



COVID-19 SAFETY PLAN

RISK AND SAFETY SERVICES DEPARTMENT

UPDATED 8-29-22

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LWSD COVID19 Safety Plan Introduction

Updated Layers of Protection for COVID-19

The most recent update to the [Washington State Department of Health \(DOH\) requirements](#) for schools continues 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.

LWSD will continue to follow all DOH requirement for the 2022-23 school year. Schools should return to typical operations and engage in enrichment activities. Should conditions change such that Public Health or DOH recommend or require a return to more restrictive approaches, LWSD would adapt these strategies accordingly.

REQUIREMENTS	
Vaccination	
	LWSD employees, indoor contractors and volunteers are still subject to vaccination requirements or must have a medical or religious exemption. Weekly testing for exempted individuals is no longer required. All volunteers may return to in-person support. LWSD continues to support the promotion of vaccination clinics for staff and students.
Testing	
	LWSD will continue to have a drive-up testing option at the Support Services Center with hours and appointment opportunities on the website. Take-home tests will be the primary method of diagnostic testing for staff and students. Testing teams will be available for outbreaks, if needed.
Isolation	
	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).
Isolation in School	
	Schools will continue to need an isolation room for anyone that is symptomatic while at school. This can now be done in a variety of ways. If space allows, Health Rooms can be divided into two sections, one for regular visits and one for symptomatic. If space does not allow, then a separate room is needed. Outside space can also be used, if weather, supervision and privacy permit. Masks are required while supervising students with symptoms.

Positive Cases	
	LWSD will continue to report all positive cases to public health through the SharePoint Data system. All positive cases will be managed through the Case Management Team. There is no longer a requirement to track symptomatic cases.
Notification	
	LWSD will continue to notify staff and students/families of positive cases through the COVID dashboard. In addition, Case Managers will notify staff and union representatives as required by L&I.
STRATEGIES	
Hand Hygiene	
	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.
Cleaning	
	LWSD is continuing to maintain existing cleaning practices.
Ventilation	
	LWSD is continuing to maintain ventilation practices.
Masking	
	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.
Physical Distancing	
	Physical distancing is no longer a strategy from Department of Health for schools.
Assemblies/ Gatherings	Schools may hold student gatherings during the school day.
Family Evening Events	Schools may hold family events in the evening.
Staff	Staff meetings may be held either in-person or remotely. No restrictions on staff lounge.

Other	
Field Trips	Field trips, except for international travel, are now allowed without restriction.
Volunteers	Approved volunteers are welcomed in LWSD schools. Volunteers are subject to the state vaccination requirement.
Guest Speakers	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.
After-School Activities	Schools are open for building use and groups are subject to comply with COVID safety protocols as part of the building use agreement.
PE/Music	PE and music classes may return to typical operations.

COVID19 Safety Plan Structure

This COVID19 Safety Plan is built directly from the Washington State Department of Health guidance for K-12 schools. Pages 9-12 are designed to provide an outline of the implementation of this guidance for LWSD. All of these documents and processes are located on the COVID19 Supervisor Channel in the DLT Teams Site in the folder named, 22-23 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 – 8/5/22



Section 1: Requirements

Schools and child care providers must adhere to the requirements in this section. Schools, school districts, child care providers, programs, and/or local health jurisdictions (LHJs) may put more protective policies in place, which are also required to be followed.

Employee COVID-19 Vaccination

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

See [Vaccine Mandate](#) in the Glossary for full requirements or see [Vaccine Mandate Frequently Asked Questions](#).

Exclusion of Individuals with COVID-19 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 guidance accordingly. Follow the DOH [What to do if a Person is Symptomatic](#) flowchart and [Isolation Protocol](#) below.

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

An individual who tests positive for COVID-19 with a viral test (Molecular (PCR/NAAT) or antigen, including self-tests) is **required** to follow isolation guidelines outlined below.

