



King County Schools COVID-19 Response Toolkit

Guidance for K-12 Schools

Updated May 7, 2021

August 27, 2020

Dear School Partners,

Thank you for your commitment to the health and safety of your students, colleagues, and the community. Schools are critical to our society. The COVID-19 pandemic has highlighted the value of schools and the unique challenges they face. The roles schools play in the wellbeing and development of students is monumental. We sincerely appreciate the coordination and planning you continue to dedicate to this work.

Public Health—Seattle & King County (PHSKC) recognizes how challenging it will be for schools to reopen for in-person instruction in Fall 2020. Throughout the pandemic, schools have shown flexibility in their planning and response. PHSKC is committed to supporting our school partners in creating an educational environment that keeps students and staff healthy and thriving. We recognize that in-person instruction is critical and remains the ideal standard for K-12 education. We also recognize that schools offer more than just academic support, providing access to basic needs and enhanced services for students with special needs.

We anticipate ongoing risk for COVID-19 transmission in schools providing in-person instruction as the pandemic continues. We are tracking local and regional data and will revise the toolkit as additional needs arise.

This toolkit aims to support schools and administrators with:

- Evidence-based strategies and protocols to reduce the risk of COVID-19 as much as possible during in-person learning.
- Guidance to respond quickly and effectively to minimize illness among students and staff when cases inevitably arise.

We will continue to update and add components to this toolkit as school needs evolve.

Values of equity and social justice anchored the development of each of the strategies and protocols included within this toolkit. This toolkit serves as an additional resource to existing guidance from the [Washington State Department of Health](#) (WA DOH), [Washington Office of Superintendent of Public Instruction](#) (OSPI), and the [Centers for Disease Control and Prevention](#). Key staff charged with the development of this toolkit include PHSKC experts serving on King County COVID-19 pandemic response and within the King County Communicable Disease/Epidemiology unit.

We appreciate you and the countless hours and emotional labor you have put into setting up your students and staff for success in the 2020-21 school year. Thank you for your partnership!

Sincerely,

Public Health—Seattle & King County

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1. List of Toolkit Items

| Toolkit Item | Audience | Description/Purpose |
|---|--|--|
| Guidance Toolkit | COVID-19 Schools Response Team | Includes: <ul style="list-style-type: none"> • Introductory Letter • COVID-19 School Response Roles • Guidance on what to do if student or staff have COVID-19 symptoms • Guidance on what to do if a student or staff member has COVID-19 • Return to School Following COVID-19 Illness/Exposure Guidance • Introduction to Cleaning and disinfection • Ongoing monitoring for COVID-19 transmission in schools • Bus safety • Glossary of Terms |
| Tools for Contact Tracing and Reporting | | |
| A. Process map for COVID-19 Contact Tracing and Reporting in Schools | COVID-19 Schools Response Team | Overview of the different actions schools, districts, and Public Health – Seattle & King County will take for suspected or confirmed COVID-19 cases. |
| B. School Case & Close Contact List Template | School COVID-19 Coordinator | An excel spreadsheet to track all confirmed COVID-19 cases, suspected cases, and close contact lists at schools. |
| C. Checklists for Managing students/staff with Symptoms of COVID-19 and Confirmed COVID-19 | <ul style="list-style-type: none"> • COVID-19 Screening Lead • School COVID-19 Coordinator | Includes 2 Checklists. Provide school administrators with a list of what to do when: <ul style="list-style-type: none"> • student or staff displays or reports COVID-like symptoms. • student or staff is confirmed with COVID-19 |
| Communication Templates | | |
| D. COVID-19 Fact Sheets | <ul style="list-style-type: none"> • Families • Staff | Includes general information about COVID-19 and prevention measures that students, families and staff can take. Includes fact sheet for students/families and a fact sheet for teachers/staff. |

| | | |
|--|---|--|
| E. Letter Templates: Close Contact Exposure | <ul style="list-style-type: none"> • Families • Staff | Includes 2 letter templates: <ul style="list-style-type: none"> • Close contact exposure notification letters to families • Close contact exposure notification letter to staff |
| F. Letter Template: School Closure Notification Letter | Families | School closure announcement to families when shifting to 100% remote learning |
| G. When Can I Return to School? | <ul style="list-style-type: none"> • Families • Staff | Guidance for families and staff members to know when they can return to school following illness or a suspected case. |
| H. School Robocall Scripts | Families | Includes three phone scripts to notify families about: <ul style="list-style-type: none"> • Close contact/exposure to a confirmed COVID-19 • No close contact/exposure but a confirmed case in the classroom • School closure |
| I. Newsletter Template: General COVID-19 Information | <ul style="list-style-type: none"> • Families • Staff | Provides general language to refer families and staff to the Public Health – Seattle & King County COVID-19 website. |
| Guidelines and Recommendations | | |
| J. COVID-19 Daily Symptom Checklist | <ul style="list-style-type: none"> • COVID-19 Screening Lead; • Families • Staff | A symptom screening checklist to review daily to ensure someone is well and can attend school. Anyone attending the school, including staff and students, should screen for symptoms. |
| K. COVID-19 Screening Flow Chart | COVID-19 Screening Lead | Overview of symptom screening process for schools. |
| L. Return to School Following Illness-Exposure Guidance | School COVID-19 Coordinator | Resource for school administrators to determine the earliest date that a student or staff can return to school following illness or exposure. |
| M. School Cleaning and Disinfecting Guidelines | Infection Control Lead | General guidelines to consider for cleaning and disinfecting protocols. This also includes a list of guidelines from CDC, WA DOH, EPA, and other groups. |

