



COVID-19 GUIDANCE – WHEN TO TEST, QUARANTINE, AND ISOLATE

COVID-19 SYMPTOMS

Class A

- Fever ($\geq 100.4^{\circ}\text{F}$) or chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell

Class B

- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Muscle or body aches
- Headache
- Fatigue

**HAVE YOU BEEN EXPOSED TO
SOMEONE WITH COVID-19?**

NO

YES

See side 2

DO YOU HAVE?

- Any class A symptom of any duration, or
- 2 or more class B symptoms of any duration, or
- 1 or more class B symptoms lasting more than 24 hours

YES

NO

**ISOLATE, DON'T GO TO
WORK/SCHOOL, GET TESTED**

**WEAR A MASK, STAY 6
FEET APART, WASH YOUR
HANDS AND STAY HOME
AS MUCH AS POSSIBLE**

TEST RESULTS?

*If you
choose not to
get tested*

+

-

**ISOLATE – DON'T GO TO WORK/SCHOOL
FOR 10 DAYS**

*from when symptoms first appear,
and the following criteria must be met:*

- Have isolated for 10 days, and
- Be fever free for at least 24 hours without the use of fever reducing medication, and
- Have symptom improvement

EXPOSURE

Contact with someone COVID-19 positive for longer than 15 minutes with less than six feet of distance or close contact with secretions (like sharing a cup or being coughed on).

