

BOARD OF DIRECTORS
Special Meeting - 5:30 PM
January 5, 2021
Online/Virtual Zoom Meeting

IMPORTANT MEETING NOTICE: Pursuant to the Governor’s Proclamation No. 20-28, school board meetings during the COVID-19 disease outbreak must not take place in-person, but occur remotely. Members of the public are invited to attend by utilizing the following methods:

- Watch: <https://wwps-org.zoom.us/j/99412562185>
- Listen: Dial 1-253-215-8782 and enter the Webinar ID: 994 1256 2185
- Spanish Access:
- Subtítulos en español: <https://wwps-org.zoom.us/j/99412562185> (Selecione "Live Translation" en el menú inferior).
- Agenda española: <https://www.wwps.org/district/information/school-board/board-meeting-schedule>

The Board of Directors has scheduled a special meeting on January 5 at 5:30 p.m. for discussion of the district's planning for reopening of schools. The special meeting is open to the public and is expected to conclude by 6:30 p.m. No public testimony or school board final action is planned.

I. CALL TO ORDER: *Mr. Sarley*

II. FLAG SALUTE: *Temporarily suspended for online/virtual meetings*

III. ROLL CALL:

- Mr. Derek Sarley, President Mrs. Terri Trick
 Mrs. Ruth Ladderud, Vice President Mr. Sam Wells
 Mr. Eric Rindal

IV. APPROVAL OF AGENDA: *Mr. Sarley*

V. SAFELY REOPENING SCHOOLS-BOARD REVIEW & DISCUSSION: *Mr. Sarley*

- | | |
|--|----|
| 1. Review New Reopening Guidance Released from Governor/WaDOH: <i>Dr. Wade Smith</i> | 3 |
| a. COVID Activity Level Document | |
| b. WaDOH New Guidance Document | |
| c. L&I Requirements | |
| 2. Compare New Guidance to Existing Roadmap: <i>Mr. Derek Sarley & Dr. Wade Smith</i> | 38 |
| a. Existing Roadmap | |
| b. Draft Adjustments to Current Roadmap Based on New Guidance | |
| 3. Review Enhanced Safety Procedures & Measures: <i>Mrs. Amy Ruff, Mr. Mike Kay & Dr. Wade Smith</i> | 40 |
| a. Third Party Safety Consultant and Audit | |
| b. WWPS Safety Protocols | |
| 4. Review WIAA Return to Play Criteria: <i>Dr. Wade Smith & Mr. Dirk Hansen</i> | 41 |
| a. WIAA/WWPS Return to Play Protocols | |

5. Staff & Parent Coordination and Communication Efforts: *Mr. Derek Sarley & Dr. Wade Smith*
VI. **ADJOURNMENT:** *Mr. Sarley*



Risk Key:			December 19, 2020 to January 1, 2021						
High	>350cases/100K/14days								
Medium	50-350 cases/100K/14days								
Low	<50 cases/100K/14days								
Geographic Area	Population	Case Cutoffs	14 Day Date Range						
			10/17 to 10/30	10/31 to 11/13	11/14 to 11/27	11/28 to 12/11	12/5 to 12/18	12/12 to 12/25	12/19 to 1/1
Walla Walla Co.	62,580	220[219-31]30	238	471	494	453	638	647	537
Walla Walla	44,650	157[156-22]21	160	339	235	236	256	275	276
College Place	9,780	34[33-4]3	56	97	87	86	71	71	68
Waitsburg	1,240	4[3-1]0	3	7	9	13	11	15	14
Prescott	330	2[1]0	0	3	8	5	10	10	6
Touchet	407	2[1]0	9	7	5	8	6	5	3
Burbank	3378	11[10-1]0	10	17	29	27	37	20	22
Dixie	495	2[1]0	0	0	1	2	5	4	1
WA St. Penitentiary	2300	NA	0	1	120	76	242	247	147

COVID-19 Cases in Children

Ages	# of Cases since March 21, 2020
0 to 4 years	36
5 to 11 years	99
12 to 14 years	67
15 to 18 years	172
Total	374

Key Data Points:

- Trend in cases: 30 community cases per day during the month of December 2020. Previous monthly average was 29.3 community cases per day.
- Positivity Rate 12/25/20 to 1/1/21: Unavailable, data incomplete
- Percent regional hospital beds filled 96.8 %, ICU beds filled 98.7%, retrieved from <https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard>

The decision to resume or expand in-person learning is complex and requires weighing both risks and benefits to children, staff, their families, and the broader community. With regards to COVID-19, DOH recommends that local leaders consider COVID-19 activity level (i.e., case rates, percent test positivity, trends, etc.) as well as the educational, social and emotional benefits of in-person learning for students. When recommending guiding metrics to resume in-person learning, DOH considered both the health risks of COVID-19 to students, school staff, and the surrounding community; as well as the benefits of in-person school to children and their families. These metrics are not intended to serve as a hard thresholds but as a primary consideration in determining for whom to provide in-person learning.

For whom should your community provide in person learning?

For School Administrators, Local Health Officers, and Community Stakeholders

The risk of COVID-19 being introduced into the school and spreading depends on the health and safety measures taken by schools and the level of COVID-19 spread in the community. **Consider the following educational modalities based on community transmission and other health and education risks and benefits.**

COVID-19 Activity	HIGH >350 cases/100K/14 days Test positivity >10% Trends in cases and hospitalizations	MODERATE ~50-350 cases/100K /14 days Test positivity 5-10% Trends in cases and hospitalizations	LOW <50 cases/100K/14 days Test positivity <5% Trends in cases and hospitalizations
Education Modality	<p>Phase in in-person learning in groups of 15 or fewer students for pre-K through grade 5 and those with highest needs.</p> <p>Prioritize Pre-K through grade 3, and students in any grade with disabilities, students living homeless, or those farthest from educational justice.</p> <p>If schools can demonstrate the ability to limit transmission in the school environment, add grades 4-5.</p>	<p>Phase in in-person learning.</p> <p>Prioritize Elementary (pre-K - 5) if they are not already receiving in-person learning, and Middle School.</p> <p>If schools can demonstrate the ability to limit transmission in the school environment, add more high school students when case rates are below about 200/100K/14 days.</p>	<p>Provide in-person learning for all students.</p>
Extra-curricular Activities	<p>Cancel or postpone most in-person extra-curricular activities except those allowed under Safe Start and Governor’s proclamations on COVID-19.</p>	<p>Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.</p>	<p>Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.</p>
Transition	<p>Across all COVID-19 Activity Levels:</p> <ul style="list-style-type: none"> • When trends in cases and hospitalizations are flat or decreasing, and the school can demonstrate the ability to limit transmission in the school environment, expand access to in-person learning • When trends are increasing, pause expansion of additional in-person learning and maintain access to in-person learning for those who have it. Schools are not required to reduce in-person learning or revert to remote learning based on metrics if the school can demonstrate the ability to limit transmission in the school environment. • Consider other health and education risks and benefits to children and their families <p>At any COVID-19 level, transition temporarily to full distance learning for 14 days when school meets criteria in DOH’s K-12 Health and Safety Guidance (p 16) or on recommendation of the local health officer.</p>		

Tools to Prepare for Provision of In-Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic

Summary of December 16 changes:

- The Department of Health (DOH) revised the metrics to inform local decisions around the provision of in-person learning and the risk of transmission of COVID-19 in school environments. These revisions were based on emerging research and data gathered by state and national officials.
- These changes include revisions to the COVID-19 incidence rates to consider when making decisions about who to prioritize in-person learning for and further clarification that local leaders should consider test positivity and trends in cases and hospitalizations to inform decisions around in person learning.
- DOH defined a maximum ‘small group’ size of 15 for learning when disease activity is high and defined our ‘youngest learners’.
- DOH moved away from a ‘decision tree.’ This toolkit now includes two checklists that ensure readiness to implement all required [DOH Health and Safety Measures](#) and [LNI requirements](#), and a matrix that summarizes our recommendations for the provision of in-person learning based on the community’s metrics. The introduction and background sections were updated to reflect the rationale for the changes.

Introduction

This framework can assist local health officers in guiding and school administrators in deciding whether to resume, expand, or reduce in-person instruction for public and private K-12 schools during the COVID-19 pandemic. This tool is added to the Department of Health’s (DOHs) [K-12 Fall Health and Safety Guidance](#). Both will continue to be updated as the COVID-19 pandemic evolves and additional scientific information is available.