2. Goals

The goal of this toolkit is to assist school administrators in responding to COVID-19-related events within their schools.

School administrators should work in partnership with their local school district and public health authorities to assure a safe and effective response.

The guidance in this toolkit is meant to help schools carry out critical steps that can support the safety of students and staff. **It is not meant to take the place of medical guidance** and should be applied within the context of any Public Health Orders.

The guidance provided in this toolkit may inform COVID-19 safety plans required by local school districts. However, school administrators should work with school district leaders to develop plans that address the unique resources and needs of their school.

School administrators should plan to continually evaluate and update their safety plans according to the most recent guidance from the [Centers for Disease Control and Prevention](#) (CDC), [Washington Department of Health](#) (WA DOH), and the [Washington Office of Superintendent of Public Instruction](#) (OSPI) in addition to utilizing this document and any updates to the information presented here.

3. COVID-19 Response Roles

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. Assigning alternate staff to cover certain responsibilities in case one or more team members is absent is highly recommended.

The following is a list of suggested roles within the school and district to facilitate a coordinated response to COVID-19 related illness events:

- [District COVID-19 Coordinator](#)
- [School COVID-19 Coordinator\(s\)](#)
- [COVID-19 Screening Lead](#)
- [COVID-19 Isolation Supervisor](#)
- [Infection Control Lead](#)

District COVID-19 Coordinator:

Monitoring and managing outbreaks among schools requires the partnership between the Washington Office of Superintendent of Public Instruction (OSPI), Washington Department of Health (WA DOH), local health jurisdictions, school district leaders and school administrators

and staff. District offices should appoint a lead to work with partners and support school administrators in addressing COVID-19 within their schools and communities.

1. Serves as liaison to Public Health – Seattle & King County (PHSKC).
2. Uses the [online reporting system](#) or calls the King County COVID-19 Call Center at 206-477-3977 between 8AM – 7PM to inform PHSKC about confirmed COVID-19 cases in each school.
3. Maintains and updates *School Case & Close Contact List Template (B)* for the district.
4. Distributes protocols, procedures, and resources to the School COVID-19 Coordinator(s).
5. Updates protocols, procedures and school resources as new or revised guidance from CDC, WA DOH, and PHSKC becomes available.
6. Serves as the point-of-contact for questions and information for the community-at-large as well as related stakeholders/school district partners.

What is a **confirmed COVID-19 case**?
A confirmed case is a person who tests positive for COVID-19. A confirmed case can be symptomatic or asymptomatic.

Symptomatic: a person who has symptoms common to COVID-19.

Asymptomatic: a person who does not have symptoms common to COVID-19.

See the glossary (Section 11) for more definitions.

School COVID-19 Coordinator(s):

According to the [Reopening Washington Schools 2020 Planning Guide from the Washington Office of Superintendent of Public Instruction \(OSPI\)](#), a site-specific COVID-19 supervisor shall be designated by the employer at each school and other work sites to monitor the health of employees and enforce the COVID-19 job site safety plan.

1. Provides resources and information about COVID-19 and quarantine/isolation to ill staff and families of ill students, such as the enclosed fact sheets for families and staff.
2. Gathers additional information about close contacts for tracking on the *School Case & Close Contact List Template (B)* (see enclosed template).
3. Serves as liaison to District COVID-19 Coordinator. Sends completed *School Case & Close Contact List Template (B)* to District COVID-19 Coordinator and alert them to COVID-19 positive cases in school.
4. Manages internal and external communications regarding outbreak status of the school. Serves as the point-of-contact to answer questions and provide information for staff/students/families.
5. Notifies close contacts of COVID-19 positive student/staff of the exposure and need to quarantine.
6. 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.

7. Assures that there is staff designated and available daily to fulfill COVID-19 Response Team Roles within the school.

COVID-19 Screening Lead:

1. Gathers information about symptomatic students and staff
2. Notifies parent/guardian/emergency contact to facilitate student/staff getting home safely.
3. Gathers preliminary information for *School Case & Close Contact List Template (B)* (see toolkit template), including dates of infectious period (see *Return to School Following Illness-Exposure Guidance (L)* to identify the dates).
4. Ensures that students/staff are using cloth face coverings.
5. Notifies Infection Control Lead of need to initiate infection control protocols.

