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

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. 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

Universal and correct use of well-fitting face coverings or masks helps prevent the spread of COVID-19 and should be worn by all students, employees, and visitors in accordance with the Secretary of Health’s Order on Face Coverings. See the Washington State Department of Health Guidance on Face Coverings and CDC Recommendation Regarding the Use of Face Coverings for more information. All students, employees, and visitors must use at least a well-fitting face covering when indoors.

For more information from the CDC on face coverings at IHE, see the information for Fully Vaccinated Campuses.

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 directives 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 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 directives 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 Improving Ventilation 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.

Contact Tracing in Combination with Isolation and Quarantine

Any student or employee, regardless of vaccination status, who reports COVID-19-like symptoms must be immediately isolated. Close contacts of a person diagnosed with COVID-19 may need to quarantine based on their age and vaccination status. Work with your local health jurisdiction (LHJ) for specific recommendations.

Verification of vaccination status should be documented for all close contacts. See the Governor’s Higher Education proclamation 20-12.5 for acceptable forms of verification of students’ vaccination status; and L&I directives for acceptable forms of verification of employees’ vaccination status. Regardless of vaccination status, if symptoms develop, close contacts should immediately seek evaluation. IHEs with residential facilities should provide isolation and quarantine support for students.

According to the CDC’s guidance for K-12 Schools and IHE, 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 must be reported to the local health jurisdiction (LHJ) per Washington State law (WAC 246-101) and Governor Inslee’s emergency proclamation 20-64.5 “Public Information Act – Contact Tracing – Personal Information,”. In addition, an IHE 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. The report can be made by calling 1-800-423-7233 and using option 1. This reporting requirement was established by the legislature during the 2021 session (SB 5115).

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 CDC’s guidance for IHE for information on testing for Fully Vaccinated and Non-Fully Vaccinated Campuses. Visit the DOH Testing for COVID-19 page for more information.

**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.