

# Supplemental Considerations to Mitigate COVID-19 Transmission in K-12 Schools

## Summary of October 27, 2021 Changes

- Updated information on [classroom and school closure](#) criteria.
- Additional guidance on how to [prioritize contact tracing](#) in high priority settings.
- [Close contact testing](#) recommended timeline updated from 3-5 days post-exposure to 5-7 days post-exposure per CDC guidance.
- Technical clarifications for preference of antigen testing for [Test to Stay](#) programs and Performing Arts/Sporting activities screening testing (see also [K-12 Requirements](#)).

## Summary of October 4, 2021 Changes

- Updated K-12 school outbreak definition in alignment with CDC (see [Appendix B: Glossary of Terms](#)).
- Inclusion of outdoor classrooms in K-12 close contact exception definition (see [Appendix B: Glossary of Terms](#)).
- Clarification on reflex testing for pooled tests ([Surveillance Testing](#) section).
- References added for new [Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#) and [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) tools.

## Introduction

**This guidance provides additional information on optional strategies schools may take to further reduce transmission risks to student and staff from COVID-19. These are not requirements.** See the DOH [K-12 School 2021-2022 Requirements](#) document and Governor's [K-12 Schools Proclamation](#) for information on requirements for K-12 schools for the 2021-2022 school year.

These optional strategies are intended for public and/or private schools serving kindergarten through 12<sup>th</sup> grade (K-12). They are based on existing science, expert public health opinion, and stakeholder feedback. This guidance uses information from the Centers for Disease Control and Prevention's [Guidance for COVID-19 Prevention in K-12 Schools](#).

DOH encourages schools to coordinate with their local school board and the local health department for any decisions related to the optional strategies outlined herein.

Successfully using these recommendations relies on communication between schools and local public health authorities. Some of this communication may include private information that falls under the Family Educational Rights and Privacy Act. FERPA allows schools to share

personally identifiable information with local public health without consent when responding to a health emergency. Read more about [FERPA](#).

The purpose of this document is to provide school districts ideas for implementation of COVID-19 mitigation strategies for the 2021-2022 school year. These recommendations are intended to be supplemental to the K-12 School 2021-22 Requirements.

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## Developing COVID-19 Policies and Procedures

The information below outlines optional strategies based on current public health recommendations. For requirements, see the DOH’s [K-12 COVID-19 Requirements for the 2021-2022 School Year](#).

### Establish Roles and Responsibilities

Managing COVID-19 within schools to help reduce transmission and keep students, staff, and families healthy and safe requires a coordinated team response. Identifying staff to play specific roles within the team is critical to ensuring a coordinated response. [State law requires that each school have a safety committee](#) that includes employer and staff representatives. This committee should help provide coordination and input on the school’s COVID-19 response.

The following is a list of suggested roles and responsibilities within the school and district to facilitate a coordinated response to COVID-19 related illness events. Depending on local resources, roles and responsibilities may be combined or responsibilities redistributed as appropriate.

- District COVID-19 Coordination
- School COVID-19 Coordination
- COVID-19 Illness Monitoring
- COVID-19 Isolation Supervision
- Infection Control

### District COVID-19 Coordination

Monitoring and managing outbreaks among schools requires the partnership between the Washington State Office of Superintendent of Public Instruction (OSPI), Washington State Department of Health (DOH), local health jurisdictions (LHJs), school district leaders and school administrators. Responsibilities of the district coordination may include:

- Serves as a liaison to the LHJ.
- Informs the LHJ about COVID-19 cases in each school.
- Maintains and updates [School Case & Close Contact Reporting Line List Template](#) for the district.
- Updates protocols, procedures and school resources as new or revised guidance from CDC and DOH becomes available.
- Distributes protocols, procedures, and resources to the School COVID-19 Coordinator(s).
- Communicates regularly with school educators and staff, students, parents, and before and after school providers regarding COVID-19.
- Serves as the point-of-contact for questions and information for the community-at-large as well as related stakeholders/school district partners.

### School COVID-19 Coordination

A site-specific COVID-19 Coordinator should be designated by each school and other work site (e.g., district office) to monitor the health of students and employees and enforce the COVID-19 job site safety plan. The LHJ may notify the designated COVID-19 Coordinator at each school of the name of each child, teacher, or staff who is a COVID-19 case when they have been present in school during their infectious period. This information may also be provided for any identified case or contact who attends or works at the school, and the LHJ will work with the school to clarify the dates that they will need to be excluded from school for [isolation](#) or [quarantine](#). Additional responsibilities of the School COVID-19 Coordinator may include:

- Provides resources and information about COVID-19 and quarantine/isolation to ill staff and families of ill students.
- Maintains and disseminates COVID-19 procedures, protocols and information to all staff, students and families, including privacy policies regarding COVID-19 health information and infection status.
- Gathers additional information about close contacts for tracking on the [School Case & Close Contact Reporting Line List Template](#).
- Maintains a list of classrooms and other cohorts within the school environment (classrooms, transportation, extracurricular activities, cafeteria, recess, etc.) with dates of when COVID-19 positive students/staff have been present while infectious.
- Serves as liaison to District COVID-19 Coordinator. Sends completed [School Case & Close Contact Reporting Line List Template](#) to District COVID-19 Coordinator and alerts them to COVID-19 positive cases in school.
- Manages internal and external communications regarding outbreak status of the school. Schools may know about cases and potential cases before an LHJ knows about them and should be prepared to make decisions and work with their LHJ. Schools should be prompt, transparent, and thorough in their communications to the school community when infected persons have been present in school and potentially exposed others. A formal communications plan and written and verbal communications are recommended.
- Notifies student/staff close contacts of COVID-19 cases of the exposure and quarantine specifications, if applicable. See templates on the [Resources and Recommendations webpage](#) under Schools and Child Care.

- Notifies all families and staff in a cohort when a student/staff COVID-19 case has been present in school during the infectious period, if applicable. See templates on the [Resources and Recommendations webpage](#) under Schools and Child Care.
- Serves as the point-of-contact for questions and information for staff/students/families.
- Ensures that there is staff designated and available daily to fulfill COVID-19 roles within the school.

#### COVID-19 Illness Monitoring

- Gathers information about symptomatic students and staff and connects them to isolation area, if applicable.
- Notifies parent/guardian to facilitate student getting home safely.
- Gathers preliminary information for [School Case & Close Contact Reporting Line List Template](#), including dates of infectious period.
- Ensures that students/staff use cloth face coverings, maintain physical distancing, and adhere to other routine COVID-19 prevention measures.
- Notifies COVID-19 Isolation Supervisor and/or Infection Control Lead of need to initiate isolation or infection control protocols, respectively.

#### COVID-19 Isolation Supervision

- Supervises area where students/staff who develop COVID-19 symptoms while at school are kept until they can leave school.
- Ensures that students/staff use cloth face coverings, maintain physical distancing, and adhere to other routine COVID-19 prevention measures while waiting.
- Ensures that student is released to parent/guardian or designee.

#### Infection Control

- Prepares COVID-19 cleaning and disinfecting plans and regularly updates plans with new or revised CDC and DOH guidance.
- Maintains and updates cleaning and disinfecting protocols.
- Facilitates initiation of cleaning and disinfecting protocols of all affected areas.
- Notifies custodial staff that affected area(s) must be cleaned and disinfected in accordance with CDC COVID-19 cleaning/disinfection protocols.
- Ensures that affected areas are not used until cleaning is complete.
- Confirms that custodial staff has completed cleaning and disinfection of all affected areas.
- Ensures that COVID-19 isolation area is disinfected daily.

### Responding to Cases or Suspected Cases of COVID-19

**The following are supplemental recommendations, not requirements, based on current public health recommendations. See the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 COVID-19 Requirements for the 2021-2022 School Year](#) for requirements.**

Outlined below is information about how to respond to a [COVID-19 case](#) amongst students or staff, including tools and guidance for identifying [close contacts](#) of the COVID-19 case.