COVID-19 Isolation Supervisor:

1. Supervises area where students/staff who develop COVID-19 symptoms while at school are kept until they can leave school.
2. Assures that student/staff remain masked and maintain minimum social distance from others while waiting.
3. Assures that student is released to parent/guardian or designee.

Infection Control Lead:

1. Prepares COVID-19 cleaning and disinfecting plans and regularly updates plans with new or revised CDC and WA DOH guidance.
2. Facilitates initiation of cleaning and disinfecting protocols of all affected areas.
3. Notifies custodial staff that affected area(s) must be cleaned and disinfected in accordance with CDC COVID-19 cleaning/disinfection protocols.
4. Assures that affected areas are not used until cleaning is complete (i.e. close off area, post sign).
5. Assures that COVID isolation area is disinfected daily.
6. Confirms that custodial staff has completed cleaning and disinfecting all affected areas.
7. Maintains and updates cleaning and disinfecting protocols and procedures.

4. Guidance on what to do if a student or staff member exhibits/reports that they have symptoms of COVID-19

A. What are symptoms of COVID-19 and how should I screen for them?

People may experience a wide variety of symptoms including fever of 100.4°F/38°C or higher, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle pain or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and others. People experiencing these symptoms may or may not have COVID-19.

A diagnosis of COVID-19 is confirmed by lab testing. People with COVID-like symptoms should be encouraged to seek out testing where possible.

If a staff member or student reports having symptoms, the [COVID-19 Screening Lead](#) should ask them, or their parent/guardian, if they have been in close contact with anyone with confirmed COVID-19. Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more.

They should also ask if they are experiencing any COVID-like symptoms. Use the [COVID-19 Daily Symptom Checklist \(J\)](#) and the [COVID-19 Screening Flow Chart \(K\)](#) included in this toolkit to screen.

If the answer to one or more of the symptoms is YES, separate them away from others, within supervision at a distance of at least 6 feet (2 meters), until they can leave. This is especially important for those students or staff who have been in close contact with a person with confirmed COVID-19. They should wear a cloth face covering or mask while waiting to leave.

A [Checklist for Managing Student/Staff with Symptoms of COVID-19 \(C\)](#) is included in this toolkit to help the COVID-19 Screening Lead and/or the [School COVID-19 Coordinator\(s\)](#) through the process of screening and gathering information from students or staff who are experiencing symptoms.

What are COVID-like symptoms?

A person with COVID-like symptoms has any [symptoms of COVID-19 infection](#) and has not been confirmed to have COVID-19 with a test.

See the [COVID-19 Daily Symptom Checklist \(J\)](#) for a list of symptoms and the glossary (Section 11) for more definitions.

B. When should sick students or staff isolate/quarantine and for how long?

Sick students or staff who have not been in close contact with anyone with confirmed COVID-19 should be encouraged to follow-up with a medical provider if possible, especially if symptoms get worse.

If they have NOT been tested for COVID-19*, remain home for at least 10 days after symptoms began, AND at least 24 hours after fever has resolved AND symptoms have improved.

If they tested NEGATIVE for COVID-19, remain home for at least 24 hours after fever has resolved and symptoms have improved.

NOTE*: If a student or staff has **ONLY ONE short-term symptom**, as defined below, they may return to school the next day. A COVID-19 test is not required, though still recommended for anyone experiencing one or more symptoms. A person with a short-term symptom has:

- **ONE of the following symptoms**: fatigue; headache; muscle pain or body aches; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea
- **AND** the symptom begins and resolves in less than 24 hours
- **AND** no known COVID-19 exposure

Example: Student wakes up on Monday with a sore throat. Student cannot go to school due to symptom. By the afternoon, sore throat is gone. Student wakes up on Tuesday with no symptoms. Student can go to school.

Sick students or staff who have been in close contact with someone with confirmed COVID-19 should be encouraged to get tested and remain home for:

- at least 14 days from date of last exposure
- **AND** at least 10 days after symptoms began
- **AND** at least 24 hours after fever has resolved without the use of fever-reducing medications
- **AND** symptoms have improved.

Sick staff members or parents/guardians of sick students should notify the school immediately if they or someone in their home tests positive for COVID-19.

What is an exposure?

Person-to-person transmission of COVID-19 happens primarily through close contact (within 6 feet of someone for 15 minutes or more) and respiratory droplets from an infected person coughing, sneezing, or talking. May occur by close personal contact (example: shaking hands or touching a contaminated object or surface and then touching mouth, nose, or eyes).

See the glossary (Section 11) for more definitions.

Refer to the [Return to School Following Illness-Exposure Guidance \(L\)](#) and [When Can I Return to School? \(G\)](#) included in this toolkit for more information about quarantine requirements.

C. What about people who were exposed to the sick student or staff member?

Students and staff members must wear cloth face coverings or masks in all public spaces at all times while at school unless they are exempt from doing so because of age, disability or specific health conditions. They must also adhere to social distancing and hygiene recommendations as specified by the CDC and/or WA DOH. People who have been exposed to an individual with COVID-like symptoms should monitor themselves for symptoms and, if they become sick, stay home.