A student, child, or staff who tests positive for COVID-19 is **required** to isolate at home or where they are currently residing, regardless of vaccination status. The individual may return after 5 full days of isolation if they are asymptomatic, or their [symptoms](#) have improved **and** they have had no fever for the past 24 hours without the use of fever-reducing medications.

Day 0 is the first day of symptoms. For people without symptoms, day 0 is the day of the positive viral test. See [Isolation and Quarantine Calculator](#).

Repeating initial tests does not change the isolation protocol; a positive test initiates the isolation protocol. Additionally, individuals who test positive using antigen or at-home tests towards the end of the full 5 days of isolation, and/or on days 6-10, are **required** to complete the 10 full days of isolation. Testing after day 10 is not recommended.

For additional considerations, please see section below: [Staying Home When Sick](#).

Isolation of COVID-19 Cases within a Facility

Any student, child, or staff who reports or has COVID-19-like symptoms is **required** to be immediately isolated from others, sent home or where they are currently residing, and referred to diagnostic testing as soon as possible, regardless of vaccination status. While waiting to leave the school or child care, the individual with symptoms is **required** to be isolated and wear a well-fitting face mask, if two years of age or older and not exempted from wearing a mask. Schools and child care should provide masks and other appropriate personal protective equipment (PPE) to staff, students, and children as needed or desired. Anyone providing care or evaluation to the isolated individual is **required** to wear [appropriate PPE](#).

All children, staff, and visitors aged two years and older are **required** to wear masks in the nurse/health room and in the isolation area, 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 Labor and Industries (L&I) [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

It is recommended the designated isolation space for individuals with COVID-19-like symptoms is separated from the space used for those needing general first aid or medicine distribution in a school setting, or from shared spaces with other children in a child care setting, where feasible. For schools, 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, with a properly sized HEPA air cleaner (air purifier) used to increase filtration. See [DOH ventilation guidance](#) for more information.

If no appropriate indoor space is available and the student or child can be supervised and made comfortable, a secure outdoor setting is an acceptable alternative if weather and privacy permit.

Notifying Groups or Individuals of Potential Exposure

Schools and child care providers are **required** to have a process in place to inform students, children, and their families when there are cases and outbreaks in the school or child care.

Options for keeping families informed of cases and outbreaks include but are not limited to:

- Weekly newsletters or online dashboards of cases and outbreaks.
- Group notification (e.g., by email or messaging system). Groups could include classes, teams, other extracurricular activities, or the school or childcare community.

Schools and child care providers are encouraged to include details such as the number of cases and locations in the school or child care where students may have been exposed.

The Health Emergency Labor Standards Act (HELSEA) **requires** employers to notify staff of exposure. See the L&I resource for [Questions and Answers: Reporting and Notification Requirements of HELSEA and PPE Usage](#).

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 4 school (including distributing self-tests for home use), at a centralized site for the district or organization, 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 lost days of in-person instruction.

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. See the [DOH Testing in Schools page](#) for more information. School districts must receive permission from parents or guardians for students to receive school-based testing.

Child care providers may point staff and families to testing options through [community-based](#) sites, through a medical provider, or at-home tests.

*“Accessible community-based testing provider” means the testing is both free and no more than a 30-minute drive from the school and may include a clinic, pharmacy, fixed or mobile testing site, etc.

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

Schools and child care providers play an important role in identifying COVID-19 cases and limiting the spread of COVID-19. All COVID-19 cases, outbreaks, and suspected outbreaks in schools and child care settings are **required** to be reported to the [Local Health Jurisdiction](#) (LHJ) in accordance with Washington State law ([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, child care 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 child care.

All cases in schools or child care that meet the criteria below are **required** to be reported to the LHJ as a suspected outbreak of COVID-19 ([WAC 246-101](#)):

- At least **3 cases within a specified core group** meeting criteria for a COVID-19 case from a positive viral test OR
- Multiple COVID-19 cases from positive [viral tests](#) comprising at least **10% of students, teachers, or staff within a specified core group** AND
- Cases have a symptom onset or positive test result within 14 days of each other.