School administrators face challenging decisions about how to operate their schools during a pandemic, and they should consult with their local health officer, local elected leaders, teachers, school staff, families, and other stakeholders. DOH recommends that school administrators weigh the risks and benefits to students, families, staff, and their communities when deciding which mode of education to use. They should consider rates and trends in COVID-19 cases and hospitalizations and test positivity in their community along with other health and education risks and benefits to children and their families. In making these difficult decisions, school administrators should also engage staff and families of students at risk for severe COVID-19, families of students with disabilities, English language learners, students living in poverty, students of color, and families of young students to determine how to best meet the health and education needs of these students and the community.

While DOH encourages local health officers and school administrators to work together to evaluate the public health considerations regarding in-person learning during the COVID-19 pandemic, school

administrators are ultimately responsible for establishing appropriate education services. The local health officer should advise the school administrator and the school community on the level of COVID-19 activity, the community's access to testing, and the health department's capacity to respond to cases or outbreaks in schools with timely investigations and contact tracing.

Local health officers are responsible for controlling the spread of communicable disease like COVID-19 in the community. County-level COVID-19 activity is measured by key health indicators including the number of cases per 100,000 people over a 14-day period, the percentage of positive tests, trends in cases or hospitalizations, and other measures, such as outbreaks and age-specific impacts. The local health officer should ensure information on key indicators is available to inform school administrators and the public. You can also find county and statewide indicators on [Washington's Risk Assessment Dashboard](#) (cases per 100K over 14 days and percentage of positive tests) and [Department of Health's COVID-19 Dashboard](#) (epidemiologic curves for cases and hospitalizations). The local health jurisdiction may further disaggregate these indicators, or use other data to guide recommendations for in-person learning.

School administrators must cooperate with investigations, directives, and orders made by the local health officer ([WAC 246-101-420](#)). If a local health officer determines that the opening of a school or the continuation of in-person learning poses an imminent public health threat to the community, they have the legal power and duty to direct or order an interruption of in-person learning ([WAC 246-110-020](#)).

Background

To inform the first version of this guidance published this summer, DOH reviewed the experiences of countries that resumed some degree of in-person instruction this spring. These countries generally had low and decreasing community rates of COVID-19 cases. The incidence rates in several countries that successfully resumed in-person instruction were below 50 cases per 100,000 population per 2 weeks.¹

In addition to having lower and decreasing community rates of disease, these countries took a very cautious approach to resuming in-person instruction. Most countries first resumed in-person instruction for a portion of their students, and many implemented health and safety measures like physical distancing, frequent hand washing, use of face coverings, and frequent environmental cleaning to reduce the spread of COVID-19 in the schools.²

Based on these data, DOH previously recommended cautiously phasing in in-person learning when county incidence rates fell below around 75 cases per 100,000 population per 2 week period. With rates above this threshold, schools could consider bringing back students with special needs and the youngest learners. In all cases, schools must implement the COVID-19 safety and prevention measures recommended by DOH.

Early experience and learning from the United States

This fall, most schools across the country and some schools in Washington resumed some degree of in-person learning. While no national entity is rigorously studying data from across the country, a team of

¹ Kaiser Family Foundation "What Do We Know About Children and Coronavirus Transmission?" website accessed on August 2, 2020 at: <https://www.kff.org/coronavirus-covid-19/issue-brief/what-do-we-know-about-children-and-coronavirus-transmission/>

² Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic. July 6, 2020. Available at: <https://globalhealth.washington.edu/sites/default/files/COVID-19%20Schools%20Summary%20%28updated%29.pdf>

researchers and students at Brown, MIT, Harvard, Massachusetts General and other institutions have enrolled over 5,000 schools with more than 3.9 million students participating in in-person learning to voluntarily share their data on the number of COVID-19 cases and outbreaks in their school.³ Case rates for COVID-19 among students and staff trend similarly to the surrounding community rate, meaning when community rates increase, so do staff and student rates, with student rates typically lower than community rates. During the period of August 31 to November 22, 2020, these data show that the proportion of students and staff with confirmed COVID-19 was 0.22% and 0.42% respectively. During the period of November 9-22, among schools providing either full or hybrid in person learning, 5.4% of all schools reported an outbreak involving five or more cases and 1.5% of schools reported an outbreak involving 10 or more cases.

States have taken a range of approaches. California allows in-person learning when counties have fewer than 98 cases per 100,000 over 14 days.⁴ Oregon recently updated their school metrics, and now recommends in-person instruction when counties have fewer than 50 cases per 100,000 population over 14 days. When counties have between 50 and 100 cases, Oregon recommends phasing in of onsite or hybrid learning, starting with elementary students. Counties must switch to comprehensive distance learning with limited in-person instruction when they exceed 200 cases per 100,000 population over 14 days.⁵ Massachusetts prioritizes in-person learning for all students if feasible when COVID-19 rates are less than 140 cases per 100,000 population over 14 days (in this range, hybrid models are allowed only if necessary to meet health and safety requirements); when COVID-19 case rates are higher than this, Massachusetts recommends hybrid learning that maximizes in person learning for high needs students.⁶ Arizona recommends in person learning at or below 20 cases per 100,000 population over 14 days, hybrid learning between 20 and 200 cases per 100,000 population of 14 days, and primarily remote learning at 200 cases per 100,000 over 14 days.⁷ West Virginia shifts to primarily remote learning at 210 cases per 100,000 population over 14 days.⁸ Colorado encourages in-person learning when there are

³ Accessed from <https://covidschooldashboard.com/> on November 18, 2020

⁴ Blueprint for a Safer Economy website. California Department of Public Health. Accessed on November 19, 2020. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx>

⁵ General Metrics for Returning to In-Person Instruction Through the On-Site or Hybrid Model. Oregon Department of Education website accessed November 17, 2020. <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Following%20the%20Metrics%20Visual.pdf>

⁶ Updates to Guidance on Interpreting DPH COVID-19 Health Metrics website accessed on November 17, 2020. <https://www.doe.mass.edu/covid19/on-desktop/interpreting-dph-metrics.html#iii>

⁷ Safely Returning to In Person Instruction, Arizona Department of Health Services. Accessed November 19, 2020. <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/covid-19-safely-return-to-in-person-instruction.pdf>

⁸ West Virginia School Reentry Metrics and Protocols website. West Virginia Department of Education. Accessed November 19, 2020 <https://wvde.us/school-reentry-metrics-protocols/>

State	Rates of COVID-19 Cases per 100,000 population over 14 days*		
	In-Person Learning	Hybrid, Phased, or Transitional	Remote Learning for most or older students
Arizona	<20	20-200	>200
California	≤98		>98
Colorado	<75	75-350**	>350**
Massachusetts	<140	≥140	
Minnesota	<100	100-500	>500
Oregon	<50	50-200	>200
Washington	<50	50-350	>350
West Virginia	<210		≥210

Table 1: State Metrics for Learning Modality among States

*some states have daily or weekly case rates for metrics. Above are adapted to the approximate rate per 100K per 14 days. States may also have additional metrics.

** Colorado suggests in-person for K-5 at moderate and high levels, with the option to provide hybrid or distance learning. At the high level, in-person remains an option for middle school.

fewer than 75 cases per 100,000 population over 14 days. It suggests in-person learning up to 350 cases per 100,000 over 14 days with the option to provide hybrid or distance learning. Above 350 cases per 100,000 over 14 days, Colorado suggests in-person learning for K-5 with the option to provide hybrid and distance learning, the option of in-person, hybrid, or remote learning for middle school, and hybrid or remote learning for high school.⁹ Minnesota uses a staggered approach for K-12 students beginning at 100 cases per 100,000 population over 14 days, using local epidemiological information and the health and safety provisions of the school, to move from in-person elementary and hybrid secondary, through hybrid elementary and distance-learning for secondary, to fully distance-learning at 500 cases per 100,000. Once a school has opened, they tailor the learning model based on the presence of cases in the school community.¹⁰

Early experience and learning in Washington state

In Washington state, the majority of public school districts are providing some in-person learning, however, most of Washington’s 1.1 million public school students have been learning remotely. According to data from the Office of the Superintendent of Public Instruction (OSPI) and the Association of Educational Service Districts (AESD), as of October, 91% of Washington public school students live in districts that are providing some level of in-person learning. However, in most districts, in-person learning is limited to small group instruction of the youngest elementary students or students with special needs.