If the student or staff member experiencing COVID-like symptoms later tests positive for COVID-19, those people who were in close contact with that person and have no symptoms should follow these guidelines:

Close contacts with no symptoms who ARE NOT fully vaccinated:

1. Stay in quarantine for 14 days after their last contact. **This is the safest option.**
2. If this is not possible, stay in quarantine for 10 days after their last contact, without additional testing.

If the first two options are not possible, stay in quarantine for 7 full days beginning after their last contact **and** if they receive a negative test result (get tested no sooner than day 5 after their last contact).

Close contacts with no symptoms who ARE fully vaccinated:

1. You do not need to quarantine after an exposure to someone with suspected or confirmed COVID-19, but you should watch for symptoms for 14 days after your last close contact.
2. If you develop symptoms within 14 days after an exposure, isolate yourself from others. Contact your healthcare provider and let them know you have been vaccinated for COVID-19.

They should be encouraged to seek out testing if they develop symptoms and inform the school immediately if they test positive for COVID-19.

D. What information do I gather from sick staff or parents/guardians of sick students?

If the sick student or staff member was NOT at the school at any time during their infectious period, the [School COVID-19 Coordinator\(s\)](#) does not need to gather any further information on the case.

If the sick student or staff member was at the school at any time during their infectious period, it is important to gather information about anyone who may have been in close contact with them at the school during that time. Refer to the [Checklist for Managing Student/Staff with Symptoms of COVID-19 \(C\)](#) for guidance for calculating infectious periods.

The School COVID-19 Coordinator should record information about close contacts on the [School Case & Close Contact List Template \(B\)](#). There is no way to know if someone with COVID-like symptoms is positive for COVID-19 until they are tested. Gathering information about anyone who may have been in close contact with the sick student or staff while they were at school will allow the school to more quickly respond if the sick person tests positive for COVID-19. In that event, those close contacts without symptoms should follow these guidelines:

Close contacts with no symptoms who ARE NOT fully vaccinated:

1. Stay in quarantine for 14 days after their last contact. **This is the safest option.**
2. If this is not possible, stay in quarantine for 10 days after their last contact, without additional testing.

If the first two options are not possible, stay in quarantine for 7 full days beginning after their last contact ***and*** if they receive a negative test result (get tested no sooner than day 5 after their last contact).

Close contacts with no symptoms who ARE fully vaccinated:

1. You do not need to quarantine after an exposure to someone with suspected or confirmed COVID-19, but you should watch for symptoms for 14 days after your last close contact.
2. If you develop symptoms within 14 days after an exposure, isolate yourself from others. Contact your healthcare provider and let them know you have been vaccinated for COVID-19.

They should be encouraged to seek out testing if they develop symptoms and inform the school immediately if they test positive for COVID-19.

E. Where can I direct parents/guardians/staff for more information and resources?

If students or staff do not have a medical provider, call the King County COVID-19 Call Center between 8 AM–7 PM PST at 206-477-3977 for assistance. Interpreters are available.

School administrators should provide parents/guardians of students and staff who become ill with the following:

- [*COVID-19 Fact Sheets for Families and Staff \(D\)*](#) (PHSKC, in toolkit)
- [*When Can I Return to School? \(G\)*](#) (PHSKC, in toolkit)
- [What to do if you were potentially exposed to someone with COVID-19](#) (WA DOH)
- [What to do if you have COVID-19 symptoms but have not been around anyone diagnosed with COVID-19](#) (WA DOH)
- [How to care for yourself or others with COVID-19](#) (PHSKC)
- Find testing information here www.kingcounty.gov/covid/testing.

Additional COVID-19 resources:

- Washington Department of Health (WA DOH) at doh.wa.gov/coronavirus.
[WA DOH Translated Materials are available here.](#)
- Centers for Disease Control and Prevention (CDC) at www.cdc.gov/coronavirus.
[CDC Translated Materials are available here.](#)

Resources are routinely updated. The **District COVID-19 Coordinator** should check these sites routinely for updates and additional information to share with schools.

F. Who should I notify about a suspected case of COVID-19?

It is important to remember that anyone exhibiting symptoms of COVID-19 could have COVID-19 and should remain at home at least 10 days after symptoms began, and at least 24 hours after fever has resolved (without use of fever-reducing medications) and symptoms have improved. Someone with only one short-term symptom can return sooner (see section 4B).

Student or staff who receive a negative COVID-19 test can return to school 24 hours after fever resolves (without use of fever-reducing medications) AND symptoms have improved. If the student or staff were in close contact with someone confirmed to have COVID-19 and do not have symptoms, they must follow these guidelines:

Close contacts with no symptoms who ARE NOT fully vaccinated:

1. Stay in quarantine for 14 days after their last contact. **This is the safest option.**
2. If this is not possible, stay in quarantine for 10 days after their last contact, without additional testing.
3. If the first two options are not possible, stay in quarantine for 7 full days beginning after their last contact ***and*** if they receive a negative test result (get tested no sooner than day 5 after their last contact).