## Preparedness

Schools play an important role in identifying close contacts and communicating with parents, guardians, and staff. Planning how your school will respond to a case of COVID-19 ahead of time will help your team to move as fast as possible to help stop transmission in your school. Schools are required to have a COVID-19 response and communication plan in place; see the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 Requirements for 2021-2022](#). DOH recommends that schools prepare for COVID-19 cases ahead of time by taking the following actions:

- **Identify isolation spaces and protocols for use.** Requirements for isolation spaces and protocols for use can be found in the What to Do if Someone Develops Symptoms of COVID-19 While at School section of the [K-12 Requirements for 2021-2022](#). Additional recommendations include:
  - If more than one individual requires isolation and the isolation space does not contain multiple rooms with doors that can close and windows that vent outside, a room with several cots spaced at least six feet apart may be used.
  - Ideally, the isolation space would have a private bathroom for use only by persons being evaluated for COVID-19. If a private bathroom for ill persons is not available, the ill person should continue wearing a face mask when traveling to and from the communal bathroom. The exhaust fan in the bathroom should be kept on at all times, and the fan should be checked to make sure it is operating at maximum velocity. Clean and disinfect all high touch areas between the patient room and bathroom as well as in the bathroom.
  - Thoroughly air out and then clean and disinfect the area after the ill person leaves. If the HVAC system does not have MERV 13 filters or if the room does not have windows that open, consider use of a portable HEPA filter machine. See the DOH [Ventilation](#) guidance for details on selecting portable HEPA filters. Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products.
- **Identify diagnostic testing resources and protocols for use.** Identifying diagnostic testing resources for students and staff with COVID-19 symptoms and close contacts and developing protocols for their usage ensures that staff and students have access to timely testing for COVID-19 infection. When students or staff display COVID-19 symptoms, schools should provide diagnostic testing or refer them to a healthcare provider for clinical evaluation and diagnostic testing, regardless of vaccination status. Any close contacts of a COVID-19 case should receive diagnostic testing, though the timing and frequency of this testing will vary based on the close contact's vaccination status, history of infection, and participation in Test to Stay.
  - Information about school facilitated testing-resources for post-exposure testing and Test to Stay may be inserted in post-exposure notification templates on the [Resources and Recommendations webpage](#) under Schools and Child Care.
- **Work with your local health jurisdiction (LHJ) to determine roles and responsibilities between the LHJ and school district.** The roles and responsibilities proposed in this

document are recommendations, and schools should contact their LHJ to discuss what role the school plays in case investigation and contact tracing. Another decision to consider is whether the school is expected to begin contact notifications independently or if they should only do so in conjunction with the LHJ after identifying school close contacts of a COVID-19 case. Consider reviewing the following to help inform this decision:

- [K-12 COVID-19 Requirements for 2021-2022](#)
- [Roles and Responsibilities](#)
- Case and Contact Tracing Process Map ([Appendix C](#))
- **Identify points of contact and staff roles.** Determine which school and district staff will fill roles and carry out responsibilities and identify points of contact at the LHJ. A [list of LHJs](#) can be found on the DOH website.
- **Train staff in case and contact investigations.** The LHJ and school district should work together to decide what contact tracing information the school district will be responsible for collecting. Training will help designated staff and the School COVID-19 Coordinator(s) conduct effective contact identification and notification while ensuring the privacy and confidentiality of all COVID-19 cases and close contacts. Training might start with learning the information in this guidance and the [K-12 Requirements, Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#) and [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) tools; followed by practicing interviews, data collection, and data entry based on mock cases, in accordance with the roles agreed upon between the LHJ and the school.
- **Develop procedures for identifying close contacts from school records.** Prompt identification of all close contacts of a COVID-19 case is essential for preventing disease transmission. Schools should define procedures for using records to help identify close contacts as quickly as possible. **Attendance records, records of student cohorts or groups, and seating charts within classrooms, lunchrooms, or buses where there is assigned seating will be helpful for identifying close contacts.** Records should also be maintained on vaccination status and mask use in the classroom to inform who will need to quarantine and when close contacts should be tested following their exposure.
- **Develop templates for close contact notifications to send to parents/guardians and staff.** Schools may need to be prepared to notify staff and students of any COVID-19 exposures or related closures, depending on roles and responsibilities discussed with your LHJ. Developing a script or template for notification via phone call and/or emailed letter will expedite these notifications; scripts should be developed in consultation with your LHJ. Examples of these scripts and templates can be found on the [Resources and Recommendations webpage](#) under Schools and Child Care.
  - Consult with your LHJ to determine what quarantine length unvaccinated close contacts should follow. This information will enable you to populate the [ESTIMATED END OF QUARANTINE DATE] and [NUMBER] of days after last exposure in templates found on the [Resources and Recommendations webpage](#) under Schools and Child Care.
- **Share with parents the importance of notifying the school if their child is a COVID-19 case.** This will enable a proper isolation periods to be followed and facilitate a timely

case investigation and contact tracing to prevent further infections in the school and community.

- **Develop data sharing protocols with your LHJ.** Information about COVID-19 cases and their close contacts will be shared between school staff, district staff, and the LHJ. Often, the school and LHJ will not be made aware of a COVID-19 case at the same time, so both the school and LHJ should expect to both send and receive information on case investigation and contact tracing. Since case investigation and contact tracing documentation contains private health information, schools should develop data sharing protocols to securely share this information such as using secure email or a secure file transfer protocol.
- **Encourage use of WA Notify,** a free and anonymous exposure notification tool for use on smartphones. Adding WA Notify to a smartphone enables the user to be notified if they've spent time near another WA Notify user who later test positive for COVID-19. No personal information is collected or shared, so anyone with a smartphone can use it regardless of age. Participation is completely voluntary. If a WA Notify user tests positive for COVID-19 and participates in a public health interview, they may be asked if they are using WA Notify, which they can voluntarily use to quickly and anonymously notify other WA Notify users who they may have been in close contact with during their infectious period. WA Notify is available in more than 30 languages. See DOH's [Washington Exposure Notifications webpage](#) for more information.

## Case Investigation and Contact Tracing

When a COVID-19 case is identified among a student or staff member in a school, it is critical to conduct immediate contact tracing and identify all students and staff members who have been in close contact with this person during the case's infectious period. This should be done individually for each COVID-19 case who visited the school campus or participated in school activities.

See the [Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#), [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#), and the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 Requirements](#) guidance for additional information. Also refer to the CDC's [Considerations for Case Investigation and Contact Tracing in K-12 Schools](#).

## Case Isolation

See the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 Requirements](#) for information on isolating cases or suspected cases of COVID-19.

When an individual is isolating, they should stay home and away from others (including household members) except to get medical care in order to avoid spreading their illness. If a student is excluded from school due to isolation, they should not go anywhere except home or to seek medical care. Thus, parents should notify all care providers (e.g., child care, school) when a student is isolating and excluded from all settings. Schools should not transport children in isolation to child care, and vice versa; children identified with symptoms of COVID-19 or who test positive for COVID-19 must go or stay home.



## Identifying Close Contacts in the School Setting

The [Coordinator](#), in consultation with the LHJ, should work with the school's internal team to determine who has been in close contact with a [COVID-19 case](#) in school during the case's [infectious period](#). Use the [Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#), [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) tools to guide this process. Additionally, the [School Case and Close Contact Reporting Line List Template](#) can be used to gather and record information for all cases of COVID-19 and their close contacts. This template has one tab to record information about COVID-19 cases and another tab to record information about each case's close contacts. A separate spreadsheet to record information on close contacts should be created for each COVID-19 case, though some close contacts may appear on multiple spreadsheets.

A close contact is defined based on proximity and duration of exposure with consideration of mask wearing.

