

Guidance to Prevent and Respond to COVID-19 in K-12 Schools and Child Cares

Summary of May 30, 2023 Changes

- Removed COVID-19 case reporting requirements for cases that are not tested by the K-12 school or child care.
- Removed references to the Secretary of Health Mask Order, which ended on 4/3/2023.
- Removed references to the Say Yes! COVID Test program, which ended on 5/11/2023.
- Removed recommendations referencing the CDC COVID-19 community levels.
- Added a new section with considerations for flu, RSV, and other respiratory illnesses.

Introduction

This Washington State Department of Health (DOH) guidance supports K-12 schools, K-12 school partners, and child care and early learning programs to reduce the spread of COVID-19. This guidance has five sections as follows:

- [Section 1: COVID-19 Prevention Strategies for Everyday Operations](#)
- [Section 2: Strategies to Respond to COVID-19 Cases and Outbreaks](#)
- [Section 3: Flu, RSV, and Other Respiratory Illnesses](#)
- [Section 4: Considerations for Child Care Providers](#)
- [Section 5: Additional COVID-19 Information and Resources](#)

This guidance may change, as COVID-19 conditions can shift rapidly and our shared efforts in K-12 schools and child cares must reflect changing needs.

Section 1: COVID-19 Prevention Strategies for Everyday Operations

All schools and child cares should establish a core set of infectious disease prevention strategies as part of everyday operations. Additional disease prevention strategies may be needed if there is a COVID-19 outbreak, an increase in individuals with COVID-19, or high absenteeism due to respiratory illness in a school or child care (see [Section 2](#)).

Schools and child cares should coordinate with their [local health jurisdiction](#) (LHJ) to make decisions related to the strategies outlined below. As defined in [RCW 70.05.070](#) and [WAC 246-110-020](#), local health officers may require schools or child cares to implement more protective practices to control the spread of COVID-19 that may be more protective than statewide requirements but cannot be less protective.

Employers, including schools and child cares, will find additional information in the [L&I Requirements and Guidance for Preventing COVID-19](#).

Staying Up to Date on Vaccination

Vaccination is the most effective strategy to protect children and adults from severe disease, hospitalization, and death due to COVID-19 illness. Schools and child cares are encouraged to promote being fully vaccinated with all age-appropriate vaccinations—including being up to date on COVID-19 vaccinations—for eligible staff, students, and children. DOH recommends that schools and child care providers encourage families to vaccinate their children in consultation with their health care provider. For vaccination resources, visit:

- The [DOH School and Child Care Immunization webpage](#) for school and child care vaccine resources, including the [COVID-19 Vaccines: Pediatric School Toolkit](#) to help schools answer questions and promote COVID-19 vaccination.
- The [DOH Vaccine Information webpage](#) for general information about COVID-19 vaccines, including the [vaccine locator](#) tool, and [Vaccinating Youth](#).

Ventilation

Ventilation is one of the most important COVID-19 prevention strategies for schools and child care settings. Good ventilation can reduce the number of virus particles in the air, which reduces the likelihood of spreading COVID-19 and other respiratory illnesses.

Good ventilation and indoor air quality are important in reducing airborne exposure to viruses and other illnesses, chemicals, and odors in the air. Buildings vary in design, age, heating, ventilation, and air conditioning (HVAC) systems, and their ability to provide adequate ventilation and air filtration.

For more detailed guidance, see the [CDC's Ventilation in Building's Guidance](#) and EPA's [Clean Air in Buildings Challenge](#).

DOH recommends taking the following steps to improve ventilation:

- Upgrade filters to MERV 13 if the system can handle the air resistance.
- Bring in as much outside air as possible, through the HVAC or by opening windows. If there is smoke or high levels of air pollution, follow the guidance on the www.doh.wa.gov/smokefromfires page.
- Consult with a professional engineer or HVAC specialist to determine the best way to maximize the system's ventilation and air filtration for each area in the building.
- Install portable HEPA air cleaners, which can increase filtration in rooms with poorer ventilation or in isolation areas. Choose HEPA air cleaners [certified by the California Air Resources Board](#) to not release dangerous levels of ozone. Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful chemicals. Do not use personal air purifiers.