Communication about COVID-19 cases 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.

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

LWSD COVID19 Implementation Plan

Components adjusted based on updated guidance from WA State Department of Health (DOH), Public Health – Seattle King County, and LWSD policy.

Management Area	Responsibility
<p>Symptomatic:</p> <ul style="list-style-type: none"> • No tracking • Stay home when sick • Symptomatic are sent home • Q-Room per guidance • Take-home tests sent • Families do not have to show proof of negative <p>Guidance: Students and staff who have symptoms of COVID-19 are required to stay home and should get tested and/or see a health care provider. Follow the WA DOH COVID-19 Symptom and Exposure Flowchart for Schools.</p>	<ul style="list-style-type: none"> • COVID Supervisor manages sending take-home tests & sending students home when symptomatic at school; delegates responsibility as necessary.
<p>Positive:</p> <ul style="list-style-type: none"> • Isolation guidance provided to positive individual. • Positive case data entered in SharePoint <p>Guidance: Students or staff who test positive for COVID-19 are required to isolate at home for 5 days, regardless of vaccination status. Day 0 is the first day of symptoms. For people without symptoms, day 0 is the day of the positive viral test. See Isolation and Quarantine Calculator for additional information.</p> <p>The individual may return to school after 5 full days of isolation if:</p> <ul style="list-style-type: none"> • Their symptoms have improved, or they are asymptomatic, AND • They are without a fever for the past 24 hours without the use of fever-reducing medications. <p>Individuals should continue to wear a well-fitting mask for an additional 5 days (day 6 through day 10) if they return to school after the end of their 5-day isolation period. If an individual is unable to wear a well-fitting mask, they should continue to isolate for a full 10 days.</p> <p>Students and staff are encouraged to test before returning. Individuals who test positive using antigen or at-home tests towards the end of the full 5 days of isolation, and/or on days 6-10, are required to complete the 10 full days of isolation. Testing after day 10 is not recommended.</p>	<ul style="list-style-type: none"> • Case Manager • Depending on volume of cases COVID Supervisor may be involved in case response and delegate responsibility among staff as necessary (Nurse, HROP, etc.).

Management Area	Responsibility
<p>Exposure Notification:</p> <ul style="list-style-type: none"> Individual exposure notifications will not be sent for each positive case, families reminded to refer to COVID dashboard. <p>Guidance: To protect their school community, students and staff, regardless of vaccination status, who are potentially exposed to COVID-19 should:</p> <ul style="list-style-type: none"> Monitor for symptoms, AND Test* as soon as possible after exposure and then repeat testing every 24-48 hours through at least the first 5 days after exposure AND Students and staff who spend time indoors with individuals at risk for getting very sick with COVID-19 should wear a well-fitting mask for 10 days after exposure. Follow the WA DOH COVID-19 Symptom and Exposure Flowchart for Schools. <p>Exposed, formally referred to as Close Contact, students 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 do not have symptoms or test positive. If an exposed student or staff member develop symptoms, they should test and are required to immediately isolate at home and follow the COVID-like symptom guidance outlined above.</p> <p>*Individuals who have been recently infected (within the past 90 days), should use an antigen test, as PCR results may remain persistently positive even if there is not a new, active infection.</p>	<ul style="list-style-type: none"> Case Manager Webmaster

