

COVID-19 Recommendations for Higher Education: 2021-2022 Academic Year

Summary of Recent Changes – Effective March 12, 2022

- Updated content to align with lifting of statewide mask mandate.
- Updated links to CDC guidance for IHEs in respective sections.

NOTICE

The Washington State Department of Health (DOH) recognizes the need for advance planning even as the science of COVID-19 evolves. The trajectory of disease prevalence in our state and nation may require changes in our state’s response efforts, and DOH will periodically update this guidance to reflect currently accepted safety guidance.

This guidance is for institutions of higher education (IHE) providing in-person instruction on [fully vaccinated campuses](#). These recommendations are put forth for the in-person instruction setting specifically. These recommendations are based on existing science, expert public health opinion, current policies, stakeholder input, and the Centers for Disease Control and Prevention’s (CDC) [Colleges, Universities, and Higher Learning](#) information. **These are not requirements.** However, individual colleges and universities may choose to implement additional measures in line with or beyond those outlined in this document; and/or set their own policies or requirements that may be more protective but cannot be less protective. See the [ED COVID-19 Handbook](#) from the US Department of Education and [ACHA IHE reopening guidelines](#) for more information.

All non-fully vaccinated campuses must continue to follow the requirements of Governor Inslee’s Higher Education [Proclamation 20-12.5](#).

All prevention strategies provide some level of protection against COVID-19, and layered strategies implemented at the same time provide the greatest level of protection.

Face Coverings/Masks

While masks are no longer required universally in indoor or outdoor settings by the state, there may be situations when the use of well-fitting masks may be temporarily recommended or required for individuals by DOH and/or local public health or the IHE (e.g., days 6-10 if returning from isolation after day 5, during an outbreak, when [community levels](#) are high, etc.).

Mask wearing is an important preventive measure. Individuals who are immunocompromised or live with someone who is at risk for severe COVID-19 should consider wearing well-fitting masks when

[community levels](#) are medium or higher. Everyone, regardless of vaccination status, should consider wearing a well-fitting mask indoors when community levels are high.

Unless there is a local order or institution policy requiring masks, students and staff will have the choice to wear a mask with the expectation that others' choices will be respected. Some may need to wear a mask because they or a member of their household is [at risk](#) for severe COVID-19 disease. See the [Secretary of Health's Order on Face Coverings, Washington State Department of Health Guidance on Face Coverings](#) and [CDC Recommendation Regarding the Use of Face Coverings](#) for more information.

The [federal order](#) requiring masks on public transportation and in transportation hubs still applies, regardless of vaccination status.

Refer to [The Department of Labor and Industries \(L&I\) workplace requirements](#) for information on mask requirements for employees in the workplace setting.

Fully Vaccinated and Staying Up to Date on Vaccines

[Per the CDC](#), individuals are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, OR
- 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.

If it has been less than 2 weeks since their final dose, or if they still need to get their second dose, they should keep taking all [prevention measures](#) until fully vaccinated.

Students or employees may have received a COVID-19 vaccine that is not currently authorized by the FDA for use in the United States. Institutes should reference the CDC for more information on [Different COVID-19 Vaccines](#) and [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#). Students can work with their health care provider or on-campus student health services to consider their individual vaccination status and options.

[A fully vaccinated campus](#) is an IHE where all students and employees have completed their primary vaccination series to protect against COVID-19, except those people who are unable to get the COVID-19 vaccine due to medical or religious exemption reasons.

DOH and the CDC recommend everyone stay [up to date](#) on their COVID-19 vaccines. **Please note that [quarantine guidance](#) may require an individual to have received a booster or additional dose, depending on age and health status.**

Refer to [The Department of Labor and Industries \(L&I\) workplace requirements](#) for information on vaccination status verification requirements for employees in the workplace setting.

Physical Distancing

If your institution is considered a [fully vaccinated campus](#) as defined above, there are no [physical distancing requirements](#).

Ventilation

Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens like COVID-19, chemicals, and odors. See the [Maintaining Health Environments section of the CDC's guidance for IHEs](#) for more information and resources.

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

Cleaning and Disinfecting

IHE's should have infection control plans updated to reflect what is known about COVID-19. See the CDC's guidance for IHEs guidance for [When to Clean, When to Disinfect and Using Disinfectants Safely](#) and other resources including information on using disinfectants on [U.S. Environmental Protection Agency's List](#).

Handwashing, Respiratory Etiquette and Supplies

IHEs should facilitate health-promoting behaviors such as [hand washing](#) and [respiratory etiquette](#) to reduce the spread of infectious illnesses including COVID-19. See the CDC's guidance for IHEs [Hand Hygiene and Respiratory Etiquette](#) section for additional details and resources.

Isolation and Exposure Notification

Any student or employee, regardless of vaccination status, who reports or exhibits [COVID-19-like symptoms](#) must be immediately [isolated](#). Follow the protocol in the [COVID-19 Symptom Decision Trees](#). If a student or employee tests positive for COVID-19, [isolate](#) and follow guidance in DOH's [What to do if you test positive for COVID-19](#).

IHEs should have a process in place to inform all students and employees when there are cases or outbreaks on campus. IHEs with residential facilities should provide isolation and quarantine support for students. Refer students and employees to DOH's [What to do if you were potentially exposed to COVID-19](#) guidance and the [COVID-19 Symptom Decision Trees](#) for additional information. Regardless of vaccination status, if exposed and symptoms develop, immediately isolate and seek evaluation.

According to the [Contact Tracing section of the CDC's guidance for IHEs](#), all COVID-19 case investigation and contact tracing should be done in coordination with state, local, tribal and territorial public health authorities and in accordance with local requirements and guidance.

All cases of COVID-19 and outbreaks in IHEs should be reported to the [local health jurisdiction](#) (LHJ). Institutes of higher education, and the general public, must cooperate with public health authorities in the investigation of cases and outbreaks that may be associated with their institution ([WAC 246-101](#)).

L&I must be notified of outbreaks involving 10 or more workers ([WAC 296-62-600](#)). The report can be made by calling 1-800-423-7233 and using option 1. Additionally, employers are required to notify employees of exposure following the requirements in [WAC 296-62-600](#). See the L&I guidance

document [Questions and Answers: Reporting and Notification Requirements of HELSA and PPE Usage](#).

Testing for COVID-19

COVID-19 testing programs can help reduce the risk of COVID-19 transmission in the campus environment and the broader community. Explore options to provide regular testing and ensure testing is available to students and employees who are symptomatic. Encourage use of [WA Notify](#) on campus to support exposure notification to supplement contact tracing efforts.

See the [Testing section of the CDC's guidance for IHEs](#) for information on testing. Visit the DOH [Testing for COVID-19](#) page for more information and resources.

Vaccination

IHEs should actively promote vaccination and booster shots among all eligible students, employees, and volunteers and make efforts where possible to provide access to COVID-19 vaccines. Review the resources in the DOH [COVID-19 Vaccine Toolkit for Businesses and Employers](#) and the [COVID-19 VACCS Center Vaccination Planning Resource Guide for Employers](#); as well as information on the DOH [COVID-19 Vaccine page](#), CDC guidance for [Staying Up to Date on Vaccines](#), and [CDC guidance for IHEs](#).

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 opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information 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 Jurisdiction](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.