Close contacts with no symptoms who ARE fully vaccinated:

1. You do not need to quarantine after an exposure to someone with suspected or confirmed COVID-19, but you should watch for symptoms for 14 days after your last close contact.
2. If you develop symptoms within 14 days after an exposure, isolate yourself from others. Contact your healthcare provider and let them know you have been vaccinated for COVID-19.

They should be encouraged to seek out testing if they develop symptoms and inform the school immediately if they test positive for COVID-19.

If someone has COVID-like symptoms, it is **not** necessary to inform Public Health – Seattle & King County (PHSKC) unless that person was a close contact of someone with confirmed COVID-19. If so, the [School COVID-19 Coordinator](#) should inform the [District COVID-19 Coordinator](#).

The District COVID-19 Coordinator can [report cases online here](#) or call the King County COVID-19 Call Center at 206-477-3977 between 8AM – 7PM.

5. Guidance on what to do if a student or staff member reports that they have tested positive for COVID-19

A. What if the person reporting that they have tested positive for COVID-19 is currently at the school?

If the person who tested positive is currently at the school during their infectious period, they should return home immediately **regardless of if they are experiencing symptoms or if they are fully vaccinated**. The COVID-19 Screening Lead may use the [Return to School Guidance \(G\)](#) to determine the infectious period.

People who have tested positive for COVID-19 should remain at home and should not return to school until:

- at least 10 days have passed since symptoms began
- **AND** at least 24 hours have passed since fever resolved (without the use of fever-reducing medications)
- AND other symptoms have improved.

People who test positive for COVID-19 but **never develop symptoms** should remain at home and away from others for at least 10 days after the date of their first positive COVID-19 test.

The [School COVID-19 Coordinator\(s\)](#) should gather information about everyone the person may have been in close contact with at the school during their infectious period. Use the [Checklist for Managing Student/Staff with Confirmed COVID-19 \(C\)](#) to calculate infectious period and for next steps. Use the [School Case & Close Contact List Template \(B\)](#) to keep track of confirmed cases and close contacts.

See section 5.C to learn what information you should gather from the staff or parents/guardians of the student with COVID-19.

B. What if a person has COVID-like symptoms but their test results are inconclusive?

If a person is experiencing COVID-like symptoms but the test results are inconclusive, treat the case as if the person tested positive. The person cannot go to school and should remain in quarantine until:

- At least 10 days have passed since symptoms began
- **AND** at least 24 hours have passed since fever resolved (without the use of medications)
- **AND** other symptoms have improved.

If the person takes a second test and returns with a negative COVID test, then they can return to school after:

- At least 24 hours after the fever has resolved (without the use of fever-reducing medications)
- **AND** symptoms have improved

If they are a close contact of someone with confirmed COVID-19 and have a negative COVID-19 test, they must still quarantine for 14 days.

C. What information do I gather from the staff member or parents/guardians of the student with COVID-19?

The [School COVID-19 Coordinator\(s\)](#) plays a key role in helping to monitor for potential outbreaks in their school. They best understand their school's resources, structure, classrooms, staff, students, and communities.

There are three important pieces of information to gather from the staff, student, family:

1. Information related to symptoms and dates they began (or COVID-19 test date if person is asymptomatic)
2. Contact information for the [School Case & Close Contact List Template \(B\)](#)
3. List of everyone who was a close contact of the staff or student while at school

If a parent/guardian of a student or a staff member calls to report that they have tested positive for COVID-19, the School COVID-19 Coordinator should use the [School Case & Close Contact List Template \(B\)](#) to gather the following information:

- When was the student or staff member last at the school?

- When did they started experiencing symptoms?
- What symptoms are they experiencing?
- What is their contact information?
- What rooms or other parts of the school did the person visit when they were last at the school?
- Other questions found in the cases and close contact list

The School COVID-19 Coordinator must also gather a list of everyone in close contact with the staff/student with COVID-19 while at school. A Contact Tracing Team from either Public Health – Seattle & King County (PHSKC) or Washington Department of Health (WA DOH) will interview people who test positive for COVID-19. However, close contacts must quarantine as soon as they know they have been exposed, unless they are fully vaccinated. Fully vaccinated people that are close contacts still follow symptom monitoring for 14 days after exposure.

The School COVID-19 Coordinator is asked to gather the close contact list as they are likely able to identify close contacts faster than Contact Tracing Teams can reach the person with confirmed COVID-19. The School COVID-19 Coordinator should use sources, such as classroom teachers or other staff, to help gather information.

Once the School COVID-19 Coordinator gathers a list close contacts, they should work with their [District COVID-19 Coordinator](#) to notify these individuals that they have been identified as a close contact of someone who tested positive for COVID-19. This outreach is essential to reduce the spread of COVID-19. District COVID-19 Coordinators will work with the school to determine if areas or the entire school needs to be closed. PHSKC can help provide guidance to inform such closures and assist in evaluating and managing potential outbreaks.