Management Area	Responsibility
<p>Testing:</p> <ul style="list-style-type: none"> • No scheduled in-school testing • Drive-through offered on schedule <ul style="list-style-type: none"> ○ Support Services M-W-F, 3-7pm • Home test kits provided to buildings • On-demand testing for outbreaks <ul style="list-style-type: none"> ○ Pending CIC availability 9-11am, 1-4pm • Additional testing support plan in place if high-volume need arises. • <i>Schools ONLY hand out take-home kits, no other involvement.</i> 	<ul style="list-style-type: none"> • COVID Supervisor provides take-home tests or delegates staff for this task. • COVID Supervisor coordinates with Health Services during outbreak or high-volume need. Testing Coordinator role may need to be assigned. • Case Manager will schedule on-demand testing and manage outbreak exposure notification communication.
<p>Outbreak Response – Standardized All cases in schools or childcare that meet the criteria below are required to be reported to the LHJ as a suspected outbreak of COVID-19</p> <ul style="list-style-type: none"> • At least 3 cases within a specified core group meeting criteria for a COVID-19 case from a positive viral test <p>OR</p> <ul style="list-style-type: none"> • Multiple COVID-19 cases from positive viral tests comprising at least 10% of students, teachers, or staff within a specified core group <p>AND</p> <ul style="list-style-type: none"> • Cases have a symptom onset or positive test result within 14 days of each other. <p>When a cluster outbreak is identified in elementary:</p> <ul style="list-style-type: none"> • Notification letters sent to individual classroom/cohort group • Home test kit provided to class/cohort or On-demand testing scheduled • Masking encouraged for 10 days, and • If elementary school absence rate is 35% or greater consider whole school going remote for 10 days. <p>When a cluster outbreak is identified in Secondary:</p> <ul style="list-style-type: none"> • If 10% of students across multiple classrooms are COVID+ encourage masking for 10 days • If 15% consider switching to remote learning for up to 10 calendar days. 	<ul style="list-style-type: none"> • Case Manager • Building Nurse • COVID Supervisor • Health Services & Cabinet (when elevated response decisions required)

Management Area	Responsibility
Athletics** <ul style="list-style-type: none"> Screening testing not required. 	<ul style="list-style-type: none"> Athletics & Activities Athletic Directors Health Services Case Manager
RC/SSC/Willows/other District Admin Bldgs <ul style="list-style-type: none"> Case Manager responds to cases COVID Supervisor provides backup to case response when volume is high. COVID Supervisor still provides conduit between positive case & Case Manager. 	<ul style="list-style-type: none"> Case Manager COVID Supervisor
Reporting <ul style="list-style-type: none"> All positive cases entered and tracked in SharePoint for direct reporting to Public Health SharePoint data also updated daily/weekly on LWSD COVID Dashboard Cluster/Outbreak report completed per Public Health requirements 	<ul style="list-style-type: none"> Case Manager COVID Supervisor, depending on case volume. Health Services Manager (outbreak reporting)
Management of COVID Safety Plan & Response <ul style="list-style-type: none"> Management & administration structure of COVID Safety Plan for 2022-23 <ul style="list-style-type: none"> Health Services Risk & Safety Services 	<ul style="list-style-type: none"> Risk & Safety Services/Health Services Cabinet
PPE <ul style="list-style-type: none"> Buildings manage their supply. Purchased by buildings as needed Masks provided for outbreaks. 	<ul style="list-style-type: none"> Building Purchasing
Isolation <ul style="list-style-type: none"> Isolation space for symptomatic individuals is required. Separate space from the Health Room when feasible is <i>recommended</i> but not required. <ul style="list-style-type: none"> Implement increased safety measures in shared Health/Q-Room. 	<ul style="list-style-type: none"> Building HROP Nurse
<p>** For Athletics, Case Manager will be responsible for sending the positive communication and entering the case in SharePoint. If an outbreak is identified Athletics will be responsible for sending the template letter provided by the case management team, and ensuring any follow-up recommendations (masking, testing, etc.) are implemented within the team. If additional testing requirements are implemented for Athletics, Athletics will manage the testing and will be responsible for reporting the case to the Case Manager for follow-up.</p>	

For more information regarding strategies and supplemental information from the Department of Health Guidance for K-12 schools, please visit: [Requirements and Guidance to Mitigate COVID-19 Transmission in K-12 Schools and Child Care \(wa.gov\)](https://www.wa.gov/health/requirements-and-guidance-to-mitigate-covid-19-transmission-in-k-12-schools-and-child-care).