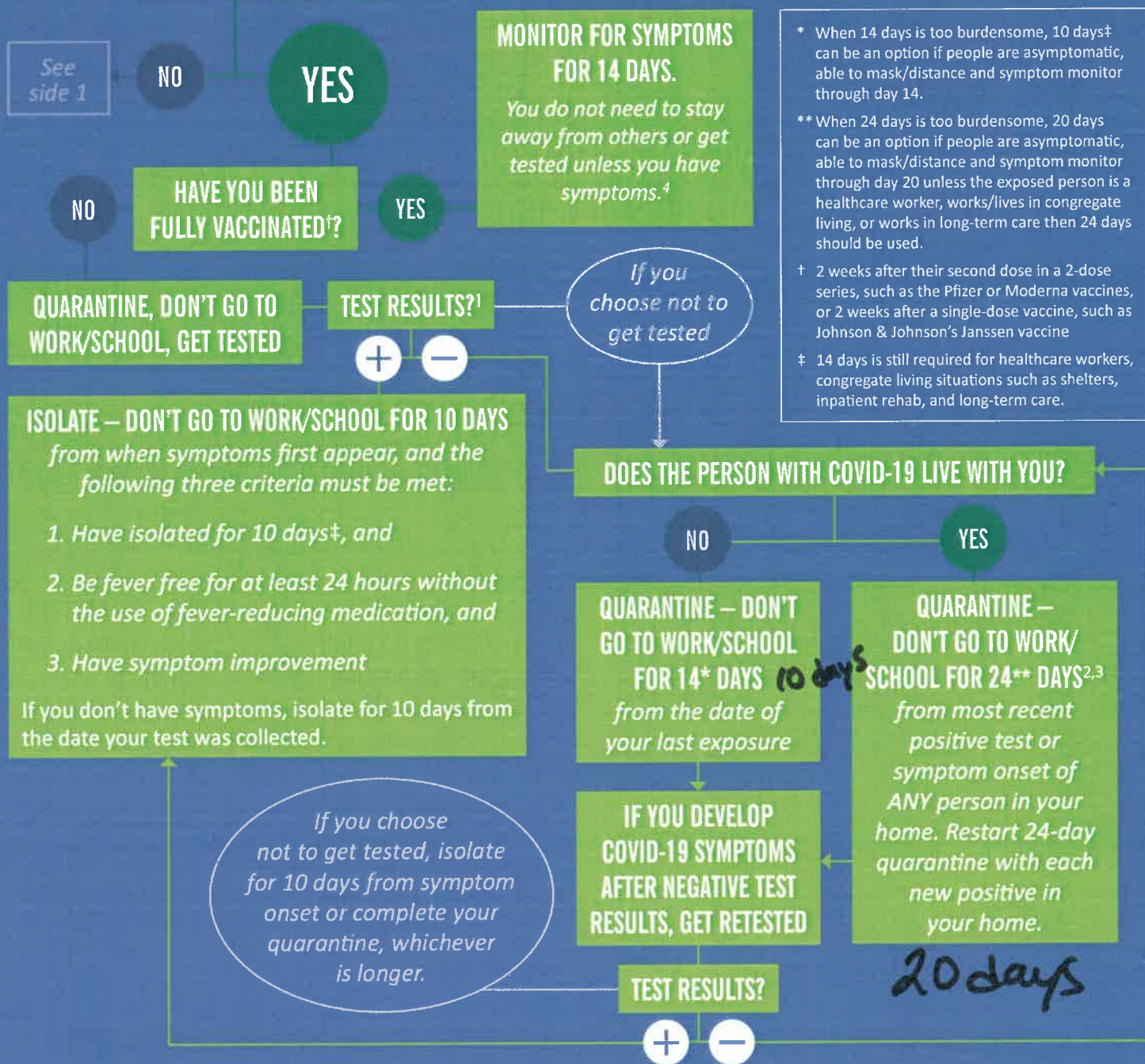
ISOLATION

Separating people with confirmed COVID-19 or those with symptoms from those who are not infected and those awaiting test results.

QUARANTINE