- In most settings, for COVID-19, a close contact is anyone who was within 6 feet of an infectious person for a total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infectious person can spread COVID-19 starting from 2 days before they have any symptoms or, if they are asymptomatic, 2 days before their sample that tested positive was collected.
- In the [K-12 indoor classroom setting](#), or a [structured outdoor setting](#) (i.e., holding class outdoors with educator supervision), where masks are worn correctly and consistently, the close contact definition *excludes* students who were between 3 to 6 feet of an infectious student if both the infectious student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. In other words, in K-12 indoor classrooms and structured outdoor settings, if students are consistently wearing masks and seated or otherwise able to remain at least 3 feet apart, they are NOT considered close contacts.

The following are important considerations when documenting information about who may have been exposed to a COVID-19 case:

- **When was the case on campus during their infectious period?** To begin contact tracing, establish a time period for which you need to identify close contacts of a case.
- **With whom did the case come in close contact?** Individuals who had close contact with a case must be identified in order to determine if they need to quarantine (depending on vaccination status and history of COVID-19 infection), which prevents further infections in school.
- **Was the case with a single cohort in one classroom throughout the school day?** Grouping students into cohorts limits the number of individuals who may be exposed to a case by restricting the number of classmates or staff that a case may encounter on campus. This can help focus your contact tracing efforts.
- **Was the case mixing with other people, classrooms or cohorts?** Interactions between the case and several other people, classrooms, or cohorts increases the number of close contacts, which means a greater number of people who may need to quarantine.

- **Was there intermixing between groups, classrooms or cohorts?** Contact tracing may extend into many groups or classrooms throughout the school if there is intermixing between groups of student and staff.
- **How were the classrooms set up (desk separation and spacing)?** Whether someone is a close contact in a classroom is partly determined by their distance from the case. Seating charts combined with information about distance between desks and mask use can help with identifying [close contacts](#). Reminder: Students that are distanced at least 3 feet apart and consistently wearing masks are not considered close contacts.
- **Did the case consistently and correctly wear a mask in the classroom?** Correct use of cloth face coverings or masks is required when indoors at K-12 facilities for all school personnel, students, and visitors. Student use of face coverings in the classroom, including indoor and structured outdoor classroom environments, partly determines whether a student is a close contact, in accordance with the [K-12 close contact exception criteria](#).
- **Did the potential close contact consistently and correctly wear a mask in the classroom?** Student use of face coverings in the classroom partly determines whether a student is a close contact, in accordance with the [K-12 close contact exception criteria](#).
- **How did the case interact with others during lunch, indoor recess, or other breaks?** Exposures can take place outside of the classroom while at school, so it is important to keep track of who else may interact with the case outside of the classroom.
- **Did the case ride the bus or other school-sanctioned transport?** If the case rides the bus, schools should use transportation seating charts, if applicable, to identify close contacts on the bus.
- **What school-sanctioned activities did the case participate in (e.g., school sports, performance arts, school events, other extra-curricular activities)?** Keep after school and extracurricular activities in mind when contemplating who may have been exposed to the case. Prioritize indoor activities and outdoor high-risk sports.
- **If the case is a staff member, did they interact with other staff or students outside of the classroom (e.g., staff meetings, parent-teacher conferences)?** Consider any special events where a staff member who is a case may have interacted with students, other staff, or visitors outside of their usual routine, as these interactions may have resulted in additional close contacts.
- **Was the close contact fully vaccinated at the time of exposure?** Fully vaccinated close contacts do not need to quarantine after an exposure and may continue to attend school and extracurricular activities.

Based on the resources available to conduct contact tracing, schools should prioritize settings where transmission is more likely to occur because prevention measures may not be consistently applied or masks are not correctly and consistently worn. The following table lists DOH recommendations for high priority areas or situations in which to focus close contact tracing efforts. DOH strongly recommends implementation and documentation of seating charts in any setting possible to minimize the time and effort to identify close contacts. One approach in high priority settings where a seating chart is not used or is not feasible is to follow a [Test to Stay protocol](#) for everyone in that core group for all possible close contacts.

*Table 1: Prioritization of Contact Tracing*

\*If students are seated at least 3 feet apart and consistently and correctly wearing masks in a classroom setting, they are not considered close contacts.

\*\*If people are seated at least 6 feet apart when not wearing masks, they are not considered close contacts.

	<b>HIGH PRIORITY</b> <i>Focus contact tracing efforts here</i>	<b>LOW PRIORITY</b>
Rationale	<ul style="list-style-type: none"> <li>• Locations where multiple students and/or staff are present for sustained periods of time, AND/OR</li> <li>• There is likelihood of close contact or inconsistent or no mask wearing</li> </ul>	<ul style="list-style-type: none"> <li>• Locations where students can consistently distance and are wearing masks</li> <li>• Locations where students and/or staff are present briefly or transitioning through</li> <li>• Outdoor locations</li> </ul>
Examples	<ul style="list-style-type: none"> <li>• Bus rides/routes</li> <li>• Indoor classrooms where:               <ol style="list-style-type: none"> <li>1) Students are NOT seated at least 3 feet apart*, OR</li> <li>2) Students do not consistently distance or wear masks (e.g., younger children, those with a mask exemption, etc.)</li> </ol> </li> <li>• Indoor meal locations where students are NOT spaced at least 6 feet apart**</li> <li>• Health room</li> <li>• Indoor breakrooms and workrooms (staff only)</li> <li>• Indoor or outdoor school-affiliated activities, especially those that are aerosol-generating (sports, performing arts, cheer, speech/debate, etc.) that take place before, during, or after school</li> </ul>	<ul style="list-style-type: none"> <li>• Indoor classrooms where students are seated at least 3 feet apart and ALL students were wearing masks*</li> <li>• Outdoor classrooms</li> <li>• Indoor meal locations where students have seats that are at least 6 feet apart**</li> <li>• Hallways/stairwells and other locations used during transitions periods</li> <li>• Restrooms</li> <li>• Any outdoor activities or locations (classrooms, meals, PE, etc.) <i>except for aerosol-generating activities (sports, performing arts, cheer, speech/debate, etc.)</i></li> </ul>

### Contact Notifications and Quarantine

For each close contact, determine whether the contact needs to quarantine or does not need to quarantine (e.g., fully vaccinated). See the Quarantine section of the [K-12 Requirements for](#)

[2021-2022, Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools](#), and [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) for information on who should quarantine.

If the school is using a [Test to Stay Protocol](#), as agreed with their LHJ, the school should determine which close contacts are participating in Test to Stay and thus modified quarantine. The school should record for each close contact if they are quarantining, not quarantining, or participating in Test to Stay. Results of Test to Stay testing should be documented, as well as any breaches in Test to Stay requirements that shift the close contact from modified quarantine to standard at-home quarantine. The [School Case and Close Contact Reporting Line List Template](#) contains fields for recording information on quarantine and Test to Stay participation.

When an individual is in quarantine, they should stay home and away from others except to get medical care. If a student is doing remote learning due to quarantine, they should not go anywhere except home or to seek medical care. Parents/Guardians should notify all care providers (e.g., child care, school) when their child is in quarantine and thus excluded from all settings. Schools should not transport children in quarantine or modified quarantine to child care, and child care programs should not transport children in quarantine to schools; children in quarantine should go or stay home (subject to Test to Stay/Modified Quarantine modifications detailed in the [Washington Department of Health Test to Stay Program](#)).

The information gathered during the case investigation and contact tracing will dictate the notification recommendations that need to be followed. Close contacts to the case should be notified regarding their potential exposure and advised of follow-up actions. If the school has agreed with their LHJ that the school should proactively begin close contact notifications (see [Preparedness](#)), the school should do so. See the [Resources and Recommendations webpage](#) under Schools and Child Care for notification templates by letter and by phone. These letters include quarantine recommendations based on whether the student is completing a standard quarantine in which they stay home or a modified quarantine in which the student completes a Test to Stay protocol and is allowed to leave home quarantine only to go to school for curricular activities.

See Student, Parent/Caregiver, and Staff Notification section in the [K-12 Requirements for 2021-2022](#) document for staff notification requirements.