Close Contact Exposure Letter Templates (E) are included in this toolkit for communication with the school community. The letters contain important information about monitoring symptoms, testing, when they can return to school, and sources for additional information and resources.

A ***Checklist for Managing Student/Staff with Confirmed COVID-19 (C)*** is included in this toolkit to help the coordinator through the process of gathering information from students or staff with confirmed COVID-19 and managing communication with close contacts, the District COVID-19 Coordinator, and PHSKC.

D. Where can I direct parents/guardians/staff for more information and resources?

If students or staff do not have a medical provider, call the King County COVID-19 Call Center between 8 AM–7 PM PST at 206-477-3977 for assistance. Interpreters are available.

School administrators should provide parents/guardians of students and staff who have COVID-19 with the following:

- ***COVID-19 Factsheet for Families and Staff (D)*** (PHSKC, in toolkit)
- ***When Can I Return to School? (G)*** (PHSKC, in toolkit)
- [What to do if you have confirmed or suspected COVID-19](#) (WA DOH)
- [How to care for yourself or others with COVID-19](#) (PHSKC)
- [10 things you can do to managed COVID-19 at home](#) (CDC)

Additional COVID-19 resources:

- Washington Department of Health (WA DOH) at www.doh.wa.gov/coronavirus.
[WA DOH Translated Materials are available here.](#)
- Centers for Disease Control and Prevention (CDC) at www.cdc.gov/coronavirus.
[CDC Translated Materials are available here.](#)

Resources are routinely updated. The [District COVID-19 Coordinator](#) should check these sites routinely for updates and additional information to share with schools.

E. Who do I notify about a confirmed case of COVID-19?

For [School COVID-19 Coordinators](#):

The School COVID-19 Coordinator(s) should notify their District COVID-19 Coordinator of any reports of positive cases and share the completed or updated ***School Case & Close Contact List Template (B)***. The School COVID-19 Coordinator should update this list whenever the school has been notified of an additional student or staff member who has tested positive for COVID-19.

For [District COVID-19 Coordinators](#):

Whenever a staff member or student tests positive for COVID-19, the District COVID-19 Coordinator should notify Public Health – Seattle & King County (PHSKC). The District coordinator should work with PHSKC on any further actions to investigate and manage potential outbreaks in the school.

The District COVID-19 Coordinator can [report cases online here](#) or call the King County COVID-19 Call Center at 206-477-3977 between 8AM – 7PM.

What is the difference between **quarantine** and **isolation**?

Isolation: keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

Quarantine: keeps someone who was exposed/in close contact with a person who has COVID-19 away from others.

See the glossary (Section 11) for more definitions.

Who is considered a **close contact**?

- anyone who has been within 6 feet of a person infected with COVID-19 for a combined total of 15 minutes or more within a 24-hour period
- anyone who has had unprotected direct contact with infectious secretions or excretions
- use of cloth masks or face shields by the person with COVID-19 or the close contact does not change this definition

See the glossary (Section 11) for more definitions.

For all roles:

District and school administrators should refer to WA Department of Health (WA DOH)'s [K-12 Schools – 2020-2021 Guidance](#) regarding when to close areas or an entire school in the event of an outbreak. PHSKC will also be able to advise if closure is warranted.

6. Guidance on returning to school

A. How long should students or staff with confirmed COVID-19 remain out of school?

Staff or students who tested positive for COVID-19 should stay at home until:

- 10 days have passed since symptoms first started
- **AND** 24 hours after fever has resolved (without the use of fever-reducing medications)
- **AND** symptoms have improved.

Staff members or students who test positive for COVID-19 **but have no symptoms** should stay home until at least 10 days have passed since the date of their test.

Anyone who experiences severe symptoms may need to remain out of school longer. They should consult with a medical provider before returning to school.

B. How long should people who were exposed to someone with COVID-19 remain out of school?

People who were in close contact with a person with confirmed COVID-19 should quarantine at home, unless they are fully vaccinated. They should monitor themselves for symptoms for 14 days starting from the last day they had contact with the infected person. If they have no symptoms, they should follow these guidelines:

Close contacts with no symptoms who ARE NOT fully vaccinated:

1. Stay in quarantine for 14 days after their last contact. **This is the safest option.**
2. If this is not possible, stay in quarantine for 10 days after their last contact, without additional testing.
3. If the first two options are not possible, stay in quarantine for 7 full days beginning after their last contact **and** if they receive a negative test result (get tested no sooner than day 5 after their last contact).

Close contacts with no symptoms who ARE fully vaccinated:

1. You do not need to quarantine after an exposure to someone with suspected or confirmed COVID-19, but you should watch for symptoms for 14 days after your last close contact.
2. If you develop symptoms within 14 days after an exposure, isolate yourself from others. Contact your healthcare provider and let them know you have been vaccinated for COVID-19.