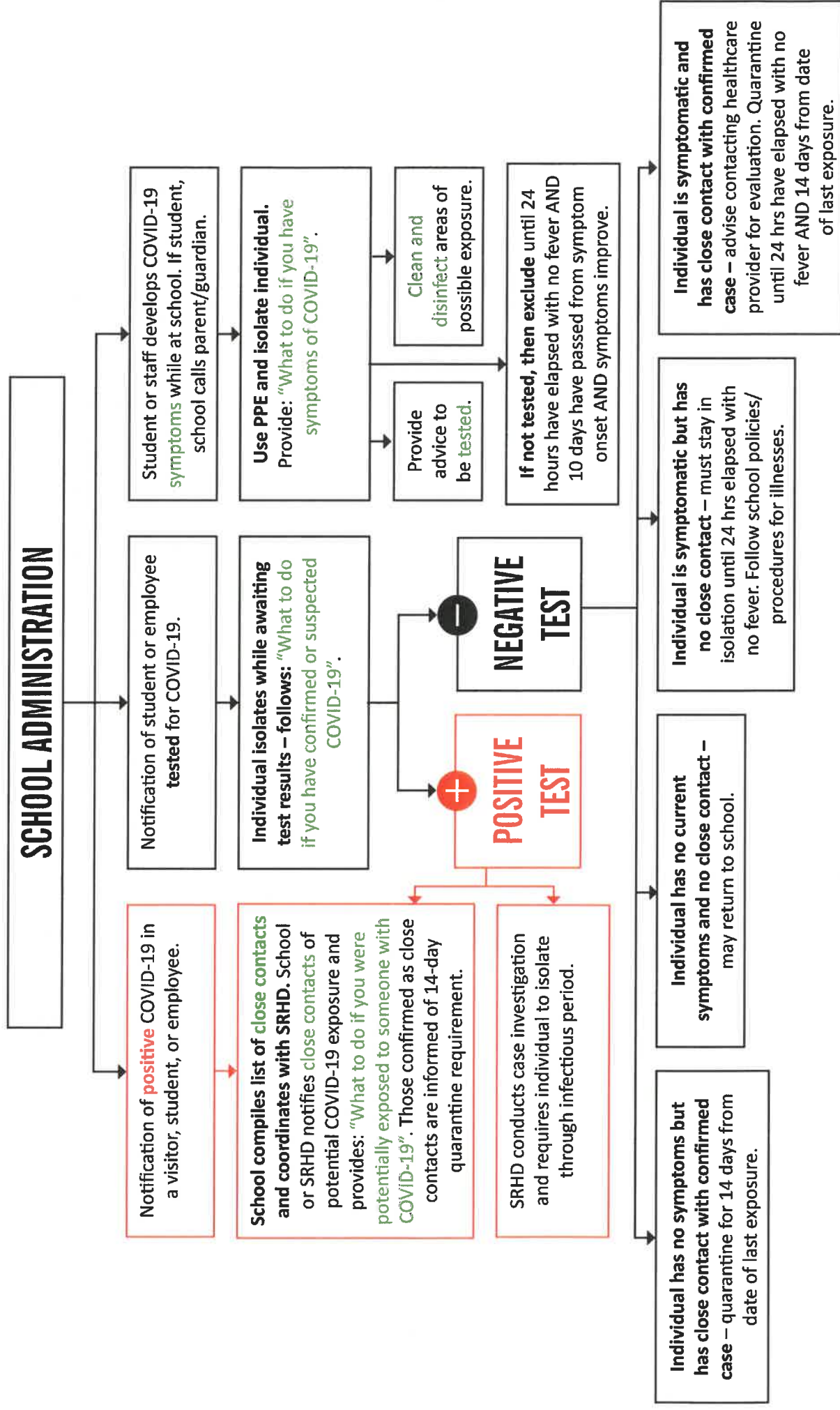
Separating people who have been exposed (and may develop COVID-19) from those who have not been exposed and those who have not been infected.