According to data from OSPI and AESD, as of October, 115 school districts were providing in-person learning to more than half of their students. These 115 school districts serve approximately 11% of Washington’s public school students. In contrast, about 90% of Washington’s 73,000 private school students are in full or hybrid in-person learning. Similar to national data, Washington state outbreak data also show that, while cases and outbreaks do occur in schools, recognition of transmission of COVID-19 has been limited in the school setting.

⁹ COVID-19 Risk dial. State of Colorado website. Accessed December 13, 2020. <https://covid19.colorado.gov/covid-19-dial>

¹⁰ Safe Learning Plan for 2020-2021: A Localized Data-Driven Approach. Accessed August 1, 2020 at: https://mn.gov/covid19/assets/safe-learning-plan_tcm1148-442202.pdf

Local public health has reported a total of 88 K-12 school outbreaks to DOH since the start of the pandemic through December 12, 2020; 84 of which have occurred since August 1, 2020.

A total of 266 cases have been linked to the 84 outbreaks. Among these cases, 48% were among children. Cases were distributed evenly across child age groups. The age distribution of cases appears in Table 2.

While COVID-19 does get introduced into school environments, the health and safety measures being taken within schools seem to be limiting the spread of the infection in the school. The number of school outbreaks is larger in counties with higher community transmission, however the size of outbreaks is, on average, small (Table 3). Half of the outbreaks in K-12 schools have 3 or fewer cases linked. Among outbreaks since August 1, 15 involve five or more cases, 2 of those involve ten or more cases. The two largest outbreaks each have 11 cases linked to them and occurred in private schools.

Age in years	Percent of Cases linked to K-12 Outbreaks
5-9	17%
10-14	16%
15-19	15%
20-39	15%
40-59	29%
60+	8%

Table 2: Age distribution of cases linked to K-12 outbreaks in Washington reported Aug 1, 2020 through December 12, 2020.

Table 3: Rates of COVID-19 cases per 100, 000 population over 2 weeks and K-12 school outbreaks in Washington reported Aug 1, 2020 through December 1, 2020.

Rates of COVID-19 cases per 100K/14 days	All Outbreaks		Smaller Outbreaks (Less than 5 cases)		Larger Outbreaks (More than 5 cases)	
	N	%	N	%	N	%
Low (<50)	5	6	5	8	0	0
Moderate (50-349)	65	82	52	81	13	87
High (>350)	9	12	7	11	2	13

It is important to note that the experience of hybrid or in person learning in Washington schools has occurred in the setting of relatively low community transmission rates compared to other states. As community transmission rises, more cases will likely be introduced into schools. In addition, because children are less often symptomatic, some cases have likely gone unrecognized.

In addition to experiences in Washington and the United States, a recent literature review by the University of Washington and models from the Institute for Disease Modeling (IDM) suggests that the risk of transmission in K-12 schools depends on the incidence of COVID-19 infections in the community as well as school-based countermeasures.^{11,12} A follow up report from IDM found that risks could be

¹¹ University of Washington. Summary of Evidence Related to Schools during the COVID-19 Pandemic Updated October 19, 2020. Accessed November 29, 2020. Available at https://depts.washington.edu/pandemicalliance/wordpress/wp-content/uploads/2020/10/COVID-19-Schools-Summary_2020_10_19.pdf

¹² Institute for Disease Modeling. Schools are not islands: we must mitigate community transmission

significantly mitigated through hybrid school schedules or via a phased-in approach that brings back K-5 first.¹³ A third modeling study found that *when R effective is already at 1* in the surrounding community (meaning, disease levels are stable and not increasing or each person who has COVID-19 on average, infects one other person), reopening schools will not significantly increase community-wide transmission, provided sufficient school-based interventions are implemented, such as masking, physical distancing, and screening students and staff for symptoms. The use of hybrid scheduling further reduces the infection rate.¹⁴

Summary and Recommendations

Taken together, the science and early experience of schools in Washington state and across the nation suggest that rigorous health and safety measures can limit transmission of COVID-19 in the school environment. DOH recommends comprehensive and strict [health and safety measures \(PDF\)](#) to minimize the risk of transmission within schools, and Proclamation 20-09.3 requires schools to implement them. These measures include all five of CDC's key mitigation strategies.¹⁵ Checklists that summarize these requirements follow on the next page.

Given this, DOH recommends continued, cautious in-person learning can occur at community COVID-19 rates higher than established in the initial versions of this framework. The updated case rates in this version reflect DOH's best estimate of appropriate parameters given these findings.

- **High COVID-19 activity:** At this level, DOH recommends in person learning for pre-K through grade 5. Schools should prioritize the youngest learners—pre-K, Kindergarten, and grades 1-3—and those with the highest needs (from any grade), such as students with disabilities, students living homeless, or those farthest from educational justice, using small group instruction of 15 or fewer students and strict cohorting due to the level of community transmission. Then phase in grades 4-5, similarly in small groups.
- **Moderate COVID-19 activity:** At this activity level, DOH recommends careful phasing in of in-person learning starting with any elementary students not already in-person and middle school students. Then over time, adding high school after middle school and when rates drop below 200 cases per 100,000 over 14 days.

Low COVID-19 activity: At this activity level, DOH recommends the provision of in-person learning for all students, prioritizing full time in-person learning for elementary students. If space allows, full time in-person learning can be added for middle and high school students.

to reopen schools. Accessed November 29, 2020. Available at https://covid.idmod.org/data/Schools_are_not_islands_we_must_mitigate_community_transmission_to_reopen_schools.pdf

¹³ Institute for Disease Modeling. Maximizing education while minimizing risk: priorities and pitfalls for reducing risks in schools. Accessed November 29, 2020. Available at https://covid.idmod.org/data/Maximizing_education_while_minimizing_COVID_risk.pdf

¹⁴ Institute for Disease Modeling. Testing the Waters: is it time to go back to school. Accessed November 29, 2020. Available at https://covid.idmod.org/data/Testing_the_waters_time_to_go_back_to_school.pdf

¹⁵ Centers for Disease Control and Prevention. Indicators for School Decision-Making website. Accessed December 15, 2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>

Can the school(s) implement recommended 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?

- ✓ Protect staff and students at higher risk for severe COVID-19 while ensuring access to learning.
- ✓ Transport or facilitate drop-off and pick-up of students.
- ✓ Group students (required in elementary, recommended for middle and high school).
- ✓ Practice physical distancing of ≥6 feet among students and staff.
- ✓ Promote frequent hand washing or sanitizing.
- ✓ Promote and ensure face covering use among students and staff.
- ✓ Increase cleaning and disinfection.
- ✓ Improve ventilation.

Are all staff trained on health and safety practices?

Is the school and health system ready to monitor for and respond to suspected and confirmed 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 suspected and confirmed cases and the level of community transmission.

- ✓ Can **the school** ensure monitoring of symptoms and history of exposure among students and staff? (attestation acceptable)
- ✓ 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 confirmed cases or outbreaks? For other languages?
- ✓ Is there adequate access to testing in the community **health** system for ill students and staff?
- ✓ Is there capacity in your **local health department** to investigate confirmed COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school?
- ✓ Can **local public health** monitor the level of community spread to determine when a change in education modality is needed?



Begin Learning Model and Monitor

The decision to resume or expand in-person learning is complex and requires weighing both risks and benefits to children, staff, their families, and the broader community. With regards to COVID-19, DOH recommends that local leaders consider COVID-19 activity level (i.e., case rates, percent test positivity, trends, etc.) as well as the educational, social and emotional benefits of in-person learning for students. When recommending guiding metrics to resume in-person learning, DOH considered both the health risks of COVID-19 to students, school staff, and the surrounding community; as well as the benefits of in-person school to children and their families. These metrics are not intended to serve as a hard thresholds but as a primary consideration in determining for whom to provide in-person learning.

For whom should your community provide in person learning?

For School Administrators, Local Health Officers, and Community Stakeholders

The risk of COVID-19 being introduced into the school and spreading depends on the health and safety measures taken by schools and the level of COVID-19 spread in the community. Consider the following educational modalities based on community transmission and other health and education risks and benefits.