For more information, visit [Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses](#) and [Cooling Indoor Spaces Without Air Conditioning](#).

COVID-19 Testing

Timely testing of students, children and staff with COVID-19 symptoms helps reduce the spread of COVID-19 and maintain in-person instruction and child care. Schools and child cares can support access to timely testing for students, children, and staff with symptoms and for those who were potentially exposed and want to test by:

- Providing information on where to find testing, including through [community-based sites](#) or medical providers.
- Distributing self-tests for home use.

Schools can also operate a testing site for the school, district, or organization with a waived MTS license.

For additional information on COVID-19 testing and testing access in WA State, see below:

- School-based testing:
 - Schools or districts that would like more information about testing support resources and other COVID-19 testing programs can visit the [DOH Testing in Schools website](#). School districts must receive permission from parents or guardians for students to get tested at school.
 - Schools can find additional information in the [Self-Testing Guidance for Establishments](#).
 - For information about required test result reporting, see [Section 2](#).
- At-home tests:
 - At-home COVID-19 tests can be found at some retail stores. Individuals should check with their insurance providers to verify coverage of costs associated with at-home test purchases.
 - Schools and child care providers may be able to obtain at-home tests from their LHJ.
 - Individuals and families can find additional information about at-home tests in the [COVID-19 Self-Testing Guidance](#).
- At-home tests for children under the age of 2:
 - The US Food and Drug Administration (FDA) has not approved or authorized any at-home COVID-19 rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be safely used in children under 2 years of age after being exposed, if a child is experiencing symptoms, or to identify COVID-19 infection to begin isolation. Parents or guardians deciding to test children under 2 years of age should administer the at-home rapid antigen test themselves.
 - Because the FDA has not approved or authorized at-home COVID-19 rapid antigen test for use in children under 2 years of age, schools and child cares with a waived MTS license are not permitted to perform at-home rapid antigen tests on children under 2 years of age. Schools and child cares may provide at-home rapid antigen tests to parents or caregivers for their use.

- Community testing: Families can access COVID-19 testing at community testing sites throughout Washington State. For locations, visit [Testing Locations](#) or call the DOH Hotline at 1-800-525-0127 to find a testing site.
- Medical providers and clinics: Families may be able to access COVID-19 testing through their medical provider or local health clinic.

Exclusion of Individuals with COVID-19 Symptoms

Students, children, and staff with new symptoms, such as cough, fever, sore throat, vomiting, or diarrhea, or other [symptoms of COVID-19](#), should not attend school or child care, should stay home, and get tested for COVID-19. People with symptoms should follow the DOH [What to do if a Person is Symptomatic](#) flowchart.

Separation of Individuals with COVID-19 Symptoms within a Facility

Child care providers are **required** to send home, or isolate from children in care, ill individuals with symptoms such as fever, vomiting, diarrhea, or other symptoms listed in [WAC 110-300-0205](#).

If students, children, or staff come to school or child care with a new onset of COVID-19 symptoms, or develop COVID-19 symptoms while on site, schools and child cares should do all the following:

- Immediately ask the sick person to wear a well-fitting and high-quality mask or respirator while in the building. If they cannot wear a mask, separate them from others as much as possible.
- Send them home.
- Encourage them to get tested as soon as possible. If available, on-site testing can be performed, but the sick person should go home, no matter what the test result is, to prevent others from becoming ill from exposure.

Anyone providing care or evaluation to a person with COVID-19 symptoms should wear [appropriate personal protective equipment \(PPE\)](#). Refer to [L&I Requirements and Guidance for Preventing COVID-19 \(wa.gov\)](#) for additional details on level of respiratory protection needed for employees.

Where possible, K-12 schools and child cares should designate a space for individuals with COVID-19 symptoms separate from other health care and shared spaces. Prioritize rooms with a negative air flow and directly exhausted air for this purpose. If not available, the separated space should ideally have a door that can close and a properly sized [High Efficiency Particulate Air \(HEPA\) air cleaner](#) (air purifier). Alternatively, an outdoor space can be used. See [DOH ventilation guidance](#) for more information.