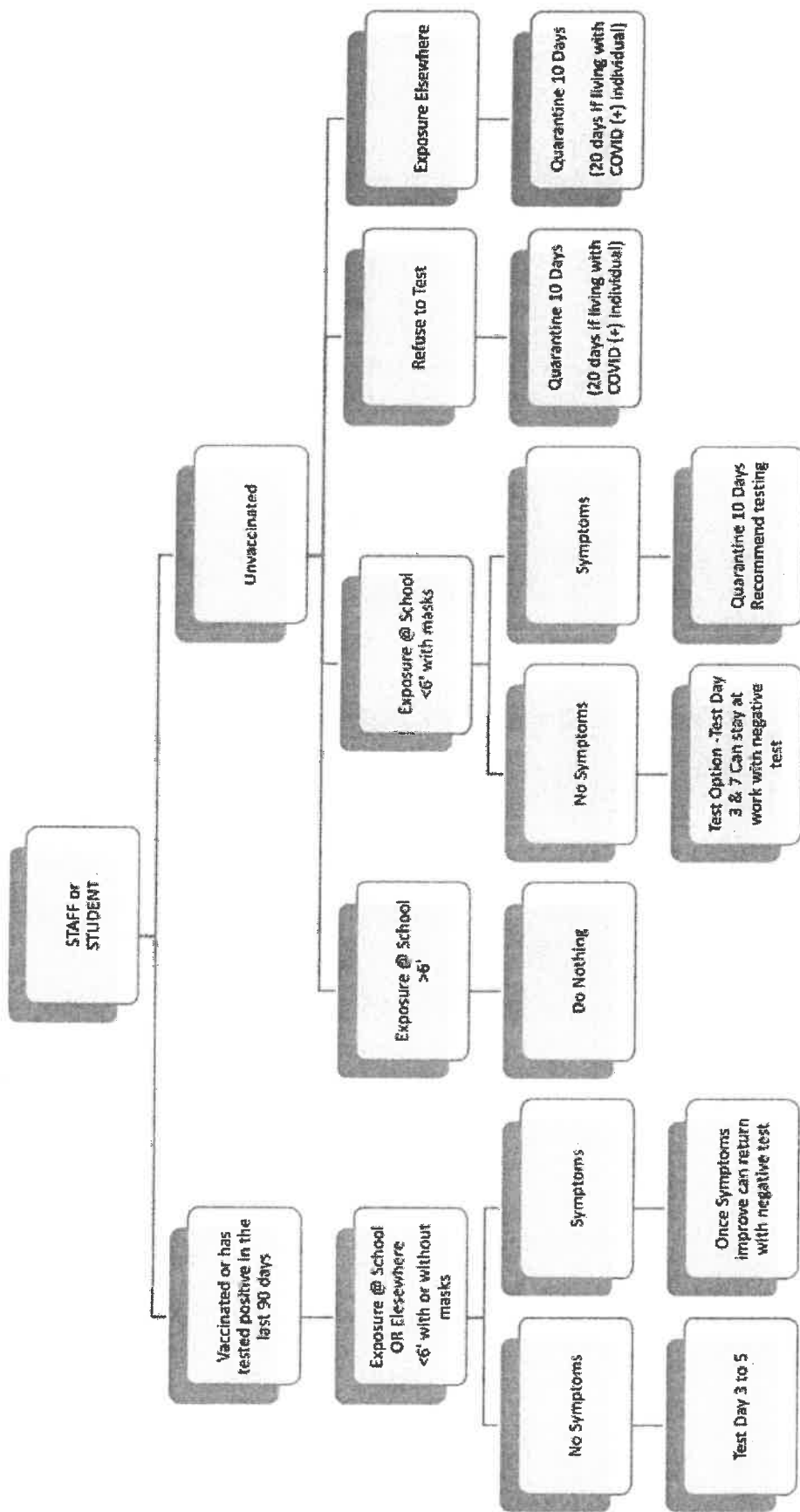
HAVE YOU BEEN EXPOSED TO SOMEONE WITH COVID-19?