### Close Contact Testing

Fully vaccinated close contacts should be tested 5-7 days post-exposure to someone with COVID-19 and wear a mask in all public indoor spaces for 14 days or until they receive a negative test result. If they test positive, they should isolate and follow appropriate [guidance](#). If they develop symptoms consistent with COVID-19, they should isolate themselves from others, be clinically evaluated for COVID-19, and get tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.

Close contacts who are not fully vaccinated should be tested after exposure to someone with COVID-19 in accordance with LHJ guidance. DOH recommends testing at least 5 days after the last possible exposure. See [DOH's Testing for COVID-19 webpage](#) for more information.

If schools, in coordination with local public health, have chosen to use a [Test to Stay](#) program, the testing cadence will vary from that mentioned above.

Close contacts who tested positive for COVID-19 in the past three months, have recovered, and do not have symptoms do not need to quarantine but should be tested for COVID-19 with an antigen test 5-7 days post exposure, watch for symptoms, and get tested if symptoms develop.

Parents or guardians of students and staff who test positive for COVID-19 should notify the school upon receipt of test results. Schools must report any cases of COVID-19 in the school to their LHJ (see Reporting cases and Outbreaks and Working with Public Health in the [K-12 Requirements](#)).

### Classroom and School Closure in Response to COVID-19 Cases

There may be instances where closure of a classroom or school is warranted to stop transmission of COVID-19. The time period on such closures can vary, from initial short-term closures to allow time for local health officials to gain a better understanding of the COVID-19 situation and help your school determine appropriate next steps, to extended closures to stop transmission of COVID-19 (e.g., for 14 days). Schools should work with their LHJ to determine when it is necessary to close a classroom or school and when the classroom or school can reopen. LHJs should ensure that all school closure decisions are communicated in writing to the school district.

#### Classroom Closure

It is recommended that a classroom close and switch to remote learning when there is an [outbreak](#) in the classroom and other response strategies are not possible or transmission is ongoing despite response strategies being in place. Local health jurisdictions may exercise additional considerations to keep a classroom open or recommend closure earlier.

#### School Closure

Local health jurisdictions and superintendents should work together to determine whether a school should close and switch to remote learning. A temporary school closure due to COVID-19 should be a last resort, as schools are fundamental to child and adolescent development and well-being. Should a closure occur, continuity of instruction for students is critical.

Considerations for school closure include the presence of multiple [outbreaks](#) in the school and/or ongoing transmission across classrooms or other core groups, combined with one or more of the following additional factors:

- Other response strategies are not possible, cannot be completed in a timely manner, or are not interrupting transmission.
- Mitigation strategies such as universal masking are not being implemented or adhered to.

Local health jurisdictions may determine it is necessary for a school to close for additional reasons, such as local epidemiological data or operational concerns (e.g., insufficient school staffing or having many students out of school). When a local health officer closes a school or district, they must submit their recommendation to the local school administrators, OSPI, and DOH.

### List of Case Investigation and Contact Tracing Materials

Discuss with your LHJ which types of notifications should be completed and by whom (LHJ or school). The following templates are available for your modification with your LHJ, as needed.

See the [Resources and Recommendations webpage](#) under Schools and Child Care for the classroom and school closure letter templates listed below.

- [School Case and Close Contact Reporting Line List Template](#)
- [General Parent/Guardian COVID-19 Notification Letter Template](#)
- [General Parent/Guardian COVID-19 Notification Call Script Template](#)
- [Unvaccinated Student Exposure Notification Letter Template](#)
- [Vaccinated Student Exposure Notification Letter Template](#)
- [Unvaccinated Staff Exposure Notification Letter Template](#)
- [Vaccinated Staff Exposure Notification Letter Template](#)
- [Modified Quarantine \(Test to Stay\) Exposure Notification Letter Template](#)
- [Parent/Guardian Exposure Notification Call Key Points](#)
- [Facility Closure Letter Template](#)
- [Classroom Closure Letter Template](#)

## Reporting Cases and Outbreaks and Working with Public Health

**The following is supplemental, optional information based on current public health recommendations. See the Reporting Cases and Outbreaks and Working with Public Health section of the [K-12 COVID-19 Requirements for the 2021-2022 School Year](#) for requirements.**

The School COVID-19 Coordinator can use the [School Case and Close Contact Reporting Line List Template](#) to track close contacts, as described in [Case Investigation and Contact Tracing](#). As stated in the Reporting Cases and Outbreaks and Working with Public Health section of the [K-12 Requirements for 2021-2022](#), schools must cooperate with public health authorities in the investigation of cases and outbreaks that may be associated with the school ([WAC 246-101](#)). Schools may use the [School Case and Close Contact Reporting Line List Template](#) as one tool for communicating with LHJs about cases, close contacts, and outbreaks.

## Washington State K-12 School Testing Guidance

**The following is supplemental, optional information based on current public health recommendations. See the Testing sections of the [K-12 COVID-19 Requirements for the 2021-2022 School Year](#) for requirements.**

### General Testing Recommendations for Schools

[Testing to diagnose COVID-19](#) is part of a comprehensive strategy and should be used in conjunction with other [layered prevention measures for schools](#).

Support for developing and implementing testing programs exists through Washington's [Learn to Return COVID-19 Testing Program](#). Learn to Return assigns a testing program manager to each school district to provide technical assistance and operational support to design a testing strategy that supports each school district's goals and works for their school community. Learn to Return is designed to be zero-cost to school districts, and all K-12 institutions, public or private, are welcome to use this service. Please contact [schools@healthcommonsproject.org](mailto:schools@healthcommonsproject.org) for more information.

[The Learn to Return Playbook](#) and [FDA](#) summarize the main types and characteristics of tests used to diagnose a current SARS-CoV-2 infection, the virus that causes COVID-19. Additional information can be found on [CDC's SARS-CoV-2 testing pages](#). Throughout this section, “testing” refers to viral testing for potential infection. Tests used to show past SARS-CoV-2 infection (i.e., antibody tests) are not included in this document. CDC does not recommend using antibody testing to diagnose an active infection.

DOH supports the use of any COVID-19 diagnostic device that has an Emergency Use Authorization (EUA), and the choice of specific test should be guided in consultation with the LHJ. See the list of [COVID-19 EUAs](#).

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](#).

## Testing Strategies

Each school district and LHJ has unique considerations and may vary as to the recommendations or requirements for testing. Learn to Return presents several models for consideration by each school district and LHJ. These include:

1. [Diagnostic testing to identify COVID-19 for all symptomatic students and staff](#)
2. [“Test to Stay” in response to an identified positive case or outbreak](#)
3. [Outbreak testing](#)
4. [Screening testing](#)
5. [Surveillance testing](#)
6. [Additional times or groups to consider for testing](#)

Planning with the school district and LHJ is the critical first step in deciding on a testing strategy for schools.

The available options in Washington State include but may not be limited to the following and are not necessarily mutually exclusive.

### 1. Diagnostic Testing to Identify COVID-19 for All Symptomatic Students and Staff

- Per DOH [K-12 Requirements for 2021-2022](#), schools are required to ensure access to testing. [Option 1](#)  
All students and staff who have symptoms receive diagnostic testing immediately in a school-based testing site or associated site with non-school health staffing.
- [Option 2](#)  
All students and staff are sent off-site for diagnostic testing to medical home or testing sites in the community. Schools should work with their LHJs to identify consistently available community or on-site same day testing access.

### 2. Washington Department of Health Test to Stay Program

The Washington Department of Health's Test to Stay Program provides school districts an opportunity for a [modified quarantine](#) for unvaccinated students identified as [K-12 close contacts](#) of [COVID-19 cases](#). This program is designed to help reduce exclusion from in-person

instruction if all required mitigation measures have been followed and testing is used as a method of screening as outlined below. Schools/Districts may elect to participate in this. In order to do so, the school must have approval from their Local Health Officer via a [Memorandum of Agreement \(MOA\)](#).

### *Eligibility*

The DOH Test to Stay Program and associated modified quarantine apply to situations when a student is exposed to COVID-19 in school. Students who are exposed outside of school (e.g., household exposure, private sports league exposure, etc.) are not eligible to participate, must quarantine at home, and follow the standard quarantine protocol used by the school district in coordination with their local public health agency.