Masking

Correct use of well-fitting and high-quality masks protects the wearer and others, reducing the risk of spreading the virus that causes COVID-19 and other respiratory infections. There may be

situations when a school, child care, or LHJ temporarily require wearing well-fitting and high-quality masks, such as when there is an outbreak in the facility.

Schools and child care providers should provide masks and other appropriate PPE to staff, students, and children as needed or desired. Students, children, and staff may choose to wear a mask at school and in child care settings at any time. Some may choose to wear a mask because they, or a member of their household, are at high risk for severe COVID-19 disease. See [Considerations for Individuals at High Risk and Those with Disabilities](#).

Anyone working near or providing care to a person suspected or known to have COVID-19 should wear [appropriate PPE](#). Employers, including schools and child cares, must follow [L&I requirements regarding COVID-19 in the workplace](#). Employees may choose to wear a mask or choose a more protective mask than the employer requires.

While correct use of well-fitting and high-quality masks helps prevent the spread of COVID-19, as well as other respiratory infections, there are specific exceptions to mask recommendations based on age, development, or disability. See [DOH's Mask Guidance During COVID-19](#) and [CDC Types of Masks and Respirators](#) for more information.

Monitoring, Testing, and Masking after COVID-19 Exposure

Regardless of vaccination status, students, children and staff who are [potentially exposed to COVID-19](#) should take **all** the following steps as detailed in the DOH [What to do if you were potentially exposed to someone with COVID-19](#) guidance:

- Monitor for [symptoms](#).
- Test 3-5 days after exposure.
- Wear a [well-fitting and high-quality mask](#) around others for 10 days after exposure.
 - If someone is less than two years of age or has a disability that prevents them from wearing a mask, other preventive actions (such as improving ventilation) should be used to avoid spreading the virus during these 10 days.

If the exposed person develops new symptoms, they should do **all** the following:

- Immediately isolate at home, or where they currently live.
- Get tested for COVID-19.
- Follow the steps outlined in the [Exclusion of Individuals with COVID-19 Symptoms section](#).

If a person tests positive, they should follow the DOH [What to do if you test positive for COVID-19](#) guidance.

Students, children, and staff who were exposed and who do not develop symptoms or test positive may continue to participate in all in-person instruction and care, including sports, performing arts, and other extracurricular activities.

Handwashing and Respiratory Etiquette

Schools and child cares should encourage frequent handwashing and good respiratory etiquette to prevent spreading and contracting COVID-19 and other infectious diseases. Respiratory etiquette means practicing healthy habits that prevent the spread of germs, including:

- Covering your mouth and nose with a tissue when coughing or sneezing.
- Throwing used tissues in the trash.
- Coughing and sneezing into your elbow, not your hands, when you don't have a tissue.

Teach children proper handwashing and reinforce healthy behaviors. Handwashing is washing with soap and water for at least 20 seconds. If water for handwashing is not available, use alcohol-based hand sanitizer with at least 60% alcohol. Wash hands as soon as possible after using hand sanitizer. Use fragrance-free products and follow [applicable child care rules](#).

Support [healthy hygiene](#) behaviors by providing supplies, including soap, a way to dry hands, tissues, and no-touch trash cans. Ensure that staff also practice proper handwashing and respiratory etiquette. For more information, visit [Handwashing to Prevent Illness at School](#).

Cleaning and Disinfecting

Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, drinking fountains, and restrooms once a day. Cleaning other surfaces once a day with soap and water is enough to sufficiently remove viruses. Clean desks with soap and water. Desks only need to be disinfected when there is vomit, blood, or feces, or during an outbreak. Wash your hands after you clean.

Sanitizers and disinfectants must be EPA registered anti-microbial pesticides. Do not use products that are not EPA registered. For COVID-19, choose a disinfectant registered for use against the SARS-CoV-2 virus. [About List N: Disinfectants for Coronavirus \(COVID-19\) | US EPA](#).