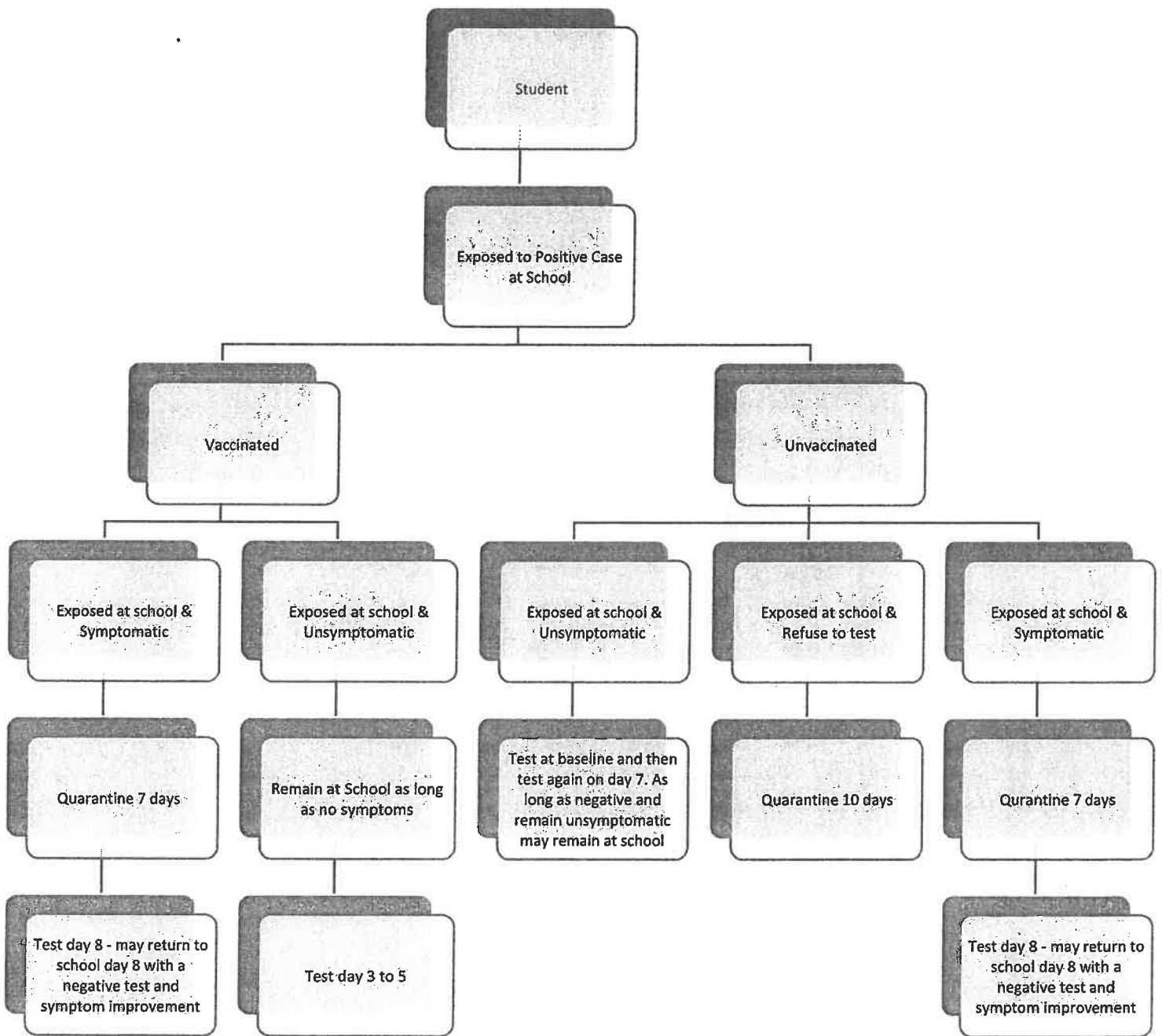


1. If you're an essential worker and have been exposed, tested negative and are asymptomatic, you may go to work/school under some circumstances. However, outside of work/school you still need to quarantine. To find out if this applies to you, call the Washington State Department of Health at 800.525.0127.
2. If the person(s) who tested positive are able to isolate in a separate room at all times, you may reduce your quarantine to 10-14 days from your last exposure to the person(s) with COVID-19. If an additional household member becomes symptomatic or tests positive for COVID-19, they should isolate. If you have had exposure to this individual, the 10-14-day quarantine will start over.
3. If you have a COVID-19 positive household member and you test negative while quarantining, you may get retested 5-7 days after your first negative test. This can reduce your quarantine time if you test positive. If positive, isolate for 10 days from the date of your positive test. If negative, continue your 20-24-day quarantine. Your quarantine time is the 10 days of your COVID-19 positive household member plus your 10-14-day quarantine period, equaling a total of 20-24 days.
4. However, if you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don't have symptoms.

