

## K-12 Schools – Fall 2020-2021 Guidance

The following guidance incorporates information from [CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs--Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#), [K-12 Schools and Child Care Programs](#) and [CDC COVID-19 Considerations for Schools](#). It is intended to assist schools in complying with Governor and Office of Superintendent of Public Instruction (OSPI) requirements to help ensure employee and student safety during the COVID-19 pandemic.

**This guidance is specific to K-12 public or private schools regardless of what phase or county they are in. Counties in Phase 1 or modified Phase 1 may need to implement additional precautions. The local health department shall determine, in consultation with the state health department, if or how schools in these counties should operate.**

If the school buildings have been shuttered, please follow CDC guidance on safely reopening the buildings: [Reopening Buildings After Shutdown](#).

Existing science, policies, and stakeholder input inform the guidance.

This guidance does not address extracurricular activities, such as youth sports, which are addressed in the [Professional Sports & Other Sporting Activities Phase 2 and 3 COVID-19 Requirements](#).

**DOH recognizes the need to plan ahead for the upcoming school year while the science of COVID-19 evolves. Further, the trajectory of disease in our state and nation may require changes to our state's response including in schools. DOH will update this guidance periodically and work with OSPI to ensure districts, schools, and families are aware of updates.**

### General Guidance

Do not allow students, staff, vendors, parents and guardians, or guests on-site if they:

- Are showing [symptoms of COVID-19](#).
- Have been in close contact\* with someone who has confirmed or suspected COVID-19 in the last 14 days.

\*Health care providers, EMS workers, and educational staff associate who wore proper personal protective equipment (PPE) are OK to attend.

Ensure staff are trained in health and safety protocols for your site, including how to screen for symptoms, maintaining physical distance, wearing appropriate PPE, frequent cleaning and handwashing, and what to do if someone develops signs of COVID-19.

Communicate regularly with families and staff, and emphasize the importance of staying home when sick, physical distancing of six feet, and hand hygiene.

All students, staff, volunteers, and guests must wear cloth face coverings in K-12 settings. See below for more information about cloth face coverings guidance. In addition, schools have a general obligation to provide employees a safe and healthy work site in accordance with state and federal law and safety and health rules, including addressing hazards associated with COVID-19. Refer to the Department of Labor & Industries' [COVID-19 Workplace Safety and Health Requirements](#) for more information.

Monitor student and employee attendance and absences, have flexible locally-determined leave policies and practices, and have access to trained substitutes to support employee absences.

### People at High Risk for Serious Health Problems from COVID-19

Those at [high risk](#) for health problems from COVID-19 should consult with their health care provider when considering whether to provide or participate in K-12 activities. Protections for employees at high risk for health problems remain in place under Proclamation 20-46.

### Drop-Off and Pick-Up

- Develop a system for drop-off and pick-up that keeps families at least six feet from each other and reduces their need to enter the school. This may include staggering drop-off and pick-up times for various groups, one-way traffic flows, greeting students at their vehicle, or placing distancing markers on walkways.

### Health Screening at Entry

Check for signs of illness for all staff and students at entry each day.

For more information or options for temperature checking, see the [CDC guidance](#).

Staff and students with any illness must stay home. Every day, ask the parents or guardians the following questions:

- Does your student have any of the following [symptoms that are not attributable to another condition](#) [on the first day after a break or for a new student, please ask about symptoms in the past three days (72 hours)]:
  - A cough
  - Shortness of breath or difficulty breathing
  - A fever of 100.4°F or higher or a sense of having a fever
  - A sore throat
  - Chills
  - New loss of taste or smell
  - Muscle or body aches
  - Nausea/vomiting/diarrhea
  - Congestion/running nose – not related to seasonal allergies
  - Unusual fatigue

- Does anyone in your household have any of the above symptoms that are not attributable to another condition?
- Has your student been in close contact with anyone with suspected or confirmed COVID-19?
- Has your student had any medication to reduce a fever before coming to school?

The student must be excluded from school if the answer to any of the above questions is “yes.” Refer to “Returning to school after suspected COVID-19 symptoms” below.

If the answer to all of the above questions is “no,” check the student for signs of being sick, such as flushed cheeks or tiredness. Keep a distance of at least six feet of space or have a physical barrier between you and the student during assessment.