### *Test to Stay Protocol*

- Students may continue to attend class in a [modified quarantine](#) status for 7 days after exposure, if they:
  - Are tested at least twice\* during the 7 days of quarantine; AND
  - Are asymptomatic; AND
  - Continue to wear a mask; AND
  - Continue to quarantine from (i.e., not participate in) all extracurricular activities at school, including sports, and other activities outside their home (e.g., scouts, music lessons, etc.) for the entirety of their modified quarantine period. This includes group childcare or youth development programs provided before and after school, which should not be attended during modified quarantine.

*\*Testing intervals should be determined under advisement of the LHJ and stated in the [MOA](#).*

- Antigen tests, given the ability to obtain results within minutes and the need to identify positive close contacts and isolate in a timely fashion, should be the preferred testing modality.
- Collection of diagnostic specimens for asymptomatic persons during quarantine may occur in schools, healthcare settings, or other locations supervised by school or healthcare personnel. Specimens may be processed at the point-of-care (POC) or in a laboratory.
- If a student does not test positive for COVID-19 during the modified quarantine, students may resume group child care/youth development attendance and extracurricular and community activities after 7 days have passed since their exposure but should still continue to monitor themselves for symptoms for 14 days after their exposure.
- If a student tests positive for COVID-19 at any time, they must isolate at home and follow DOH isolation guidance.
- Students who opt out of testing are not eligible for the modified quarantine, as described above.



- Fully vaccinated students who meet the definition of close contact and remain asymptomatic are not required to quarantine or participate in the DOH Test to Stay Program. However, they should get tested 3-5 days after their exposure date.
- Fully vaccinated students who meet the definition of close contact and develop symptoms should self-isolate and be tested for COVID-19. See the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 COVID-19 Requirements for 2021-2022](#).
- Students who are symptomatic must be evaluated for COVID-19 infection and are not eligible for modified quarantine unless they receive a documented negative viral test after symptom onset. A molecular test is preferred; a negative antigen test or POC molecular test may need to have confirmation with a lab-based PCR test, consistent with [CDC recommendations](#).
- School districts must receive permission from parents/guardians for students to receive school-based testing.
- School districts must coordinate with their LHJ and complete a [Memorandum of Agreement \(MOA\)](#).
- Schools should work with their coordinators to determine which testing options are available.

### *Modified Quarantine*

A student who is a [close contact](#) of a [COVID-19 case](#) may continue to attend school if they participate in the DOH Test to Stay Program, which must be approved by their Local Health Officer. During this modified quarantine, the student must quarantine at home except for attending school classes. Participation in non-classroom school activities, such as extracurricular and community activities, is not permitted, nor is attendance to group childcare or youth development programs. A modified quarantine is not an option for teachers, staff, or other adults.

School districts that do not implement the DOH Test to Stay Program may use the [K-12 close contact](#) exception criteria, but they are required to follow the standard quarantine guidance for close contacts (see What to Do if Someone is a Close Contact of Someone with COVID-19 in the [K-12 Requirements for 2021-2022](#)).

### 3. Outbreak Testing

Consult with the LHJ of the school when there is a suspected outbreak in order to determine a testing strategy appropriate for the outbreak circumstances. This may include strategies such as testing close contacts or testing all participants in an activity, such as in a shared classroom, regardless of vaccination status.

### 4. Screening Testing

- *Option 1*  
Testing weekly a targeted percentage of total school population (staff and students) who do not have documentation of vaccination.
- *Option 2*

Test all students who do not have documentation of vaccination weekly.

- Option 3

Screen cohorts or classrooms (randomly or all) weekly.

The CDC has developed [testing recommendations](#) for screening cadence based on the level of community transmission. DOH recommends considering community transmission rates when developing a school testing strategy in consultation with the LHJ; and updating that strategy if community transmission rates change substantially.

### 5. Surveillance Testing

Test classrooms or a randomly selected percentage of the entire school population on a weekly or another regular cadence via non-identifiable source-based pooled testing to determine disease prevalence. Fully vaccinated individuals, who remain asymptomatic, are exempt from surveillance testing protocols.

When positive pool test results occur, unvaccinated individuals within the pool will require reflex testing. These individuals, while awaiting results, do not need to isolate if asymptomatic. Reflex testing can be conducted with antigen or molecular tests. Pooling should be used only in areas or situations where the number of positive test results is expected to be low.

If a pooled test result is negative, then all the samples can be presumed negative with the single test. If the pooled test result is positive, each of the samples in the pool need to be tested individually to determine which individuals are positive.

### 6. Additional Times or Groups to Consider for Testing

- Option 1

Test all students and staff who do not have documentation of vaccination before their first day on campus.

- Option 2

Test all students and staff who do not have documentation of vaccination after return from Thanksgiving, Winter, and Spring break holidays.

- Option 3

1. Test students with mask exemptions and/or who require significant, ongoing hands-on close contact and do not have documentation of vaccination.
2. Test any K-12 teachers and para-professionals who do not have documentation of vaccination weekly.
3. Testing of athletes and participants of other extra-curricular activities who do not have documentation of vaccination. See [K-12 COVID-19 Requirements for 2021-2022](#) for more information.

*Table 2: Comparison of Testing Strategies*

Strategy	Pros	Cons
<b>Diagnostic testing to identify COVID-19 in ill students and staff</b>	<ul style="list-style-type: none"> <li>• May identify the majority of infections of disease control significance.</li> <li>• Efficient and more manageable.</li> </ul>	<ul style="list-style-type: none"> <li>• Effectiveness in curtailing asymptomatic spread not clear.</li> </ul>

		<ul style="list-style-type: none"> <li>Asymptomatic students and staff who were not identified as close contacts may be missed.</li> </ul>
<b>Test to Stay</b>	<ul style="list-style-type: none"> <li>Enables more students to stay in school after cases or outbreaks are identified; minimizing out of school days and the need to close the school.</li> </ul>	<ul style="list-style-type: none"> <li>Depending on testing frequency, infected students may be present in school until they are identified through the subsequent testing event.</li> </ul>
<b>Outbreak testing</b>	<ul style="list-style-type: none"> <li>By identifying asymptomatic infections, better information will be obtained regarding the size of the outbreak and need for closure.</li> <li>May help in stemming spread into the community.</li> </ul>	<ul style="list-style-type: none"> <li>By the time an outbreak is detected, it might be more efficient to close the classroom or school temporarily and refer everyone for testing at the school or in the community.</li> </ul>
<b>Screening testing</b>	<ul style="list-style-type: none"> <li>Routine testing of individuals without symptoms or any history of exposure.</li> <li>Objective is to reduce transmission by isolating potentially infected individuals faster to protect public health.</li> <li>Results are releasable to testing subjects and can inform public health action.</li> </ul>	<ul style="list-style-type: none"> <li>May require major investment of staff time, space and materials (Learn to Return program can assist).</li> </ul>
<b>Surveillance testing</b>	<ul style="list-style-type: none"> <li>Provides ongoing information on the prevalence of disease in the population.</li> <li>May be helpful in detecting outbreaks.</li> <li>Does not require a provider order or CLIA waiver.</li> </ul>	<ul style="list-style-type: none"> <li>Results are generally not releasable to the students and staff who are tested.</li> <li>May require major investment of staff time, space and materials (Learn to Return program can assist).</li> </ul>
<b>Testing at particular times or among certain groups of asymptomatic students and staff</b>	<ul style="list-style-type: none"> <li>See screening testing above.</li> </ul>	<ul style="list-style-type: none"> <li>See screening testing above.</li> </ul>

### When Testing Might Be Performed

Schools can play an important role in assisting public health officials in identifying teachers, staff, or students who have COVID-19 symptoms or who had recent close contact with someone with COVID-19. If the school is experiencing an outbreak, the school should immediately notify the LHJ, cooperate with investigation methods, and follow all LHJ direction related to isolation, quarantine and other mitigation measures. This direction may include

increased testing and contact tracing, as deemed necessary by the LHJ. A school, in conjunction with their LHJ, may also decide to utilize the “Test to Stay” protocol, as described above. See more from the [Learn to Return Playbook](#).