For more Information, see the following DOH resources:

- [Safely Cleaning and Disinfecting Public Spaces](#)
- [Classroom Cleaning Tips for Teachers](#)

Section 2: Strategies to Respond to COVID-19 Cases and Outbreaks

Responding to COVID-19 Cases

Preventing exposure to COVID-19 is the first line of defense against transmission. Schools and child cares should develop protocols to ensure that individuals who have COVID-19 isolate away from others and do not attend in-person school or child care until they have completed isolation. Students, children, or staff who test positive for COVID-19 should stay home for at least 5 days. The DOH guidance on [What to do if you test positive for COVID-19](#) has more information about testing to determine when to leave isolation and stop masking. The [Isolation and Quarantine Calculator](#) is a tool that can help an individual determine how long they need to isolate, when they should test, and when they can stop wearing a mask.

Individuals can return to school or child care after the end of their 5-day isolation period if they have not had a fever for 24 hours (without using fever-reducing medication) and their symptoms have improved. They should continue to wear a well-fitting and high-quality mask for an additional 5 days (day 6 through day 10) if they return to school or child care after their 5-day isolation. If they are unable to wear a well-fitting and high-quality mask, they should continue to isolate for a full 10 days or follow a test-based strategy as described in [What to do if you test positive for COVID-19](#).

If a child is sick, including with COVID-19, child care and early learning providers are **required** to send the sick child home or reasonably separate from other children if there is a risk that the child's illness will spread to other children or individuals ([WAC 110-300-0205](#)).

As employers, schools and child cares are **required** to follow [L&I requirements regarding COVID-19 in the workplace](#).

COVID-19 Outbreaks

In alignment with the Council of State and Territorial Epidemiologists (CSTE) [guidance for classification of school outbreaks](#), DOH defines an outbreak as:

- At least **5 cases within a specified core group**¹ [meet criteria for a COVID-19 case](#) from a positive [test](#)

OR

- Multiple COVID-19 cases from positive tests comprising at least **20% of students, teachers, or staff within a specified core group**;¹

AND

- **All** the following three criteria are met:
 1. Initial cases have a symptom onset or positive test result within 7 days of each other.
 2. There is no evidence that transmission was more likely to have happened in another setting outside of the school or child care (e.g., household or outside social contact).
 3. Cases were epidemiologically linked² in the school or child care setting or a school- or child care-sanctioned extracurricular activity³.

An outbreak is considered over after 14-days have passed without any new cases.

¹ A "core group" includes but is not limited to an extracurricular activity³, cohort group, classroom, before/after school care, etc.

² **All groups of 5 cases or 20% within a specified core group that meet criteria 1 and 2 will be presumed to be epidemiologically linked and must be reported to the LHJ as a suspected outbreak**. The LHJ will make the final determination for classifying an outbreak. If a school or child care provider is unsure if an event is an outbreak, they should contact their local health jurisdiction.

³ A school- or child care-sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school, local education agency (LEA), organization sanctioned by the LEA, or child care. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.

Responding to COVID-19 Outbreaks

In response to a COVID-19 outbreak, schools and child cares should implement additional strategies to reduce the spread of COVID-19. Strategies that can help reduce transmission during an outbreak include:

- [Excluding individuals with COVID-19](#) from in-person attendance until they complete isolation.
- [Wearing well-fitting and high-quality masks.](#)
- [Improving ventilation.](#)
- [Screening testing.](#)

Coordination with your LHJ will ensure that outbreak response is done in the best way to protect students, children, employees, families, and the community. Local health officers may require schools or child cares to implement additional strategies or more stringent guidance to control the spread of COVID-19 ([RCW 70.05.070](#) and [WAC 246-110-020](#)), including excluding individuals who are infectious from schools or child care.

Notifying Groups of Potential Exposure During an Outbreak

Schools and child care providers should have a process in place to inform staff, students, children, and their families when there is a COVID-19 outbreak in the school or child care.

In their notifications, K-12 schools and child care providers are encouraged to include the number of cases and the groups impacted (e.g., class, athletic team, extracurricular activity) in the school or child care where individuals may have been exposed.

Employers, including schools and child cares, can find additional information in the [L&I Requirements and Guidance for Preventing COVID-19](#).