## Reducing Transmission

### Grouping Students

Keep elementary school students in groups with dedicated staff, and maintain consistency from day to day among groups where possible. Multiple groups of students may use the same facility as long as they are in limited contact with other groups.

### Physical Distancing

Practice physical distancing (six feet) within each group of students as much as possible. Create space between students and reduce the amount of time they are close with each other. Your ability to do this will depend on students’ ages and developmental and physical abilities. Select strategies to increase physical distancing that will work for your school and the space available. Not all strategies will be feasible for all schools. Think creatively about all opportunities to increase physical space between students and limit interactions in large group settings.

Schools may consider physical distancing strategies such as:

- **Cancel field trips, assemblies, and other large gatherings.** Cancel in-person activities and events such as field trips, student assemblies, special performances, school-wide parent meetings, or spirit nights.
- **Cancel or modify classes where students are likely to be in very close contact.**
- **Suspend or make significant modifications to activities that are considered high risk, such as choir or other classes or activities that require students to remove face coverings, and may contribute to transmission of COVID-19.** If these classes or events continue, hold them outdoors or in a large well-ventilated space and with fewer people than usual to allow even greater physical distance between students. Ensure that families understand these activities are high risk.
- **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each

other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).

- **Reduce the number of students at tables, lab benches, or other workstations to increase physical distance.**
- **Reduce the number of students in the halls at one time.** Stagger release of classes. Limit activities where multiple classrooms interact.
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times.
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.
- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.
- **Keep students outside more, as weather and space permits.**

## Meals

Limit gatherings and potential mixing of classes or groups in the cafeteria or other communal spaces. Consider having students take their meals outside or in the classroom. You may accomplish this through meal delivery to classes, or through grab-and-go services. If using the cafeteria, have students sit with their class or group, and ensure physical distance between students and between groups.

Stagger meal times in lunchroom or dining hall. Arrange the flow of students to reduce crowding such as at handwashing sinks, food vending areas, etc. Space students as far apart as you can at the table. Make sure tables are at least six feet apart.

Individually plate food for each student. The staff (not students) should handle utensils and serve food to reduce spread of germs.

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

## Hygiene Practices

Wash hands often with soap and water for at least 20 seconds. Children and adults should wash hands when they arrive at school, before meals or snacks, after outside time, after going to the bathroom, after nose blowing or sneezing, and before leaving to go home. Help young children to make sure they are doing it right.

Teach children (and adults) not to touch their eyes, nose, and mouth with unwashed hands.

If soap and water are not readily available, use an alcohol-based hand gel with at least 60 percent alcohol and preferably fragrance-free. Supervise use of alcohol-based hand gel by young children.

Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Clean hands with soap and water or hand gel.

## Cloth Face Coverings

Wearing cloth face coverings may help prevent the spread of COVID-19 and is required for staff and students. See the [Washington State Department of Health Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. All students, volunteers, or guests must wear cloth face coverings at school when indoors.

For staff, cloth facial coverings must be worn by every individual not working alone at the location unless their exposure dictates a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

- Cloth face coverings should not be worn by:
  - Those with a disability that prevents them from comfortably wearing or removing a face covering.
  - Those with certain respiratory conditions or trouble breathing.
  - Those who are deaf or hard of hearing and use facial and mouth movements as part of communication.
  - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
- Students may use face shields as an alternative to a cloth face covering. If used, face shields should extend below the chin, to the ears, and have no gap at the forehead. A drape may offer more protection.
- Younger students must be supervised when wearing a cloth face covering or face shield and will need help putting them on, taking them off, and getting used to wearing them.
- Even when cloth face coverings are worn, continue practicing proper physical distancing.
- Students may remove cloth face coverings to eat and drink and when they go outdoors for recess, physical education, or other activities.

## Bus Transportation

Principles for COVID prevention within school transportation are:

- Maximize outside air and keep windows open as much as possible
- Encourage walking, biking, or being driven by caregivers as much as possible

- Riders and staff members must wear a cloth face covering
- Clean and disinfect frequently touched surfaces
- Keep riders as far apart as possible on the bus

## What to do if someone develops signs of COVID-19

To prepare for the potential of student or staff showing symptoms while at school, schools should have a response and communication plan in place that includes communication with staff, families, and their [local health jurisdiction](#).