When is Testing Not Recommended?

Vaccinated individuals should not be required to participate in routine screening or surveillance testing. Individuals who have confirmed COVID-19 within the past three months likewise do not need to participate in routine screening or surveillance testing. If routine testing is performed in asymptomatic individuals with past infection within the past three months, antigen testing should be performed because some individuals test persistently positive with a molecular test due to residual virus material but are highly unlikely to be infectious.

Parents or guardians of students claiming a recent prior positive test will need to provide documentation from their health care provider to indicate the date, type, and result of the student’s most recent COVID-19 test. The same will be asked of staff who report a recent positive test.

Close contacts who tested positive for COVID-19 in the past three months, have recovered, and do not have symptoms do not need to quarantine but should be tested for COVID-19 with an antigen test 5-7 days post exposure, watch for symptoms, and seek medical evaluation if symptoms develop.

Considerations Before Starting ANY Testing Strategy

Testing should be offered on a voluntary basis. Informed consents for testing are required for all school-based testing. Schools should follow the [K-12 requirements](#) and their own policies regarding missed or refused tests.

Before implementing testing in their schools, K-12 administrators must coordinate with the LHJ to assess the degree of support for this approach from parents/guardians, teachers, and staff and must put key logistical elements in place:

- Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver requirements to perform school-based testing (if applicable). For more information visit the [Learn to Return](#) and DOH’s [Lab Quality Assurance site](#).
- Dedicated infrastructure and resources to support school-based testing including testing coordinator, clinical AND clerical support, funding, and staff training.
- Mechanism to fulfill the requirement for reporting all testing results (both positive and negative) to the LHJ or DOH. See [Reporting COVID-19 Test Results](#) for more information.
- Plans for ensuring access to additional molecular testing when needed through a health care provider, the LHJ, or the LHJ’s designated testing entity. Such additional testing may be recommended or required if a false negative or false positive initial result is suspected by the LHJ or other entity overseeing testing.
- Ways to obtain written parental consent for minor students and assent/consent for the students themselves.
- Physical space to conduct testing safely and privately.
- Ability to maintain confidentiality of results and protect student privacy.

- If these conditions are not in place, schools should move to a referral-based testing strategy for students or staff with symptoms in collaboration with public health officials.

More details and recommendations about coordinating a successful school testing program are included in the [Learn to Return Playbook](#).

## In-School COVID-19 Transmission Mitigation Strategies

The information below outlines optional strategies based on current public health recommendations. For requirements, see the DOH's [K-12 COVID-19 Requirements for the 2021-2022 School Year](#).

Key principles for reducing potential exposures in schools include, but are not limited to:

- **Promoting vaccination**
- **Consistent and correct use of face coverings**
- **Physical distancing**
- **Improving indoor ventilation and filtration systems**
- **Hand hygiene and respiratory etiquette**
- **Staying home when sick**
- **Testing and contact tracing with isolation and quarantine**
- **Cleaning and disinfection**

Increased interaction, close contact, and longer activities between people increase the risk of COVID-19 transmission. DOH's [K-12 Schools 2021-2022 Requirements](#) document contains the minimum requirements schools must implement while resuming in-person instruction based on these principles. The following information in this document provides additional strategies schools may implement as added layers of protection.

### Cloth Face Coverings

Wearing cloth face coverings or surgical masks helps prevent the spread of COVID-19 and is required for staff and students. **Please see the Face Coverings section of [the K-12 COVID-19 Requirements for the 2021-2022 School Year](#) guidance for details about masking requirements.**

If students need a “mask break” take them outside or to a large, well-ventilated room where there is sufficient space to ensure more than six feet of physical distance between people.

Encourage students to bring two clean masks to school each day and have additional face coverings available throughout the school facilities.

Masks that loop around the ears are preferred over masks that have ties around the head and neck during active time to prevent potential injury.

### Physical Distancing

While physical distancing helps prevent the spread of COVID-19, it should not be a barrier to in-person instruction. The following are options schools may consider to increase distance between students where possible. **Please see the Physical Distancing section of [the K-12](#)**

**[COVID-19 Requirements for the 2021-2022 School Year](#) guidance for details about distancing requirements.**

Schools should consider the following optional physical distancing strategies:

- **Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.**
- **Increase the space between desks and assign seating in all classes.** Student desks and workstations should be at least three feet apart. Measure from chair leg to chair leg. 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). Educators and staff should follow [L&I guidance](#) for distancing where applicable.
- **Reduce the number of students in the halls and restrooms at one time.** Stagger the release of classes, restroom breaks, recess, and other common travel times.
- **Minimize activities where multiple classrooms interact.**
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and another room for first aid or medication distribution.
- **Mark traffic flow and designate entrances and exits to minimize face to face contact.**
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations.
- **Place tape, spots, cones, paint or other markers to signal distance in areas where students may be waiting in line.** This could include restrooms, water fountains, hand washing or sanitizing stations, the main classroom door, and the cafeteria.
- **Limit the presence of volunteers** for classroom activities, reading, cafeteria support, and other activities. Any adults who visit the school should maintain distance from students and school staff. If on-site, [volunteers must be fully vaccinated](#).
- **Modify classes where students are likely to be in very close contact.** Physical Education (PE) should be held outside whenever possible. Distancing should be maintained between students and instructors where and when possible and is especially important if indoors.
- **Maximize ventilation in locker rooms. If use of locker rooms for changing is necessary,** use tape, spots, or cones to signal distance for students who need to change. Stagger entry to the changing area and use these facilities as appropriate with members of the same group/team/cohort. Limit occupancy of the locker rooms to avoid crowding.
- **Follow the guidance for higher risk activities.** These activities include choir, playing of instruments involving breath, contact sports, or other activities where students may be in close contact with one another while at a higher exertion or breathing rate. See DOH's [K-12 Schools 2021-2022 Requirements](#) for requirements and the [Sports and Performing Arts Activities](#) section of this document below for additional information on optional mitigation strategies.
- **Moving activities to low-risk spaces.** Consider outdoor activities outdoors when possible as they have less transmission risk than indoor activities and more space is typically available.
- **Limit large in-person gatherings,** like activities and events such as field trips, student assemblies, STEAM fairs, school-wide parent meetings, or spirit nights. Any such events should maintain six feet of physical distancing to the degree possible and otherwise

conform to the requirements for a K-12 setting as outlined in DOH's [K-12 Schools 2021-2022 Requirements](#).

## Ventilation

Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. **Please see the Ventilation section of the [K-12 COVID-19 Requirements for the 2021-2022 School Year](#) guidance for details about basic ventilation requirements.**

DOH recommends the following ventilation practices:

- Upgrade filters to MERV 13 if the system can handle the air resistance.
- Use of fans for cooling is acceptable. 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.
- There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems. Maintenance staff replacing filters in the HVAC should wear an N-95 mask to prevent potential exposure to contaminants that may be present in the used filter.

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

## Bus Transportation

**School bus transportation is considered public transportation and is subject to mask requirements by [federal order](#). Please see CDC's [Requirements for Face Masks on Public Transportation](#) for more information.**

Optional strategies to further reduce SARS-CoV-2 transmission during school transportation include:

- Keeping riders as far apart as possible on the bus.
- Consider limiting occupancy.
- Use assigned seating.
- Seat students with household members or members of their school classroom/group/cohort.
- Maximize ventilation on the bus—open windows and roof vents whenever safe to do so.

- Clean and disinfect frequently touched surfaces, including the tops and backs of seats at the end of the day. Use an EPA registered product and follow the manufacturer’s instructions for use. Do not fog/mist the bus with disinfectant. Leave windows open to air out the bus after runs and cleaning.
- Encourage walking or biking where safe.
- Encourage students to wash or sanitize hands when they leave their home or classroom before boarding the bus.