COVID-19 Activity	HIGH >350 cases/100K/14 days Test positivity >10% Trends in cases and hospitalizations	MODERATE ~50-350 cases/100K /14 days Test positivity 5-10% Trends in cases and hospitalizations	LOW <50 cases/100K/14 days Test positivity <5% Trends in cases and hospitalizations
Education Modality	<p>Phase in in-person learning in groups of 15 or fewer students for pre-K through grade 5 and those with highest needs.</p> <p>Prioritize Pre-K through grade 3, and students in any grade with disabilities, students living homeless, or those farthest from educational justice.</p> <p>If schools can demonstrate the ability to limit transmission in the school environment, add grades 4-5.</p>	<p>Phase in in-person learning.</p> <p>Prioritize Elementary (pre-K - 5) if they are not already receiving in-person learning, and Middle School.</p> <p>If schools can demonstrate the ability to limit transmission in the school environment, add more high school students when case rates are below about 200/100K/14 days.</p>	<p>Provide in-person learning for all students.</p>
Extra-curricular Activities	<p>Cancel or postpone most in-person extra-curricular activities except those allowed under Safe Start and Governor’s proclamations on COVID-19.</p>	<p>Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.</p>	<p>Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.</p>
Transition	<p>Across all COVID-19 Activity Levels:</p> <ul style="list-style-type: none"> • When trends in cases and hospitalizations are flat or decreasing, and the school can demonstrate the ability to limit transmission in the school environment, expand access to in-person learning • When trends are increasing, pause expansion of additional in-person learning and maintain access to in-person learning for those who have it. Schools are not required to reduce in-person learning or revert to remote learning based on metrics if the school can demonstrate the ability to limit transmission in the school environment. • Consider other health and education risks and benefits to children and their families <p>At any COVID-19 level, transition temporarily to full distance learning for 14 days when school meets criteria in DOH’s K-12 Health and Safety Guidance (p 16) or on recommendation of the local health officer.</p>		

Health risks of COVID-19 to students, school staff, and the community

The risk of COVID-19 entering schools depends on the mitigation measures in place at the school and the level of COVID-19 spread in the community. At this time, any degree of in-person instruction presents some risk of infection to students and staff. It is not possible to predict the number of infections that might occur under different in-person models and levels of transmission in the community with certainty, but higher levels of community transmission will generally result in a higher risk of COVID-19 being introduced into the school environment. **DOH recommends and Governor's Proclamation 20-09.3 requires comprehensive and strict [health and safety measures \(PDF\)](#) to minimize the risk of transmission within schools.**

The full spectrum of illness due to COVID-19 is not fully understood. While children generally have mild COVID-19 disease, serious infections have occurred¹⁶. Teachers and school staff are at risk for more serious disease, especially older adults and those with [certain underlying health conditions](#). Students and staff that acquire COVID-19 at school can transmit to others in the school setting as well as to their households and their contacts in the community.

Beyond COVID-19 infections, the pandemic has brought other health concerns. Recent data from the CDC show the proportion of emergency department visits related to mental health crises has increased for young children and adolescents since the pandemic started. From this March through October, while the overall number of children's mental health-related ED visits decreased, the proportion of all ED visits for children's mental health-related concerns increased, reaching levels substantially higher beginning in late-March to October 2020 than those during the same period during 2019.¹⁷

Benefits of school for children

In-person learning has a broad range of benefits for our children. In addition to educational instruction, schools support the development of social and emotional skills; create a safe environment for learning; address nutritional, behavioral health and other special needs; and facilitate physical activity¹⁸. The absence of in-person learning may be particularly harmful for children living in poverty, children of color, English language learners, children with diagnosed disabilities, and young children, and can further widen inequities in our society¹⁹.

A narrative review of multiple studies made recommendations for addressing child and adolescent mental health during the pandemic. It noted the importance of face-to-face learning and recommended

¹⁶ Götzinger F, Santiago-García B, Noguera-Julián A, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Health* 2020.

<https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930177-2>.

¹⁷ Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680.

DOI: [http://dx.doi.org/10.15585/mmwr.mm6945a3external icon](http://dx.doi.org/10.15585/mmwr.mm6945a3external%20icon)

¹⁸ CDC. The Importance of Reopening America's Schools this Fall. Accessed August 1, 2020 at

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html>

¹⁹ Levinson M, Phil D, Cevik M, Lipsitch M. Reopening Primary Schools during the Pandemic. *New Eng J Med* 2020. <https://www.nejm.org/doi/full/10.1056/NEJMms2024920>

school reentry policies consider strict social distancing and hygiene measures, keeping in mind the importance of in-person learning for children in the school set-up.²⁰

Following a review of school re-openings in multiple countries during COVID-19, a group of public health and education experts at Harvard, recommended that primary school be deemed essential.¹⁹ Because of the critical role, schools play in children’s physical, developmental, and mental health, CDC recently recommended that K-12 schools should be the last settings to close after all other mitigation measures have been employed and the first to reopen when they can do so safely.²¹

Conclusion

This framework can assist local health officers in guiding and school administrators in deciding whether to begin, expand, or reduce in-person instruction for public and private K-12 schools during the COVID-19 pandemic. It can also help ensure the school is able to implement comprehensive health and safety measures and respond swiftly if a person with confirmed COVID-19 is identified in the school environment.

In-person learning should be prioritized for elementary school students because they may be less likely to spread COVID-19 than older children²², have more difficulty learning asynchronously, and may otherwise need to be in a childcare setting if their parent(s) or primary caregiver(s) work. DOH favors a cautious, phased-in approach to resuming in-person instruction, especially at high rates of disease. DOH recommends that schools start with staff, small groups of our youngest learners (pre-Kindergarten, Kindergarten, and grades 13), and students who are unable to learn or receive critical services asynchronously. Over time, schools can add additional students to in-person models.

While important to a child’s growth and development, DOH prioritizes educational opportunities over extra-curricular activities in schools or other activities in the surrounding community.

More COVID-19 Information and Resources

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

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

²⁰ Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry research*, 293, 113429. <https://doi.org/10.1016/j.psychres.2020.113429>

²¹ Honein MA, Christie A, Rose DA, et al. Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths, December 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1860-1867. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949e2>

²² Park YJ, Choe YJ, Park O, Park SY, Kim YM, Kim J, et al. Contact tracing during coronavirus disease outbreak, South Korea, 2020. *Emerg Infect Dis* 2020. <https://doi.org/10.3201/eid2610.201315>

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.

- [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 \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 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.



Washington Office of Superintendent of
PUBLIC INSTRUCTION



Washington State Department of

Health



Washington State Department of
Labor & Industries

EMPLOYER HEALTH & SAFETY REQUIREMENTS FOR SCHOOL SCENARIOS

September 30, 2020

Developed by:

- The Office of Superintendent of Public Instruction
- The Department of Health
- The Department of Labor & Industries
- Local School District Superintendents
- School Labor Representatives

ABOUT THIS GUIDANCE

The following set of rules and guidance for school staff health and safety was developed by representatives from the Office of Superintendent of Public Instruction (OSPI), the Department of Health (DOH), the Department of Labor & Industries (L&I), local superintendents, and labor organizations.

Questions related to personal protective equipment (PPE) or other employment-related requirements should be [directed to L&I](#), questions about health requirements should be directed to DOH, and questions about K–12 education requirements should be directed to OSPI.

Key Points

This guidance clarifies and builds out the worksite safety guidance embedded in the June reopening guidance ([Reopening Washington Schools 2020: District Planning Guide](#)).

The key points are as follows:

- The overall health risk for the typical K–12 in-person instructional setting is classified as low risk. There are other scenarios in the school setting where the risk level may be higher or lower.
- In low risk situations, staff may wear a cloth face covering.
- In medium risk situations, L&I’s long-standing guidance allows for several different protection options, including a face shield with a cloth face mask, a surgical-style mask, a hobby dust mask, a KN95 mask, or a KN90 mask.
- For high risk or extremely high risk situations, an N95 respirator or equivalent should be used. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield **plus** an FDA-approved surgical mask, procedural mask, or a KN95 mask until a respirator can be obtained.
- N95 respirators or equivalent protection are only required in high risk or extremely high risk situations.

For all risk levels, different face covering and respirator options are included in L&I’s [Which Mask for Which Task?](#) document.

TABLE OF CONTENTS

About This Guidance	2
Key Points	2
Introduction	4
General Requirements	5
Scenarios for School Settings	7
Summary of PPE Requirements for School-Specific Scenarios	8
Examples of Work Conditions by Transmission Risk Level	8
Minimum Required Mask or Respiratory Protection for Employees Without Additional Engineering Controls or PPE	9
Staff-Only Face Coverings Required in School-Specific Scenarios	10
1. General Instructional Settings	12
2. Individual/Small Group Instructional Support Setting	13
3. Office Settings – School and Non-School Based	14
4. Transportation	15
5. Food Service	16
6. Health/Isolation Room	18
7. Band & Choir	19
8. Physical Education	20
9. Distribution Centers (Food Service, Technology, etc.)	21

INTRODUCTION

This document provides general guidance to protect employees in common school scenarios under existing conditions. The guidance is intended to aid local school districts and safety officers as they develop required COVID-19 safety plans and procedures. The guidance does not replace local decisions based on specific conditions.