Reporting COVID-19 Cases and Outbreaks and Working with Public Health

All COVID-19 outbreaks and suspected outbreaks in schools and child care settings are **required** to be reported to the local health jurisdiction ([WAC 246-101](#)). Suspected outbreaks include when groups of 5 cases or 20% within a specified core group meet criteria 1 and 2 in the outbreak definition and are presumed to be epidemiologically linked. If a school or child care provider is unsure if an event is an outbreak, they should contact the local health jurisdiction.

All K-12 schools that administer (meaning that they perform or interpret) COVID-19 point-of-care tests are **required** to report results to DOH in accordance with [Reporting COVID-19 Test Results](#) guidance.

Schools and child care providers are **required** to cooperate with public health officials in the investigation of cases, outbreaks, and suspected outbreaks that may be associated with the school or child care ([WAC 246-101-420](#) & [WAC 246-101-415](#), respectively).

Communication about COVID-19 cases may include private information that falls under the Family Educational Rights and Privacy Act (FERPA). [FERPA](#) allows schools to share personally

identifiable information with local health jurisdictions without consent when responding to a health emergency.

Wearing Masks During Outbreaks

Wearing a well-fitting and high-quality mask or respirator consistently and correctly reduces the risk of spreading the virus that causes COVID-19, as well as other respiratory infections. When there is an outbreak of COVID-19 in a core group at a school or child care, masks are recommended indoors for that group. When there are widespread outbreaks or cases at a school or child care, masks are recommended indoors for everyone in the facility, except people under the age of 2 or who have disabilities that makes mask-wearing difficult. Masking recommendations during outbreaks extend to school buses.

DOH, LHJs, schools, or child cares may require universal masking in classrooms, among groups of students (e.g., a choir class or a sports team), or for everyone in the facility when there are outbreaks. This helps to limit the spread of COVID-19 and ensures in-person instruction and care can continue. If someone is less than two years of age or has a disability that prevents them from wearing a mask, use other preventive actions (such as improving ventilation) to avoid transmission during outbreaks.

Improving Ventilation During Outbreaks

During ongoing COVID-19 outbreaks in a school or child care, moving activities such as lunch, physical education and large group gatherings outdoors is recommended if possible. Opening windows and doors during COVID-19 outbreaks can also improve ventilation. See [Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses](#) for additional guidance.

Testing During Outbreaks

During a COVID-19 outbreak, screening testing of all potentially exposed individuals can help identify individuals with COVID-19, who may not have symptoms, early and ensure that they stay home and isolate away from others. School districts should work with their local health jurisdiction to determine an appropriate testing frequency and protocol, such as twice weekly cohort testing.

When testing individuals who were exposed during an outbreak, rapid or point of care (POC) antigen tests, POC molecular tests, or at-home tests are acceptable and preferred. These types of COVID-19 tests provide results within minutes and allow an individual who tests positive to quickly isolate away from others.

Section 3: Flu, RSV, and Other Respiratory Illnesses

Common respiratory illnesses, such as influenza (flu) and Respiratory Syncytial Virus (RSV), may occur alongside COVID-19 in schools and child care facilities, particularly during the respiratory illness season (early October-late May). School staff should refer to the [OSPI Infectious Disease Control Guide for School Staff](#) for additional information on responding to flu and RSV, as well as the [CDC Information for Schools and Childcare Providers](#) for information specific to flu. An

individual with respiratory symptoms, without an alternative diagnosis, should follow the [What to Do if You Have COVID-19 Symptoms Decision Tree](#).

Outbreaks of COVID-19 and other respiratory illnesses may happen at the same time. Because these illnesses have similar symptoms, it may be difficult to tell the differences between them without testing. Schools should work with their local health jurisdictions to report excess school absenteeism and may consider disease control measures during times of high absenteeism.

The same strategies used to prevent and respond to COVID-19 also work to control the spread of other respiratory illnesses, including flu and RSV. These prevention strategies include:

- Correct use of well-fitting masks.
- Staying home when sick.
- Enhancing ventilation.
- Encouraging respiratory and hand hygiene and cough etiquette.
- Cleaning and disinfecting.