## Illness Screening

Schools should not allow anyone (e.g., students, staff, visitors) on-site if they:

- Show [symptoms of COVID-19](#); or
- Are not fully vaccinated and have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with a COVID-19 case in the past 14 days, unless the student is completing an approved [modified quarantine](#); or
- Have tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms and not from routine asymptomatic COVID-19 screening or surveillance testing; or
- Have been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the past 14 days.

Parents should screen their children at home for the above criteria, as opposed to schools conducting daily symptom screening on-site. If someone has symptoms of COVID-19, is in isolation for COVID-19, or is in quarantine for COVID-19 (unless they are a student participating in [modified quarantine](#)), they should not go to school.

## Cleaning and Disinfecting

**The following is supplemental information based on current public health recommendations. See the Cleaning and Disinfecting section of the [K-12 COVID-19 Requirements for the 2021-2022 School Year](#) for requirements. Schools must follow all regular cleaning and food code requirements.**

If you use a bleach and water mixture for disinfection, mix it at a concentration of 4 teaspoons of 6% bleach per quart (or liter) of cool water or 5 tablespoons of 6% bleach per gallon (or 4L) of cool water (1,000 parts per million). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet with bleach solution at least one minute. An emergency eye wash station is required at the location where bleach is mixed from concentrate.

Find more information about cleaning, disinfecting, and choosing safer cleaning products on the [DOH COVID-19 website](#). Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. In general, cleaning once a day is enough to sufficiently remove potential virus that may be on surfaces. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Wash hands after you clean. Outdoor areas generally require normal routine cleaning and do not require disinfection. Drinking fountains and bottle fillers do not need to be disabled, but buttons or levers should be cleaned regularly.



- Use disinfectants in a ventilated space. Heavy use of disinfectant products should be done when children are not present. The facility should have enough time to air out before individuals return.
- Use the proper concentration of disinfectant.
- 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, teachers, and staff should not supply disinfectants and sanitizers.
- Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics.

Outdoor areas, like playgrounds in schools and parks, do not require disinfection unless contaminated with vomit, blood, or feces.

### Performing Arts and Sports Activities

**The following is supplemental, optional information based on current public health recommendations. See the related sections in the [K-12 COVID-19 Requirements for the 2021-2022 School Year](#) for requirements.**

#### Considerations for Performing Arts

- Universal masking is required by all Performing Artists indoors (see [K-12 Requirements](#)).
- Face coverings/masks with slits may be used while playing woodwind or brass instruments indoors. These modified face coverings are not a replacement for the required bell covers on brass and woodwind instruments. The required masks must be worn while these musicians are in the ready position. Appropriate face coverings should be worn by other musicians.
- Bell covers are recommended when playing outdoors but not required.
- Distancing of at least 3 feet is recommended outdoors but not required.
- The use of cohorts within a performing arts activity group limits the potential for group-wide or team-wide transmission in the event of an exposure or outbreak.
  - For overnight trips, cohort participants to the degree possible and maintain distance between cohorts when traveling. These cohorts should be maintained throughout the trip as much as possible.
  - Consider limiting cohort size in performing arts activities to 16 participants. This is based upon WMEA guidelines for Ensembles. There is not a limit on the number of cohorts that may participate.
- Limit indoor rehearsal times to 50 minutes and allow time for a full change of air in the space before the next group uses the space. Three air changes between groups is ideal. See the [NFHS Aerosol Study Report](#) for additional information.
- Use portable HEPA air cleaners to supplement small or poorly ventilated rehearsal spaces.

- Check with the facilities management department to determine the air exchange rate in the school and classroom or performing space. In spaces with good ventilation rates and HEPA filtration, increased indoor rehearsal times of more than 50 minutes may be considered. A minimum of 3 air changes per hour is recommended. Spaces with greater air change rates can permit longer rehearsal times.

### Considerations for Sports Activities

- Athletes, coaches, athletic trainers and other support personnel should maintain at least 6 feet to the degree possible when not playing (e.g., on the bench, in the dugout, on the sideline, in locker rooms and other similar situations).
- The use of cohorts within a 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. Seat cohorts together on the bus and separate the cohorts by at least 3 feet to the degree possible.
  - For overnight trips, cohort participants to the degree possible and maintain distance between cohorts when traveling. These cohorts should be maintained throughout the trip as much as possible.
- Unvaccinated athletes participating in indoor low or moderate contact sports are recommended, but not required, to participate in screening testing once or twice weekly. This is especially important when community transmission is substantial or high. Please see the [CDC's matrix \(Table 1\) for definitions of the levels of community transmission](#).

## COVID-19 Information and Resources

### Behavioral & Mental Health Considerations

Feeling a little anxious when returning to in-person school is normal and expected. The experiences of children, teens, and families during the COVID-19 pandemic can be complicated and challenging. These experiences impact bodies, minds, and emotions. As children, teens, parents, caregivers, and teachers and school staff navigate the return to in-person school, these factors may impact their individual emotional functioning. It will take time for everyone to adjust to the return to in-person school during the COVID-19 pandemic.

The [Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 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. Check the [Department of Health's Behavioral Health Resources & Recommendations](#) and the [Washington State COVID-19 Response: Mental and emotional well-being](#) webpages for additional resources.

### Equity Considerations

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves

some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

### [Stigma Reduction Resources](#)

#### Additional COVID-19 K-12 Resources

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

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

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

Another toolkit to use as a resource in establishing a COVID-19 Response Team in schools is the [King County Schools COVID-19 Response Toolkit](#) created by Public Health Seattle King County.

#### 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).

## Appendix A: Health and Safety Checklist

Can the school(s) implement required COVID-19 health and safety measures?

**School Administrators and Staff**

The risk of COVID-19 spreading in schools depends on the ability of the school to implement [DOH's K-12 health and safety measures](#) and [LNI employer safety requirements](#).

***Does the school have the plans, staff, space, and supplies to do the following?***

- |   |   |
|---|---|
| ✓ | Verify staff vaccination status and track student vaccination status.     |
| ✓ | Ensure correct and consistent face covering use among students and staff. |
| ✓ | Practice physical distancing among students and staff.                    |
| ✓ | Improve ventilation.  |
| ✓ | Promote frequent hand washing or sanitizing.                              |
| ✓ | Increase cleaning and disinfection.                                       |

***Are all staff trained on health and safety practices?***

Is the school and health system ready to monitor for and respond to cases and suspected cases of COVID-19?

**Schools and Local Public Health**

COVID-19 cases in the school should be expected.

The risk of COVID-19 spreading in schools depends on the ability to quickly identify and respond to cases and suspected cases and the level of community transmission.

- |   |  |
|---|--|
| ✓ | Is the school prepared to manage students and/or staff who get sick onsite?  |
| ✓ | Does the school have letters drafted to inform families and staff about COVID-19 cases or outbreaks? For other languages?  |
| ✓ | Is there adequate access to testing either at the school or in the community health system for ill students and staff?   |
| ✓ | Is the school prepared to assist the local health department with case investigation and contact tracing in schools?   |
| ✓ | Is there capacity in your local health department to investigate COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school? |

## Appendix B: Glossary of Terms

**Asymptomatic:** A person showing no symptoms of COVID-19 infection.

**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 excludes students who were at least three feet away from an infected student when both students were consistently and correctly wearing face coverings/masks. The following people are K-12 close contacts if they were within the specified distance from COVID-19 case for a cumulative total of at least 15 minutes over a 24-hour period:

- A student 0-3 feet from a student COVID-19 case in a classroom, regardless of mask usage.
- A student 3-6 feet from a student COVID-19 case in a classroom if either the case or potential contact was not wearing a mask consistently and correctly.
- A student 0-6 feet from a staff COVID-19 case in a classroom, regardless of mask usage.
- A staff member 0-6 feet from a COVID-19 case in a classroom, regardless of mask usage.
- A person (including students and staff) 0-6 feet from a COVID-19 case in any setting other than a classroom (e.g., cafeteria, outside, sports, performance), regardless of mask usage.