When schools reopen for in-person instruction, they must protect their employees. Required protections may differ based on the specific job duties and occupations. For guidance related to the health and safety requirements for students, please refer to materials developed by the Department of Health, including:

- [Fall Guidance, K–12](#)
- [Decision Tree, K–12](#)

This document focuses on required PPE, assuming other required safeguards such as cleaning and hygiene, and engineering or administrative controls, are present. It is intended to aid school districts for planning purposes only.

Please also consider recently updated guidance from the U.S. Centers for Disease Control and Prevention (CDC):

- [Strategies for Protecting K–12 School Staff from COVID-19](#)
- [What is known about the signs and symptoms, burden, and transmission of SARS-COV-2 among children?](#)
- [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#)

GENERAL REQUIREMENTS

As described in the [Reopening Washington Schools 2020: District Planning Guide](#), school districts, like all businesses, have a general obligation to keep a safe and healthy worksite in accordance with state and federal law and safety and health rules for a variety of workplace hazards. An employer's obligations include developing an Accident Prevention Plan (APP), including a Job Hazard Analysis that also includes worker protections from COVID-19, a known workplace hazard.

School districts must comply with the following COVID-19 worksite-specific safety practices as outlined in the Governor's "Stay Home, Stay Healthy" Proclamation 20-25, and in accordance with L&I's [General Requirements and Prevention Ideas for Workplaces](#) and DOH's [Workplace and Employer Resources and Recommendations](#).

K–12 employers must specifically ensure operations follow the main L&I COVID-19 requirements to protect workers, including:

1. Educate workers in the language they understand best about coronavirus, how to prevent transmission, and the employer's COVID-19 policies.
2. Limit capacity in indoor spaces to ensure 6 feet of distance can be kept between all staff, students, and others.
3. Maintaining a minimum 6-foot separation is required between all employees, students, and others to the maximum extent feasible. When strict physical distancing is not feasible for a specific task, and takes more than 10 minutes in an hour, the employer is required to provide additional prevention measures, such as use of barriers, masks, or respirators that provide a higher level of protection than a cloth face covering, minimize the number of staff or students in the enclosed areas, and stagger breaks, recesses, and work shift starts.
4. Provide (at no cost to employees) and require the wearing of PPE, such as gloves, goggles, face shields, and face masks as appropriate or required for the work activity being performed. Cloth face coverings must be worn by every employee not working alone on the job site unless their exposure dictates a higher level of protection under L&I safety and health rules and guidance.
 - a. Exceptions to this requirement for cloth face coverings include:
 - i. when working alone in an office, vehicle, or at a job site;
 - ii. if the individual is deaf or hard of hearing and is communicating with someone who relies on language cues such as facial markers and expression and mouth movements as a part of communication;
 - iii. if the individual has a medical condition or disability that makes wearing a facial covering inappropriate; or
 - iv. when the job has no in-person interaction.
 - b. For additional details, please refer to:
 - i. L&I's [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospitals and clinics\) Face Coverings, Masks, and Respirator Choices](#) document.
 - ii. L&I's [Which Mask for Which Task?](#) document.
 - iii. Cloth face coverings are described in [Department of Health guidance](#).
5. Ensure frequent and adequate hand washing with adequate maintenance of supplies. Use disposable gloves where safe and applicable to prevent transmission on tools or other items that are shared.

6. Increase the frequency of facility cleaning schedules that includes cleaning and sanitizing with a particular emphasis on commonly touched surfaces – which shall be no less stringent or frequent than what is required by the [Department of Health's fall guidance for K–12 schools](#).
7. Screen employees, students, and any other individual who will be at the school facility for more than 15 minutes, for signs/symptoms of COVID-19 at start of every shift.
8. Make sure sick employees and students stay home or immediately go home if they feel or appear sick.
9. Cordon off any areas where an employee or student with probable or confirmed COVID-19 illness worked, touched surfaces, etc. until the area and equipment is cleaned and sanitized. Follow the cleaning and sanitizing guidelines established by the Department of Health in their fall K–12 guidance.

A site-specific COVID-19 supervisor shall be designated by the employer at each school and other worksite to monitor the health of employees and enforce the COVID-19 job site safety plan.

SCENARIOS FOR SCHOOL SETTINGS

The following scenarios are intended as general guidance to aid local school districts and safety officers as they develop required COVID-19 safety plans and procedures. Specific conditions of each work site must be considered when determining workplace protections required for workers. However, these general guidelines should be beneficial for planning and anticipating needed PPE supplies.

Each scenario assumes:

- The activity is conducted indoors, if not otherwise specified. In general, working outdoors reduces potential exposure to airborne pathogens.
- People who are required to wear a cloth face covering are, indeed, wearing a cloth face covering during any interaction. While protections outlined below are required for workers, they are predicated on the assumption that virus transmission is reduced when non-workers also wear at least a cloth face covering.
- No known positive case of COVID-19 exists in the workplace. When a positive case is identified, that person is immediately removed from the worksite, and the locations where the person had been are cordoned off and sanitized before workers return to the area.
- Exposure time exceeds 15 minutes. In general, longer periods of potential exposure increase the likelihood that a worker is infected. For reference, the June reopening guidance exempts individuals who are on campus less than 15 minutes.
- All required protections – including PPE – are provided by the employer. These workplace protections work together to protect workers. No single protection is sufficient by itself.
- Required disinfection occurs before work areas are shared. For example, if a school employee moves from one classroom to another, all shared equipment is sanitized before the next employee arrives.
- Additional controls are not present. Where additional barriers, ventilation, distance or other controls are provided, minimum requirements may be reduced further. [Consultative services from the Department of Labor & Industries Division of Occupational Safety and Health](#) are available for districts with specific questions.

In the [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospitals & clinics\)](#), minimum requirements for face coverings, masks, and respirators are identified based on transmission level. For each scenario below, a risk level is identified, indicating required PPE and some alternatives. Additional alternatives, or combinations of controls and PPE may also be identified through consultation services.

The summary tables on pages 8–11 provide basic PPE requirements in each scenario. However, all additional conditions identified immediately above must also be considered when applying the minimum PPE guidelines summarized in the tables.

SUMMARY OF PPE REQUIREMENTS FOR SCHOOL-SPECIFIC SCENARIOS

Examples of Work Conditions by Transmission Risk Level

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Worksite with controlled and low public interaction, where at least 6 feet of distance is always maintained and only broken in passing once or twice a day.</p> <p><i>For example, when working alone in a classroom or office.</i></p>	<p>Work inside a structure/office where number present allows for at least 6 feet of distance to be easily maintained fulltime and only broken intermittently, in passing, up to several times a day.</p> <p><i>For example, in the general instructional setting, in office settings with 6 feet of distance, or in food service with 6 feet of distance.</i></p>	<p>Work inside a structure/office where at least 6 feet of distance is mostly maintained, but with job tasks that require sustained several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations.</p> <p><i>For example, in an individual/small group instructional setting with 6 feet of distance or in transportation settings with 6 feet of distance mostly maintained.</i></p>	<p>Work in close quarters, such as a multiple-occupancy permit-required confined space or inside a room with 10 or more people where at least 6 feet of distance is not maintained, and includes job tasks requiring sustained close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.</p> <p><i>For example, in different in-person educational settings with sustained close contact.</i></p>	<p>Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Potential for droplets of biological material or fluids to become airborne within the breathing zone of the employee. Examples include tonometry during eye exams, visual examination of the oral and nasal cavities, visual examination of the eyes, swab sampling in the mouth or nose.</p> <p><i>For example, in a health or isolation room.</i></p>

Minimum Required Mask or Respiratory Protection for Employees Without Additional Engineering Controls or PPE

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Reusable cloth face covering that fully covers mouth and nose except when working alone in room, vehicle, or on job site. Job has no in-person interaction.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Reusable cloth face covering that fully covers the mouth and nose.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Face shield with a cloth face covering.</p> <p>-OR-</p> <p>Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.</p>	<p>Elastomeric half- or full-face respirator with particulate filters ****</p> <p>-OR-</p> <p>Powered-air purifying respirator (PAPR) with particulate filter. (Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.)</p> <p>-OR-</p> <p>Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****).</p> <p>-OR-</p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p>	<p>FDA-approved surgical mask or healthcare N95 filtering facepiece respirator****</p> <p>-OR-</p> <p>Elastomeric respirator with particulate filters.</p> <p>-OR-</p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p> <p>Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models.</p> <p>When feasible, people with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.</p>

**Use a face shield combined with the minimum face covering to lower the risk category where the work or job task allows.*

*For all risk levels, different face covering and respirator options are included in L&I's [Which Mask for Which Task?](#) document.