They should be encouraged to seek out testing if they develop symptoms and inform the school immediately if they test positive for COVID-19.

The school should encourage them to seek out testing if they develop symptoms. (Please see Section 4.) People who were exposed should inform the school immediately if they test positive for COVID-19.

C. If someone with COVID-like symptoms receives a negative COVID-19 test result, when can they return to school?

Students or staff with COVID-like symptoms who receive a negative COVID-19 test can return to school 24 hours after fever resolves (without use of fever-reducing medications) AND symptoms have improved. If the student or staff were in close contact with someone confirmed to have COVID-19, they still must quarantine for 14 days, even if they receive a negative test result. Fully vaccinated close contacts do not need to quarantine, and can do symptom watch for 14 days.

D. If someone with COVID-like symptoms does not get tested, when can they return to school?

Students or staff with COVID-like symptoms* who do not get tested should stay at home until:

- 10 days have passed since symptoms first started
- **AND** 24 hours after fever has resolved (without the use of fever-reducing medications)
- **AND** symptoms have improved.

NOTE*: If a student or staff have **only one short-term symptom**, as defined below, they may return to school the next day. A person with a short-term symptom has:

- **ONE of the following symptoms:** fatigue; headache; muscle pain or body aches; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea
- **AND** the symptom begins and resolves in less than 24 hours

- **AND** no known COVID-19 exposure.

Example: Student wakes up on Monday with a sore throat. Student cannot go to school due to symptom. By the afternoon, sore throat is gone. Student wakes up on Tuesday with no symptoms. Student can go to school.

Refer to [Return to School Guidance \(G\)](#) and [When Can I Return to School? \(G\)](#) for quarantine calculation metrics and resources to share.

4. Cleaning and disinfection

Schools should have COVID-19 cleaning and disinfecting plans and regularly update plans with new or revised Centers for Disease Control and Prevention (CDC) and Washington Department of Health guidance.

- 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. Disinfectants based on hydrogen peroxide or alcohol are safer.
- Upgrading or improving ventilation increases the delivery of clean air and dilutes potential contaminants.
- 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.

The [Infection Control Lead](#) should refer to the [School Cleaning and Disinfecting Guidelines \(M\)](#) provided in the toolkit for more guidance and information.

5. Ongoing monitoring of COVID-19 in Schools

As long as in-person services or interaction of any type is offered in school facilities, schools should consistently perform ongoing surveillance for COVID-19. Ongoing monitoring for COVID-19, also referred to as ongoing surveillance, means to continuously monitor for COVID-like symptoms and confirmed cases at each school. School districts should work with school administrators to develop COVID-19 safety plans for each school that include processes for managing COVID-19 surveillance.

Ongoing Surveillance includes:

Daily Screening:

Each day, all students and staff should be assessed for symptoms before attending school. A [COVID-19 Daily Symptom Checklist \(J\)](#) can be found in the toolkit to guide schools with this process.

Schools may choose to have parents/guardians check their children for COVID-19 symptoms or staff check their own symptoms at home. Regardless of the screening method that is used, families, students and staff should be made aware of the symptoms to watch for on a daily basis and directed to stay home if they are experiencing symptoms.

Monitoring symptoms of students and staff who are experiencing COVID-19 symptoms:

The [School COVID-19 Coordinator\(s\)](#) and the person screening for symptoms should continue to use the resources and information provided in this guidance document to track confirmed COVID-19 cases, suspected cases, and close contacts on the [School Case & Close Contact List Template \(B\)](#).

Reporting confirmed COVID-19 cases to Public Health – Seattle & King County (PHSKC):

The School COVID-19 Coordinator(s) should report confirmed COVID-19 cases to their [District COVID-19 Coordinator](#) on an ongoing basis.

The District COVID-19 Coordinator should report any new cases to PHSKC as soon as they become aware of them and provide updates about any people who were in close contact with the infected individual while at school. The District COVID-19 Coordinator can [report cases online here](#) or call the King County COVID-19 Call Center at 206-477-3977 between 8AM – 7PM.

6. Bus Safety

To lower the risk of COVID-19 transmission on school buses and in waiting areas at bus stops, school districts and administrators should refer to guidance from the Centers for Disease Control on [how students can ride the school bus safely](#) and to the Washington Department of Health's [K-12 Schools –2020-2021 Guidance](#) for specific information about COVID-19 prevention and school transportation.

7. What will Public Health – Seattle & King County do if there is a confirmed COVID-19 case in your school/district?

Case investigation is part of the contact tracing process to support people with suspected or confirmed COVID-19. Public Health – Seattle & King County (PHSKC), in partnership with the Washington Department of Health (WA DOH) case investigation and contact tracing team, do the following when they learn of a positive COVID-19 case:

- Conducts case investigation interviews: Public Health staff work with an individual to collect information about when symptoms appeared and the severity of the illness, source of illness, history of testing, employment information, activity during exposure and infectious periods, and details about exposure locations to make a list of close contacts. Ideally, this is done as soon as possible after a positive COVID-19 test result. PHSKC also works with the [District COVID-19 Coordinator](#) to gather information already collected by the school for case investigation.
- Provides guidance to schools about isolation/quarantine and symptom monitoring among households and facilities.
- Mobilizes resources to assist with testing of close contacts of confirmed COVID-19 cases.
- Conducts public health research regarding the epidemiology, history, transmission and control of COVID-19 in King County.