SCHOOL COVID-19 FLOWCHART



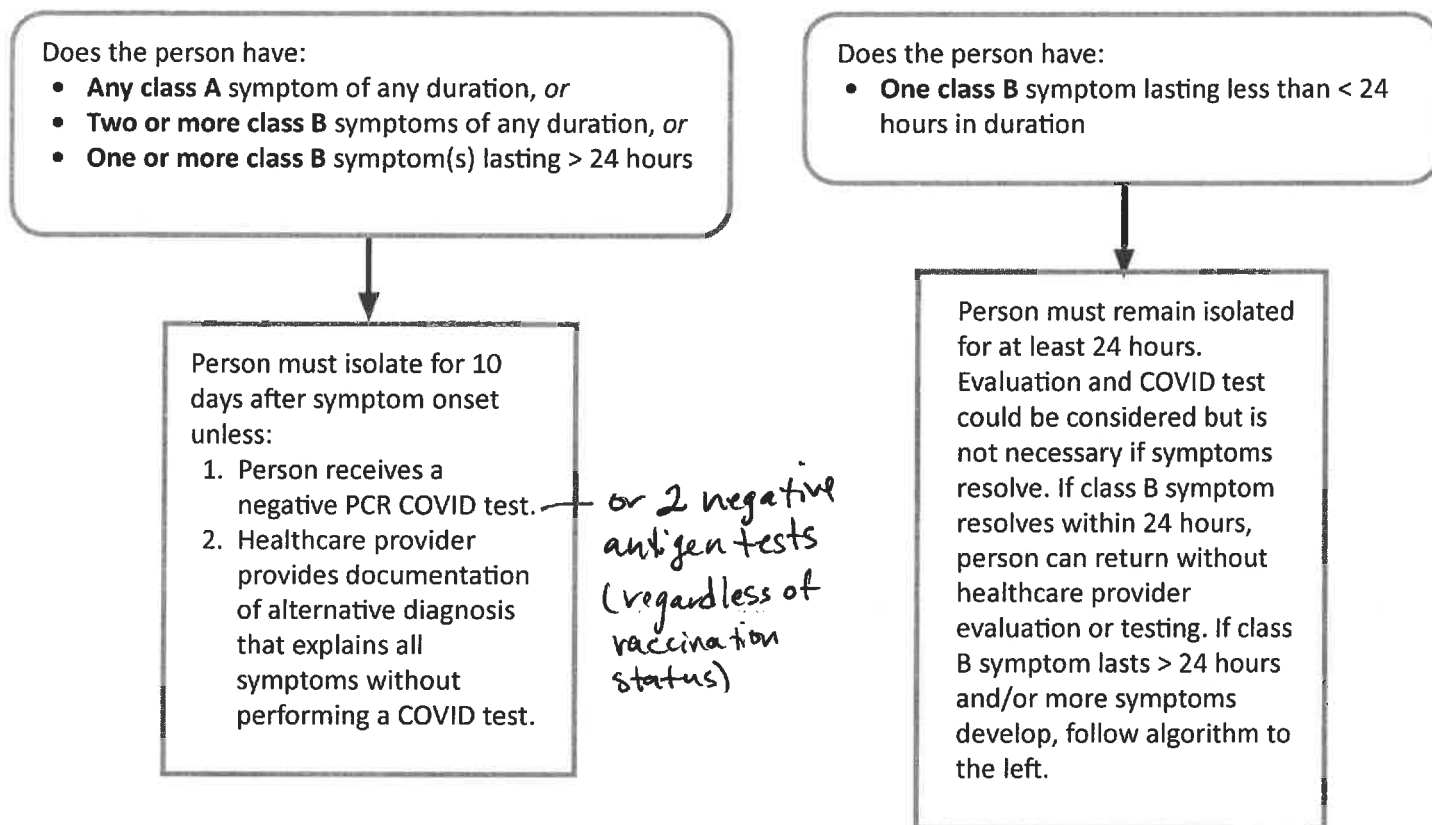




RETURN TO SCHOOL/CHILDCARE/WORK GUIDANCE FOLLOWING A POSITIVE SYMPTOM SCREEN FOR COVID-19 AND NO EXPOSURE

This guidance can be used by schools, childcare and parents when the COVID-19 rate in the community is MODERATE — HIGH (>25 cases/100,000 population over 14 days) and applies to persons with:

- One or more new, unexplained symptoms consistent with COVID-19, AND
- No known COVID-19 exposure in prior 14 days



Symptoms consistent with COVID-19	
Class A Symptoms	Class B Symptoms
<ul style="list-style-type: none"> • Fever (defined as subjective or 100.4°F or higher) • Cough • Loss of sense of taste and/or smell • Shortness of breath 	<ul style="list-style-type: none"> • Fatigue • Headache • Muscle or body aches • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea (defined as two or more loose stools in 24 hours)

¹ Examples of alternative diagnosis made by healthcare provider include childhood rash illness, acute otitis media, or a lab confirmed diagnosis such as strep throat or non-COVID-19 viral pathogens. If testing for other viral pathogens, strongly recommend testing for COVID-19 as well.

Summary of Changes (as of 8/12/2021):

- Surveillance testing is required for all high contact indoor sports, at a frequency of twice per week for athletes who are not fully vaccinated.
- Provide Test to Stay guidance for schools based on COVID-19 activity levels and whether universal masking is present or absent.
- Sets out conditions where fully vaccinated persons without symptoms would still need to be tested.

Testing of students with class A/B symptoms:

Students with class A/B symptoms who meet the criteria for evaluation or testing can return to school if:

- They are not close contacts of another confirmed or probable COVID-19 case, AND
- They are cleared through COVID-19 testing which can be one of the following:
 - A negative COVID-19 PCR or molecular test, OR
 - Two negative COVID-19 antigen tests.

FAQs about testing students with class A/B symptoms:

- **Can a student be cleared with a positive antibody test?**
 - No. An antibody test is currently not recognized as a reliable measure of past infection or immunity to COVID-19 by WA DOH and SRHD.
- **Can a student be cleared with a single antigen test?**
 - No. Two negative antigen tests or one negative PCR test will allow a student to return to school provided that the student is fever free for 24 hours or more without fever reducing medications and that their symptoms are improving.
- **What criteria should guide the decision to use antigen vs. PCR testing for students with symptoms?**
 - PCR should be the first choice if it has been more than 7 days after onset of symptoms.
 - PCR should be considered if PCR panels are available that also test for flu or RSV.
 - Lab-based PCR should be considered as a confirmation for any positive antigen test in an asymptomatic person.
 - Antigen testing has a higher risk of a false negative result on the first day after onset of symptoms and after 7 days of symptoms
 - Antigen testing should be considered for any testing related to events such as athletics or proms.
- **Is there a benefit to using PCR and antigen tests on the same day?**
 - Yes - If a student is symptomatic and their positive result would result in a cascade of actions, then it is helpful to test with both PCR and antigen at the same time. A positive antigen test will allow contact tracing to move forward immediately even if the school must

wait 1-2 days for the PCR result. The PCR test will provide a reliable confirmation when there is a positive antigen test in an asymptomatic person.