Staff-Only Face Coverings Required in School-Specific Scenarios

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
In Classroom or Office Working Alone	X – when “working alone,” a mask is not required				
General Group Instructional Setting		X – with 6 feet of distance easily maintained			
Individual/Small Group Instructional Support Setting			X – with 6 feet of distance	X – without 6 feet of distance, sustained close contact*	
Office Settings— School and Non-School-Based	X – when “working alone,” a mask is not required	X – with easily maintained 6 feet of distance		X – if near health/isolation room, sustained close contact*	
Transportation (Driver and Staff)			X – with 6 feet of distance mostly maintained	X – without 6 feet of distance, sustained close contact	
Food Service		X – with easily maintained 6 feet of distance	X – with 6 feet of distance mostly maintained		
Health/Isolation Room*					X – whether nurse or other staff*
Band	X – wind instruments permitted only if entirely remote, with no other human	X – for percussion and string instruments only with easily maintained 6 feet of distance			

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
	outside the household present				
Choir	<i>Remote only with no other human outside the household present; otherwise not permitted at this time. See DOH Guidance to determine when small or large group choir may be resumed.</i>				
Physical Education (Outdoor)		X – with easily maintained 6 feet of distance; no strenuous activity; cloth face covering worn at all times			
Physical Education (Indoor)			X – with 6 feet of distance mostly maintained; no strenuous activity; cloth face covering worn at all times		
Distribution Centers		X – with 6 feet of distance easily maintained	X – without 6 feet of distancing		

***Additional PPE is required as indicated.**

If an employer cannot reasonably obtain a NIOSH-approved N95 or equivalent for their employees who perform work tasks (not including aerosolizing procedures) that require one, they may utilize a face shield and an approved KN95 mask, dust mask, or procedural mask until a respirator can be obtained. The employer must show that they are attempting to procure the appropriate the PPE (for example, through a standing order that cannot be filled).

1. General Instructional Settings

General instructional settings are the most common settings in schools. This is a typical 900-square-foot classroom with a planned number of students present, allowing for 6 feet of physical distancing and additional recommended health and safety measures as outlined by the Department of Health.

School employees working from their classroom workstation with students present would be at low risk level, where at least 6 feet of distance is **easily maintained full time** and only **broken intermittently**, in passing, up to several times a day.

This low risk environment requires:

- Reusable cloth face coverings that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

However, there are some situations that may require a different level of protection, depending on specific job tasks. For example, school employees working from their classroom workstation with no one else (students or staff) present are considered to be “working alone” and, therefore, not required to wear a cloth face covering.

When leaving the classroom or if being joined by any other person, employees must wear a cloth face covering or face shield that includes a cloth extension attached to the entire edge of the shield.

Where possible, a cohort model is used to reduce potential exposure. According to the CDC’s guidance [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#), updated August 24, 2020:

Cohorting is a new term for a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). These strategies work by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort.

This practice may help prevent the spread of COVID-19 by limiting cross-over of students and school employees to the extent possible, thus:

- Decreasing opportunities for exposure or transmission of SARS-CoV-2
- Reducing contact with shared surfaces
- Facilitating more efficient contact tracing in the event of a positive case
- Allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Cohorting strategies are common practice in many elementary schools across the United States. Many elementary school students have the same school employees and classmates during the entire school year. Implementation of this strategy varies, depending on setting and resources. For example, schools may:

- Keep cohorts together in one classroom, and have employees rotate between rooms.
- Alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.

- Adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to remote learning.

Evidence of the impact of cohorting on the spread of COVID-19 is limited. Some evidence from other viral disease outbreaks and school reopenings in international settings suggests that cohorting may be an important tool for mitigating the spread of COVID-19. However, it is essential to note that those studies were conducted in very different contexts, in communities with lower transmission levels.

2. Individual/Small Group Instructional Support Setting

Individual instructional settings include situations when work occurs inside a classroom or office where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations.

Examples may include:

- Working with students with disabilities or other students needing one-to-one support
- Speech language, behavioral support, or articulation therapy

A school employee working in an individual or small group instructional support setting would generally be considered medium transmission risk.

Medium transmission risk requires:

- A minimum of 6 feet of distance is maintained in most interactions.
- Students wear at least a cloth face covering.
- Employees wear at least a face shield with a cloth face covering **OR** non-cloth disposable dust mask, KN95 or other non-approved, foreign-system NIOSH-style filtering facepiece respirator, or non-FDA approved procedure mask.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices also include:

- Wearing a disposable gown that is discarded after each close interaction.
- Frequent hand washing and reminders to not touch face.

In addition, and while it is likely the exception, there may be job tasks that require sustained close contact with students. For those job tasks, a school employee may be considered high transmission risk where at least 6 feet of distance **is not maintained**, and includes tasks **requiring sustained** close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.

In these situations:

- School employees wear at least industrial use N95, R95, or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****). If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.
- Respirator use that is required must comply with existing respirator rules, including medical surveillance, fit testing, training, and a written program. Written Respiratory Protection Program templates can be found on L&I's website.

3. Office Settings – School and Non-School Based

Like other office settings, school and non-school-based office settings could include situations where workers are “working alone” and also potential interactions with students and other staff on a daily basis. Non-school-based office settings *may* include short interactions with families and students for specific staff, but primarily the settings would only include other staff members working in the same school buildings.

When a worker in a school-based office setting is expected to interact with others but maintains distance, it would be considered a negligible transmission risk, requiring at least a cloth face covering. This may include situations where more than one worker is in an office space without partitions or doors, or students or other staff may enter the space.

Where an office worker is working alone, with no expectation of human interaction, a cloth face covering is not required. A person is considered to be working alone when they're isolated from interaction with other people and have little or no expectation of in-person interruption. How often a worker is able to work alone throughout the day may vary.

Examples of working alone include:

- A person by themselves inside an office with four walls and a door.
- A lone worker inside a cubicle with four walls (one with an opening for an entryway) that are high enough to block the breathing zone of anyone walking by, and whose work activity will not require anyone to come inside of the cubicle. Cubicle walls or other barriers may include plexi-glass or other non-porous materials.

Staff working in an office with students present would be at low risk level, where a distance of at least 6 feet is **easily maintained fulltime** and only broken intermittently in passing up to several times a day.

It would require:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

Office staff who are working with students in the health or isolation room where known or suspected cases of COVID-19 may be present, and where at least 6 feet of distance is maintained may be considered high transmission risk, requiring at least Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****) or surgical mask. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield **plus** an FDA-approved surgical mask, procedural mask, or a KN95 mask.

If their duties include working directly (within 3 feet) with these students, particularly students not able to wear a mask, a respirator is required. See section 6, Health/Isolation Room minimum requirements.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices may also include:

- Wearing a disposable gown that is discarded after each close interaction.
- Frequent hand washing and reminders to not touch face.

4. Transportation

Student transportation may include many different sizes of buses and numbers of students. Students boarding the bus may be screened prior to boarding to take temperatures and observe symptoms. (If screening is done, it is performed by additional staff at the pick-up spot.) Windows should remain open to increase ventilation whenever possible.

A driver or other staff working to transport students would be considered medium transmission risk, requiring they:

- Wear non-cloth disposables, such as dust masks, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks

-OR-

- Wear a face shield with a cloth face covering.

Also, consider leaving seats open near the driver to reduce exposure.

A driver or other staff working to transport students, including students with disabilities or other students that may require the driver or staff to be in close proximity, where at least 6 feet of distance is **not maintained**, and includes job tasks **requiring sustained** close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day would be considered high transmission risk, requiring at least Industrial use N95, R95, or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****). If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices may also include:

- Wearing a disposable gown that is changed between each close interaction.
- Frequent hand washing and reminders not to touch face.

Frequent cleaning procedures for commonly touched surfaces on the bus is also required. Follow [CDC guidelines](#), including:

- [Clean and disinfect](#) frequently touched surfaces on school buses at least daily or between use as much as possible.
- Develop a schedule for increased frequency of [routine cleaning and disinfection](#).
- If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit operators](#).
 - Develop a schedule for increased, routine cleaning and disinfection.
 - Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#).
 - Avoid using cleaning products near children and ensure there is adequate ventilation to prevent children or themselves from inhaling toxic fumes.