In partnership with the Washington Office of Superintendent of Public Instruction, WA DOH, school districts, and school administrators, PHSKC will:

- Provide guidance and tools to help schools carry out initial school-related contact tracing of students or staff with COVID-19
- Provide case investigation of students or staff diagnosed with COVID-19

- Identify and recommend quarantine for all household contacts of the COVID-19 positive case
- Assist schools to determine which students and staff should quarantine
- Conduct symptom monitoring for all close contacts
- Connect school districts to educational resources about COVID-19 risk reduction and best practices.
- Collaborate with schools on decisions to close due to COVID-19 outbreaks.

8. Glossary of Terms

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

Case Investigation: Part of the contact tracing process to support patients with suspected or confirmed COVID-19. Public Health staff work with an individual to collect information about when symptoms appeared and the severity of illness, source of illness, history of testing, socio-demographic characteristics, employment information, activity during exposure and infectious periods, and details about exposure locations to make a list of close contacts. Ideally this is to be done as soon as possible after a positive test (usually within 24 hours).

Close Contact:

- anyone who has been within 6 feet (2 meters) of a person infected with COVID-19 for a combined total of 15 minutes or more within a 24-hour period
- anyone who has had unprotected direct contact with infectious secretions or excretions
- use of cloth masks or face shields by the COVID-19 positive person or contact does not change the close contact definition

Confirmed COVID-19 Case: A person (with or without symptoms) who received a positive result from a COVID-19 laboratory test.

Contact Tracing: A disease control measure to identify anyone who had close contact with an infected person while they were contagious.

Coronavirus/COVID-19: A type of virus that looks like a corona (crown) when viewed under a microscope. There are many strains of coronaviruses most cause mild respiratory infections like the common cold. The strain of coronavirus that causes COVID-19 infections is called SARS-CoV-2.

COVID-19 Tests: A diagnostic test that determines if a person has COVID-19 at the time of testing by detecting the genetic material of the virus. It detects SARS-CoV-2 RNA and is currently the gold standard for COVID testing as the results are usually very accurate.

COVID-like symptoms: A person with COVID-like symptoms has [symptoms of COVID-19 infection](#), but has not been confirmed to have COVID-19 with a test. This person may be waiting to receive COVID-19 test results.

Exposure: Person-to-person transmission of COVID-19 that happens primarily through close contact (within 6 feet of someone for a combined total of 15 minutes or more within a 24-hour period) and respiratory droplets from an infected person coughing, sneezing, or talking. May occur by close personal contact (example: shaking hands or touching a contaminated object or surface and then touching mouth, nose, or eyes).

Fully Vaccinated: People are considered fully vaccinated for COVID-19 two weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines; **OR** two weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine. Please note: If it has been less than two weeks since your shot, or if you still need to get your second dose, you are NOT fully protected. Keep taking all prevention steps until you are fully vaccinated, including the quarantine guidance below.

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

Incubation period: The number of days between when a person is infected with something and when they see symptoms or test positive for the infection. Estimated incubation period for COVID-19 is about 5 days (can range from 2 days - 14 days), from the time of exposure.

Infectious period: The time period when a person can spread the virus to other people. Also referred to as when someone is contagious. For COVID-19, a person is likely contagious starting from about 2 days before symptoms appear through 10 days after symptoms begin. Some people infected with COVID-19 do not have any symptoms; the infection period is then calculated from 2 days prior to COVID-19 testing.

Isolation: keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

Outbreak: Two or more laboratory confirmed COVID-19 cases within 14 days and evidence of transmission in shared location.

Physical distancing: Minimizing close contact with other people. For COVID-19, at least 6 feet (2 meters) of space is suggested for appropriate physical distancing.

Quarantine: keeps someone who was exposed/in close contact with a person who has COVID-19 away from others.

Surveillance period: A period of time measured by two incubation periods (28 days) after the latest date of symptoms appearing in a sick person or the latest date of specimen collection for COVID-19 testing in an asymptomatic person, whichever is later.

Symptomatic: person has symptoms common to COVID-19 infection.

Symptoms and Signs 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.
- Severe complications can include pneumonia, respiratory distress, arrhythmias.

Worked while contagious or Attended school while contagious

- For symptomatic people with COVID-19, the contagious period includes the 2 days before the start of symptoms until 10 days after symptoms began.
- For asymptomatic people with COVID-19, the contagious period includes the 2 days before COVID-19 testing specimen collection date through 10 days after the test was taken.