The best way to protect against flu is annual flu vaccination. An annual flu vaccine is recommended for everyone 6 months of age or older, [with rare exceptions](#). For more information on the flu vaccine, see the [DOH Flu Overview](#) page and [CDC Key Facts About Seasonal Flu Vaccine](#).

Section 4: Considerations for Child Care

Considerations for Child Care: COVID-19 Prevention Strategies

Child cares can use the same prevention strategies as K-12 schools, though in some cases, they may need to adapt these strategies to meet the needs of younger children. These include:

- [Vaccination](#)
- [Testing](#)
- [Staying home when sick](#)
- [Enhancing ventilation](#)

Children experience many respiratory illnesses, and other childhood illnesses, that may prevent them from attending child care. Frequent respiratory symptoms may lead to young children staying home more often and/or getting tested to prevent the spread of infections to others. Child care providers are **required** to send home or isolate from children in care ill individuals with symptoms such as fever, vomiting, diarrhea, or other symptoms listed in [WAC 110-300-0205](#).

Ventilation is an important COVID-19 prevention strategy for child care providers since many young children have difficulty wearing or are unable to wear a mask. Good ventilation can reduce the number of virus particles in the air, reducing the likelihood of spreading illness. Child care facilities without HVAC systems can improve ventilation by opening windows and doors to create a cross draft when safe and using portable HEPA air cleaners. See [Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses](#) for guidance on ventilating rooms

without an HVAC system and choosing and placing portable HEPA air cleaners. For more information on ventilation, see the CDC's [Ventilation in Schools and Child Care Programs webpage](#).

Considerations for Child Care: Responding to COVID-19 Exposures and Outbreaks

Responding to COVID-19 exposures and outbreaks among young children can be challenging. For example, masking reduces the chance of spreading COVID-19 but is not recommended for children under two, and it is challenging for many young children to mask consistently and correctly. Many children are in care throughout the day and need to remove their masks frequently for meals, snacks, and naps.

In addition, care for young children involves close interaction among children and staff in primarily indoor settings. Infants and toddlers need to be held and close social interaction is vital to their development. When cases and outbreaks occur, child care providers need to respond while balancing the needs of children and their families.

Additional measures that child care providers can consider when responding to COVID-19 exposures and outbreaks include:

- Follow the [CDC's Isolation and Precautions in Early Care and Education Programs](#) guide.
- Cohort classrooms to limit the spread of COVID-19 between groups.
- Recommend that children and staff who return to care or work after isolation wear masks on days 6-10.
- Use a 10-day isolation for all COVID-19 positive children who are unable to consistently mask.
- Recommend testing of all staff and children in response to an outbreak (see [COVID-19 Testing in Section 1](#) for additional information on the use of at home rapid antigen tests for children under 2).
- Close a classroom or the facility if an outbreak is growing.

Local health jurisdictions may require child cares to implement strategies or more stringent guidance to control the spread of COVID-19 in child care settings ([RCW 70.05.070](#) and [WAC 246-110-020](#)).

Section 5: Additional COVID-19 Information & Resources

- When serving children or youth with disabilities, refer to the [CDC guidance for Direct Service Providers for people with disabilities](#).
- For mental and behavioral health resources, please visit the [DOH's Behavioral Health Resources & Recommendations](#) webpage.
- For CDC guidance for schools and child cares, visit the [Operational Guidance for K-12 Schools and Early Care and Education Programs webpage](#).
- For guidance and requirements for employers, including schools and child cares, visit L&I's [Workplace Safety and Health Requirements for Employers](#) webpage.

- For general school resources from DOH, please visit [DOH's Schools page](#).
- AAP: [Critical Updates on COVID-19](#).

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [symptoms](#), [how it spreads](#), [how and when people should get tested](#), and [where to find vaccines](#). 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 structural racism in particular, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health COVID-19 Response](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)

Have more questions? Call DOH at **1-800-525-0127**.

For interpretative services, **press #** when they answer and **say your language**. For questions about your own health 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.