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.

**Cloth masks or cloth face coverings:** A cloth face covering 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.

**Cohort:** An assigned, small group (of students) with dedicated staff who remain together throughout the school day. The students 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 and Contact Tracing Checklist for K-12 Schools](#) and [COVID-19 Contact Tracing Guide and FAQ for K-12 Schools](#) for additional information.

**COVID-19:** Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the SARS-CoV-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 local health jurisdiction 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 outbreak:** DOH and the CDC define an outbreak of COVID-19 in a K-12 school 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.

**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).

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

**High risk for health problems:** 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. See the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 Requirements](#) for details about isolation, as well [Responding to Cases or Suspected Cases of COVID-19 section](#) in this document.

**K-12 close contact exception criteria:** In a K-12 indoor or outdoor classroom, the close contact definition excludes students who were at least three feet away from an infected student when both students were consistently and correctly wearing face coverings/masks. The following people are K-12 close contacts if they were within the specified distance from COVID-19 case for a cumulative total of at least 15 minutes over a 24-hour period:

- A student 0-3 feet from a student COVID-19 case in a classroom, regardless of mask usage.
- A student 3-6 feet from a student COVID-19 case in a classroom if either the case or potential contact was not wearing a mask consistently and correctly.
- A student 0-6 feet from a staff COVID-19 case in a classroom, regardless of mask usage.
- A staff member 0-6 feet from a COVID-19 case in a classroom, regardless of mask usage.
- A person (including students and staff) 0-6 feet from a COVID-19 case in any setting other than a classroom (e.g., cafeteria, outside, sports, performance), regardless of mask usage.

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.

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

**Modified quarantine:** Quarantine in which a student stays at home except to attend school classes in-person. In K-12, modified quarantine may only be used in conjunction with a Test to Stay protocol. See the section [Washington Department of Health Test to Stay Program](#) for modified quarantine and Test to Stay details and requirements.

**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.

**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. See the Responding to Cases or Suspected Cases of COVID-19 section of the [K-12 Requirements](#) for details about quarantine, as well [Responding to Cases or Suspected Cases of COVID-19 section](#) in this document. See the section [Washington Department of Health Test to Stay Program](#) for information about using modified quarantine and Test to Stay protocols.

**SARS-CoV-2:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a virus that causes coronavirus disease 2019 (COVID-19).

**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:** A protocol in which a student completes post-exposure testing at regular intervals in order to complete a modified quarantine, subject to LHJ Test to Stay Protocol approval. See



[Washington Department of Health Test to Stay Program](#) for modified quarantine and Test to Stay details and requirements.

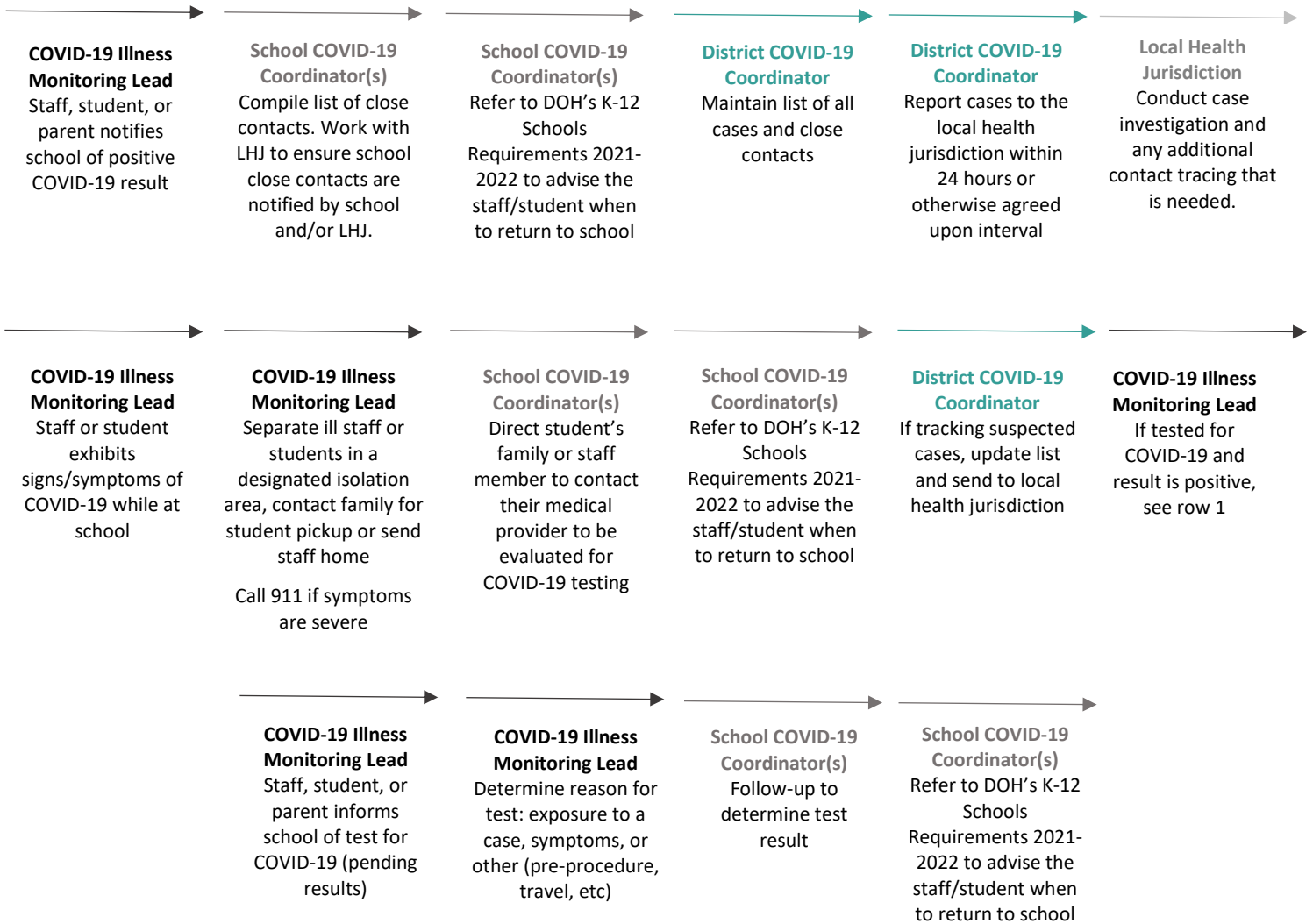
**Testing for COVID-19:** There are different tests available for COVID-19.

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-CoV-2, 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 to 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.

## Appendix C: Case and Contact Tracing Process Map



## Appendix D: Test to Stay Program MOA

### Test to Stay

A school district must adopt the DOH Test to Stay Program to allow close contacts to stay in school during their modified quarantine period. Prior to adopting this program, the school district must submit this document and receive approval from their local public health jurisdiction.

School/District: \_\_\_\_\_

COVID-19 Coordinator/Supervisor overseeing program: \_\_\_\_\_

Contact information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that in order to participate in DOH Test to Stay Program I must:

- Collect consent and registration forms from parent/guardian of students.
- Inform participants they must still quarantine outside of school and cannot participate in extracurricular activities, after-school activities or social gatherings.
- Perform testing at school, clinic, or other community testing site. Tests conducted at home by the parent/guardian/individual will not be accepted.
- Use the test specified by the school district (e.g., rapid antigen, pooled viral test).
  - Please indicate testing type and expected cadence:  
\_\_\_\_\_
- Have a Certificate of Waiver MTS/CLIA license (if applicable based on test type above).
  - License number: \_\_\_\_\_
- Report all test results, both positive and negative, to local public health jurisdiction within 24 hours of testing.
- Follow the DOH Test to Stay protocol. If testing is not conducted per this schedule, individuals must follow standard quarantine guidance.
- Correctly identify who can participate in the DOH Test to Stay Program.
  - Students exposed outside of school (e.g., household exposure, private sports league exposure, etc.) are not eligible to participate.