If a student or staff member develops signs of COVID-19 (see list under health screenings on page 3), separate the person away from others, with supervision at a distance of six feet, until the sick person can leave. While waiting to leave school, the individual with symptoms should wear a cloth face covering or mask if tolerated. Air out and then clean and disinfect the areas where the person was after they leave.

The person with symptoms should follow [DOH guidance for what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#). Ask the employee or student’s parent or caregiver to inform the school right away if the person is diagnosed with COVID-19.

If a student or staff member tests positive for COVID-19, the local health jurisdiction will advise, but it is likely that many of the student’s classmates will be considered close contacts and need to be quarantined for 14 days. Refer to [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID- 19\)?](#)

## Returning to school after having suspected signs of COVID-19

A staff member or student who had signs of suspected or confirmed COVID-19 can return to the program when:

- At least three days (72 hours) have passed since recovery – defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath;

**AND**

- At least 10 days have passed since signs first showed up.

**OR**

It has been at least three days (72 hours) since recovery **AND** a health care provider provides a note that the student does not have suspected or confirmed COVID-19.

If a person believes they have had close contact to someone with COVID-19, but they are not sick, they should watch their health for signs of fever, cough, shortness of breath, and other COVID-19 [symptoms](#) during the 14 days after the last day they were in close contact with the person sick with COVID-19. They should not go to work, child care, school, or public places for 14 days.

## Cleaning and disinfecting procedures

Schools should have infection control plans, updated to reflect what is known about COVID-19. A good resource is [Cleaning for Healthier Schools – Infection Control Handbook 2010](#)

Increase how often you clean.

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

Current [guidance for cleaning and disinfection for COVID-19](#) from the CDC states that disinfectants should be registered by the EPA for use against the COVID-19. See [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#). Disinfectants based on hydrogen peroxide or alcohol are safer. The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19.

If you use a bleach and water mixture for disinfection, mix it at a concentration of four teaspoons of 6 percent bleach per quart of cool water or five tablespoons of 6 percent bleach (one-third cup) per gallon of cool water (1,000 parts per million). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet for at least one minute. An emergency eye wash station is required where bleach is mixed from concentrate.

More information about cleaning, disinfecting, and choosing safer products is on the [DOH COVID-19 website](#). If your program is in a public school building, coordinate the use of chemical products with the school maintenance staff. Clean and sanitize toys, equipment, and surfaces in the program space. Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Outdoor areas generally require normal routine cleaning and do not require disinfection. Wash hands after you clean.

If groups of students are moving from one area to another in shifts, finish cleaning before the new group enters the area. Clean and disinfect high-touch surfaces each night after students leave.

Always follow the disinfectant instructions on the label:

- **Use disinfectants in a ventilated space. Heavy use of disinfectant products should be done when children are not present and the facility should air out before children return.**
- Use the proper concentration of disinfectant.

- Keep the disinfectant on the surface for the required wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children.
- Facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
- Parents, teachers, and staff should not supply disinfectants and sanitizers.

## Carpets

If possible, vacuum daily (when children are not present). Use a vacuum with a HEPA (high efficiency particulate air) filter – or use HEPA vacuum bags. Having both is even better.

## Outdoor Areas

Outdoor areas, like playgrounds in schools and parks, generally require normal routine cleaning, but do not require disinfection.

- Do not spray disinfectant on outdoor playgrounds—it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High-touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

## Ventilation

Ventilation is important to have good indoor air quality. Offer more outside time, open windows often, and adjust the HVAC system to allow the maximum amount of outside air to enter the program space. Use of fans for cooling is acceptable. They should blow away from people. There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems.

## Shared Hands-On Teaching Materials

Clean and sanitize hands-on materials often and after each use. Limit shared teaching materials to those you can easily clean and sanitize or disinfect. Children’s books and other paper-based materials are not high risk for spreading the virus.

## More COVID-19 Information and Resources

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



The risk of COVID-19 is not connected to race, ethnicity or nationality. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

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

**Have more questions about COVID-19?** Call our hotline: **1-800-525-0127**. For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your 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).