household) outside of the child care setting.

**Disinfecting:** Disinfecting means using chemicals to kill germs that might be on a surface. The Environmental Protection Agency (EPA) has a [list of disinfectants](#) that can be used to kill the virus that causes COVID-19.

**Exposure:** When an individual has close contact with a person with COVID-19 who is symptomatic or asymptomatic (see close contact definition above).

**Exposure Notification** is a notification by text, email, phone call, or other communication of a potential exposure. This notice may come based on contact tracing or more generally because a person was in an area (e.g., on a bus or in a classroom) with someone who tests positive of COVID-19, regardless of length of exposure or distance between the individuals, meaning the notified individual may or may not meet the technical definition of a close contact.

**Hand hygiene:** Frequent washing with soap and water for at least 20 seconds or using alcoholbased hand sanitizer with at least 60% alcohol.

**High risk for severe disease:** People who are more likely than others to become severely ill if they contract COVID-19 infection.

**Infectious period:** The time period when a person is most likely to spread the virus to other people. Also referred to as when someone is contagious. The infectious period of someone with COVID-19 starts two days before the start of symptoms or is estimated as starting two days before the test specimen collection date if a person with COVID-19 does not exhibit symptoms. The infectious period extends to the end of a person's isolation period.

**Isolation** is when someone who has COVID-19 symptoms, or has tested positive, stays home and away from others (including household members) to avoid spreading their illness.

**Local Health Jurisdiction (LHJ):** A local health jurisdiction is the local county or district agency providing public health services to persons within the area.

**Masks:** A well-fitting mask is anything that completely covers your mouth and nose and fits securely on the sides of your face and under your chin. It should be made of two or more layers of tightly woven fabric with ties or straps that go around your head or behind your 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.

**Personal Protective Equipment (PPE):** Personal protective equipment, commonly referred to as PPE, is equipment worn to minimize exposure to hazards that cause serious injuries and illness. Specific PPE is used to prevent the spread of COVID-19. Certain PPE may be needed in different spaces depending on the level of exposure to others.

**Physical distancing:** Also known as social distancing, this is the practice of minimizing close contact with other people.

**Providers:** In this document, “*providers*” is the term used to include the following program types:

- DCYF licensed child care programs and the Early Childhood Education and Assistance Program (ECEAP).
- Licensed-exempt programs operated in a manner that complies with the child and staff cohorting and group size recommendations in this guidance.
- Federally funded Head Start programs.
- Day camps, including specialty camps like sports camps.
- Outdoor preschool programs, including part day license exempt programs.
- Parent cooperatives.
- Youth Development programs providing child care and other basic supports to assist children and youth access to remote K-12 instruction.
- Expanded learning opportunities, including programs for youth that complement academic and/or social emotional learning, such as Boys & Girls Clubs, YMCA programs, and other culturally-based and identity-based programs.
- Programs funded under the federal Nita M. Lowery 21st Century Community Learning Centers program.
- Enhanced learning academies, such as formal mentoring programs, tutoring centers, and college preparatory programs.
- Child care, youth development, and day camps held in K-12 facilities.

**Outbreak:** See “*COVID-19 Outbreak*” above.

**Quarantine** is when someone who has been exposed to COVID-19 stays home and away from others for the recommended period of time in case they were infected and are contagious. Quarantine becomes isolation if the person later tests positive for COVID-19 or develops symptoms.

**SARS-CoV-2:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a virus that causes coronavirus disease 2019 (COVID-19). The virus has [variants](#) that have been identified. DOH conducts sequencing to track [variants in Washington State](#).

**Source control:** While PPE helps reduce the wearer’s exposure from breathing in air that may contain contaminants, source control refers to the use of masks to reduce the spread of respiratory droplets so that others have less chance of being exposed – especially by someone who is infected but does not know it. Respiratory protection, like PPE, protects the wearer; source control protects others.

**Symptoms of COVID-19:** Initial common symptoms include new loss of taste or smell, fever (higher than 100.4 F or 38 C), cough, and shortness of breath, as well as chills, headache, fatigue, muscle aches, sore throat, congestion or runny nose, nausea, and diarrhea.

**Test to Stay (TTS):** A protocol in which a student or staff completes post-exposure testing at regular intervals over a limited period of time in order to remain in school/child care so long as they remain asymptomatic and continue to test negative.

**Testing for COVID-19:** There are different tests available for COVID-19.

Two types of **diagnostic** tests can be used to confirm an active case of COVID-19:

- **Molecular test:** Molecular tests amplify bits of viral RNA so that viral infection can be detected. These tests are also referred to as nucleic acid amplification tests ([NAAT](#)). The most commonly used molecular test is the Reverse Transcription Polymerase-Chain Reaction, or RT-

**PCR.** It is used to identify and bind to the genetic material of SARS-CoV2, the virus that causes COVID-19 illness. This category of diagnostic test also includes loop-mediated isothermal amplification (LAMP), and clustered, regularly interspaced short palindromic repeat (CRISPR)-based assays.

- **Antigen test:** This test binds to proteins on the surface of SARS-CoV-2, the virus that causes COVID-19. They detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal or nasal swab specimens. Antigen tests are used to diagnose cases of COVID-19 infection and can be used in screening of individuals without infection, providing a more rapid turn-around time for results than RT-PCR tests.

A third type of test is an **antibody test**, which shows if a person has previously been infected with COVID-19. It identifies antibodies to SARS-CoV-2, the virus that causes COVID-19 illness. Antibody tests are not used to diagnose current cases of COVID-19.

Point-of-care (POC) tests use rapid diagnostic tests performed or interpreted by someone other than the individual being tested or their parent or guardian and can be performed in a variety of settings. Rapid tests used in point-of-care settings can be NAAT, antigen, or antibody tests.