When considering spacing of students while being transported, 6 feet of distancing is not required. Follow DOH's [K–12 Fall Guidance](#), including:

- Keep riders as far apart as possible on the bus. Consider how to reduce occupancy and increase space on the bus through scheduling (e.g., through staggered arrivals/departures, A/B scheduling) or add buses where possible.
- Require assigned seating.
- If possible, seat students with household members or members of their school group/cohort.
- Maximize outside air and keep windows open as much as possible.
- Encourage walking or biking where safe or being driven by caregivers when feasible.
- Require riders and staff members to wear a cloth face covering or acceptable alternative.
- Encourage students to wash or sanitize hands when they leave their home or classroom immediately before boarding the bus.
- Clean and disinfect frequently touched surfaces, including the tops and backs of seats, using an EPA-registered product and following manufacturers' instructions.

Additional Resources

- [National Association of Pupil Transportation](#)
- [Transit Operators Guidance](#) (CDC)
- [List of Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency)
- [Resources for School Bus Personnel](#) (American Federation of Teachers)

5. Food Service

In addition to other applicable food handling and safety requirements, school personnel preparing, serving, delivering, and cleaning up after service for students must be provided appropriate PPE to meet the conditions of their work. Several different approaches to food service in schools may be used.

Wherever possible, schools should have students bring their own meals or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria to reduce staff interaction, while ensuring the safety of children with food allergies.

In addition, schools should:

- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered, use pre-packaged boxes or bags for each student instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the [safety of children with food allergies](#).

In areas where food service workers are in a common, indoor kitchen, where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations would be considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

- A face shield with a cloth face covering.
- Tools are shared and sanitized between different users.

In areas where food service workers are in a common, indoor kitchen, where number present allows for at least 6-foot distance to be **easily maintained full time** and only broken intermittently, in passing, up to several times a day would be considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

Workers delivering meals are encouraged to place them outside the classroom or eating space, and pick up leftover food/packaging there, as well. Staff delivering pre-packaged meals or retrieving debris after meals, but remaining outside the eating area or classroom, where at least 6-foot distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day are considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.
- A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.

Food service workers serving students or cleaning after a meal, gathered in a cafeteria, whether in a cohort group or not, where at least 6-foot distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations would be considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

- A face shield with a cloth face covering.

In addition, follow Department of Health guidelines for schools, including:

- Limit gatherings and potential mixing of classes or groups in the cafeteria or other communal spaces.
- If using the cafeteria, have students sit with their class or group and ensure physical distance between students in a group or cohort and between groups.
- Stagger mealtimes in lunchroom or dining hall. Arrange and direct the flow of students to reduce crowding such as at handwashing sinks, food vending areas, etc.
- Space students as far apart as you can at the table. Make sure tables are at least 6 feet apart. Individually plate food for each student.
- To reduce the spread of germs, staff (not students) should handle utensils and serve food.

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

Schools could also review the [CDC's guidance for bars and restaurants](#) for additional food service safety guidance.

6. Health/Isolation Room

Each school facility is required to plan for temporarily isolating any staff or student who appears symptomatic or indicates a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell. Refer to the [CDC guidance about protecting school staff](#) to ensure that personnel managing sick employees or students are appropriately protected from exposure. See also [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).

- Only designated, trained staff should interact with people showing symptoms of COVID-19. At least one designated, trained staff member should be available at all times in case there is a need to isolate a symptomatic employee or student.
- When providing care for anyone with suspected or confirmed SARS-CoV-2 infection, personnel who need to be within 6 feet of a sick colleague or student must be provided appropriate PPE (including gloves, a gown, a face shield or goggles, and an N95 or equivalent or higher-level respirator or a surgical facemask and face shield if a respirator is not available), and follow [Standard and Transmission-Based Precautions](#).

If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with Washington Administrative Code 296-842 – Respirators.

Staff serving in these roles would be considered an extremely high transmission risk, requiring:

- FDA-approved surgical mask or healthcare N95 filtering facepiece respirator**** or elastomeric respirator with particulate filters. Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models. When feasible, clients with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.
 - If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.
- Add face shield to surgical masks or eye goggles to half-face disposable respirators and non-permeable disposable upper body coverings; use powered-air purifying respirator (PAPR) system, elastomeric full-face respirators with particulate filters or higher protection.

However, if the interaction with ill students involves students without masks, particularly for very close contact (3 feet), or if there is an additional reason for concern (aerosol-generating procedure or performing physical assistance would be the most likely), a surgical mask would not be sufficient. If staff are simply watching over the students and can generally maintain physical distancing, then surgical masks are sufficient.

In addition, staff are required to cordon off any areas where an employee or student with probable or confirmed COVID-19 illness was present until the area and equipment is cleaned and sanitized. Follow the [cleaning guidelines set by the CDC](#) to clean and sanitize.

School nurses circulating in multiple school settings must follow these guidelines for each school setting in which they work. In addition, follow guidelines required for cleaning vehicles prior to traveling between work locations.

This document does NOT substitute nursing judgment and acknowledges that courses of action may be modified on a case-by-case basis.

Additional Resources

- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#) (National School Nurses Association)
- [Special Considerations – School nurses/health professionals](#) (CDC)

7. Band & Choir

Continuing the full range of academic activities is important to maintain student learning. However, singing or playing wind and brass instruments, when done by a person with COVID-19, can generate respiratory droplets and aerosols that contain the virus. As shown by recent events, such activities may contribute to virus spread, whether or not that person is symptomatic.

To reduce potential exposure from these activities:

- Band is limited to percussion and stringed instruments only, with physical distancing and at least a cloth face covering to be worn at all times; and
- Choir is permitted only in a remote setting, when no other people outside the immediate household are present. Otherwise, choir is not permitted at this time. See DOH's guidance to determine when small or large group choir may be resumed.

In addition, students and staff are encouraged to rehearse alone or remotely, whenever possible, and:

- Limit exchange (or sharing) of any instruments, parts, music sheets, or any other items.
- Sanitize between users.
- Maintain at least 6 feet of distance between participants.

Band practice should occur outdoors whenever possible. If indoors, increase the distance between staff and students and increase ventilation, including opening windows. Staff are required to wear at least a cloth face covering. No instrument should be played that requires removal of at least a cloth face covering.

Additional Resources

- [High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice](#) (Skagit County, Washington, March 2020)
- [Safer Singing During the SARS-COV-2 Pandemic: What We Know and What We Don't](#) (Naunheim et al., 2020)

8. Physical Education

Whenever possible, physical education should occur outdoors, within class cohorts. Outdoor locations for fitness training and team sports are preferred to indoor locations and should be utilized to the greatest extent possible to allow for maximum fresh air circulation and social distancing. Outdoor temporary structures may be used. Outdoor temporary structures should have no more than two walls to provide appropriate ventilation.

Limit exercise so that it is not strenuous to allow students and staff to continue to wear at least a cloth face covering and maintain at least 6 feet of distance. Clean and disinfect all exercise equipment and tools between users.

If indoors, increase the distance between staff and students during exercise and follow DOH guidelines, avoid strenuous activity so that a cloth face covering is worn by all participants at all times. Keep doors and windows open where possible and utilize fans to improve ventilation. Adjust mechanical ventilation systems to bring in as much outside air as possible. Increase filters to MERV 13 if the HVAC can accommodate.

Use class cohorts to reduce possible transmission outside the cohort. Clean and disinfect all exercise equipment and tools between users. In addition, schools should:

- Modify or adjust cardio equipment, free weight areas, weight training equipment, and classrooms to maintain at least 6 feet of distance between students, coaching staff, and athletic trainers.
- Where specialized equipment is used such as weights, balls, or rackets, they must be disinfected between each use.
- Consider limiting locker room access to the restroom area only, prohibiting the use of shower and changing areas.
- Consider closing water stations and water fountains if students have alternative water access.
- Encourage staff and students to bring their own water bottles to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
- Students and staff must wash their hands or use hand sanitizer before and after each exercise session.
- Mark group exercise areas with floor markings to show the physical distancing requirements for participants, when practical, and sanitize thoroughly before and after use. Adequate time must be provided between classes in order for the facility to properly sanitize after each class.

Staff, whether working with a cohort or not, where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations, are considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

- A face shield with a cloth face covering.

Additional Resources

- [COVID-19 Reopening Guidance for Businesses and Workers](#) (Governor Inslee’s Office)
- [Phase 2 and 3 Indoor Fitness and Training COVID-19 Reopening Requirements – Update](#) (Governor Inslee’s Office)
- [Indoor Fitness and Training – Proclamations 20–25](#) (August 3, 2020 Memo by Governor Inslee)
- [Fitness Frequently Asked Questions](#) (Governor Inslee’s Office)

9. Distribution Centers (Food Service, Technology, etc.)

Distribution centers used to prepare and distribute items such as meals, student learning packets, or technology have generally been held outside with few or no students present. Interaction is limited between employees and the public, with the public remaining in their vehicles to access services and supplies.

The following guidance should be followed when school employees are outside and are working together to prepare and package meals and materials:

1. In a large area where at least 6 feet of distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day and tools are not shared or are sanitized between different users would be considered low transmission risk, requiring:
 - A reusable cloth face covering that fully covers the mouth and nose.
 - Writing utensils or other tools are not shared or are sanitized between users.
 - A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.
2. In a large area where at least 6 feet of distance is **mostly maintained**, but with job tasks that require several minutes of 6-foot distance broken several times a day and tools are shared and sanitized between different users would be considered medium transmission risk, requiring:
 - Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

 - A face shield with a cloth face covering.

For school employees working together to distribute meals and materials where they are outside and have limited interaction with members of the public only such as reaching through a car window and/or placing items into a car trunk, where at least 6 feet of distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day and tools are not shared or are sanitized between users would be considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Writing utensils or other tools are not shared or are sanitized between users.
- A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.

Additional Resources

- [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#) (CDC)

Walla Walla Public Schools 2020-21 Roadmap to Safely Reopening Schools

Stages (Red through Blue)	Possible Community Assessment Indicators	School Delivery Models
 Walla Walla Public Schools	<ul style="list-style-type: none"> • Possible vaccine or herd immunity conditions met • State or local guidance permits full school reopening • District’s ability to successfully control school-related spread of virus in Green Phase 	<ul style="list-style-type: none"> • Full day experience for all students with continued safety and cleaning measures
 Walla Walla Public Schools	<ul style="list-style-type: none"> • Local viral trends improve, revealing a lower level of community transmission and other associated health indicators <ul style="list-style-type: none"> ○ e.g. <50 cases/100K/14 days (<30 cases/WW County/14 days)*, stable or decreasing hospitalization rate, stable or decreasing test positivity rate ○ District’s ability to successfully control school-related spread of virus in Yellow Phase ○ Consult with local health officials 	<ul style="list-style-type: none"> • PK-12th Grade: AM/PM Hybrid Learning • Full-day experience for specific special education, English Language and opportunity/performance gap students • Comprehensive cleaning, screening and safety measures
 Walla Walla Public Schools	<ul style="list-style-type: none"> • Viral trends stabilize, signified by a moderate level of community transmission and other associated health indicators <ul style="list-style-type: none"> ○ e.g. 50-75 cases/100K/14 days (30-45 cases/WW County/14 days)*, stable hospitalization rate, stable test positivity rate ○ District’s ability to successfully control school-related spread of virus in Orange Phase ○ Consult with local health officials 	<ul style="list-style-type: none"> • Comprehensive Distance Learning 2.0 for 3rd-12th grade students • PK-2nd Grade: AM/PM Hybrid Learning and full day experience for specific special education, English Language and opportunity/performance gap students • Comprehensive cleaning, screening and safety measures
 Walla Walla Public Schools	<ul style="list-style-type: none"> • Viral trends continue to demonstrate a high level of community transmission <ul style="list-style-type: none"> ○ e.g. >75 cases/100K/14 days (>45 cases/WW County/14 days)* ○ Consult with local health officials 	<ul style="list-style-type: none"> • Comprehensive Distance Learning 2.0 for most students • Students in self-contained programs (e.g. STEP, Life Skills, DD, RISE, Behavior, Preschool Sped) served full day or part day on-site in small cohorts (5 students or fewer) • SEATech Skills Center and limited CTE/Visual Arts student lab hours permitted for specific courses (5 students or fewer per room) • Teachers/staff in building to deliver D.L. 2.0 • TK/KG orientation week (Sep 8-11). Individual parent-student-teacher conference • Comprehensive cleaning, screening and safety measures
 Walla Walla Public Schools	<ul style="list-style-type: none"> • Viral trends deteriorate, signified by a high level of community transmission <ul style="list-style-type: none"> ○ e.g. >450 cases/100K/14 days (>270 cases/WW County/14 days)* ○ Consult with local health officials ○ State or local officials or health authority recommends limiting all building access for safety reasons 	<ul style="list-style-type: none"> • Comprehensive Distance Learning 2.0 for all students • Buildings closed to students and most staff

*Case counts are based on Wa DOH guidance and will be used as a guide to inform district decisions on stage movement. Community-level analysis of case counts and individual circumstances will be reviewed and considered to ensure county counts accurately reflect community transmission rates (e.g. industrial facilities, penitentiary and outlying communities may skew local community transmission data). Transitioning back stages will be handled according to the [following protocol](#). 38

Walla Walla Public Schools

2020-21 Roadmap to Safely Reopening Schools

Safety First for Students and Faculty: The District has contracted with NV5/DADE MOELLER® to perform a comprehensive 3rd party COVID Preparedness Review that includes, minimally:

- a review of facility and personnel practices against the latest CDC and WaDOH guidance on re-opening schools to ensure campuses, HVAC modifications and COVID protocols are compliant with the latest standards;
- a review of physical areas, employee work arrangements, and administrative controls, incorporating necessary changes in order to minimize exposure to pathogens for staff and students
- a review of the district’s restart guidance and checklists being used by school sites to declare their readiness to re-open

Stages	Transmission Indicators	School Delivery Models
 Walla Walla Public Schools	<ul style="list-style-type: none"> • Possible herd immunity conditions met or state/ local guidance permits full school reopening • District’s ability to successfully control school-related spread of virus in Green Phase 	<ul style="list-style-type: none"> • Full day experience for all students with continued safety and cleaning measures
 Walla Walla Public Schools	<ul style="list-style-type: none"> • ≤115 cases per WWD OH COVID Activity Report for WW & CP Combined (<i>approx. ≤200 cases/100K/14 days</i>) or potential vaccine availability for employees • District’s ability to successfully control school-related spread of virus in Yellow Phase 	<ul style="list-style-type: none"> • 9-12th Grade: AM/PM Hybrid Learning
 Walla Walla Public Schools	<ul style="list-style-type: none"> • ≤200 cases per WWD OH COVID Activity Report for WW & CP Combined (<i>approx. ≤350 cases/100K/14 days</i>) • Test positivity ideally between 5-10% • District’s ability to limit transmission in the school environment during the Orange Stages 	<ul style="list-style-type: none"> • 6th- 8th Grade: AM/PM Hybrid Learning
 Walla Walla Public Schools	<ul style="list-style-type: none"> • >200 cases per WWD OH COVID Activity Report for WW & CP Combined (<i>approx. >350 cases/100K/14 days</i>) • Test positivity >10% 	<p>Phase 1:</p> <ul style="list-style-type: none"> • Students in self-contained programs part day on-site (5 students or less per room) • SEATech Skills Center and limited CTE/Visual Arts student lab hours permitted for specific courses (up to 15 at discretion of the teacher) • A limited number of struggling students(no more than 10% of a school’s student population), 6-12, to receive DL 2.0 onsite (supervised by classified staff) <p>Phase 2 (small cohorts 15 students or less per WaDOH):</p> <ul style="list-style-type: none"> • PreK/TK in AM/PM Hybrid <p>Phase 3 (small cohorts 15 students or less per WaDOH):</p> <ul style="list-style-type: none"> • KG – 5 in AM/PM Hybrid • Evaluate the possibility of permitting onsite lab experiences for 9-12 students (up to 15 at discretion of the teacher)
 Walla Walla Public Schools	<ul style="list-style-type: none"> • After consultation with WWVEA and review of local conditions 	<ul style="list-style-type: none"> • Comprehensive Distance Learning 2.0 for all students • Teachers have option to teach from home

*The superintendent will consult with the School Board and WWVEA leadership if, after progressing stages, case counts deteriorate, necessitating a possible regression of stages.

WWPS Safety Protocols: <https://www.wwps.org/safely-reopening-schools/safety-protocols>

WIAA/WWPS Return to Play Protocols: <https://www.wgps.org/safely-reopening-schools/frequently-asked-questions#Athletics1>