- **Does a student need to test if they had a past infection?**
 - Yes, test unless all the reported symptoms are due to unresolved COVID symptoms from the student's primary infection. Past infection is proof against quarantine only if the original onset was in the past 90 days and the person has no current symptoms.
- **How to interpret conflicting test results:**
 - A positive antigen test can be ruled out with a single negative lab-based PCR test collected within 2 days of the positive antigen test. If a PCR test is done after 2 days, then consult with local public health.
 - Consult with local public health if there are concerns about the accuracy of a positive PCR test.
 - For any positive test more than 45 days after an initial positive test result, consult with local public health.
- **Does a student or staff need to test even if they are fully vaccinated against COVID-19?**
 - Yes, they still need to test. Breakthrough disease can occur in fully vaccinated persons of any age. COVID-19 vaccination is only proof against quarantine if the person is 2 weeks past their final shot AND if they have no symptoms.
 - With outbreaks, fully vaccinated persons without symptoms may be directed by public health to get tested based on concerns for variants and breakthrough disease.
 - Fully vaccinated persons should still test 3-5 days after a close contact exposure even if they do not have symptoms. They should mask until they receive a negative test result or until the end of the quarantine period.

Surveillance testing in special populations:

Surveillance testing is recommended for students or staff in high-risk activities. Surveillance testing is also an option for communities experiencing moderate-to-high transmission.

- High risk settings include any situation where:
 - Mask use is poor or non-existent, OR
 - Physical distancing is difficult to maintain, OR
 - Participants are at high risk of complications from COVID-19
- Recommended testing frequency:
 - Twice weekly for high contact indoor sports to include wrestling and basketball, with preference for antigen testing on the competition dates.
 - For other higher risk activities in the performing arts or general surveillance testing, consider testing once per week.
 - Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels. Frequency should be at least once per week, but increased to twice per week if levels of community transmission are trending and/or remain higher

FAQs about surveillance testing in special populations:

- **Should people with a past infection participate in surveillance testing?**
 - Yes, they should participate if their infection was more than 90 days in the past.
- **Should people who have been fully vaccinated participate in surveillance testing?**
 - Fully vaccinated persons do not need to participate in surveillance testing provided they are two weeks past their final COVID-19 vaccination date and asymptomatic.
- **What happens if someone in a surveillance testing pool has an exposure or has symptoms?**
 - If a person in a surveillance pool has a close contact exposure, then follow the exposure protocol based on their vaccination status.
 - If a person develops symptoms, they should be evaluated under the guidance for people with class A/B symptoms without an exposure.
- **What if people choose to not participate in surveillance testing?**
 - Screening testing for athletics is required by SRHD for participation if students are not fully vaccinated.

Event-based testing:

Event-based testing is a mitigation measure that can be put in place to allow a moderate or high-risk activity/event to occur.

Current options for testing as a mitigation measure for specific events to occur include:

- Overnight camps. See [COVID19 Outdoor Recreation Guidance.pdf \(wa.gov\)](#)

FAQs for event-based testing:

- **How do schools petition for testing as a mitigation measure?**
 - Contact Spokane Regional Health District (SRHD) at education@srhd.org to work with one of our epidemiologists or business technical advisors, who can evaluate your current plan against current SRHD and DOH guidance.
- **Which test is preferred for this type of testing, PCR or antigen?**
 - PCR-based testing is the gold standard but does take 2-3 days to receive results. In many circumstances, it may be preferable to use antigen testing on the day of the event, either alone or in conjunction with PCR testing done 3 days prior to the event.
- **When should testing be done?**
 - Test as close to the event date as possible. Testing more than 3 days prior to the event is not effective and may create a false sense of safety.

Test to Stay as a mitigation measure for low-risk school exposures:

Test to Stay is a tool that allows the substitution of one mitigation measure (COVID-19 testing) for another measure (quarantine or distancing) when looking at low risk exposures so as to allow fewer interruptions with in-person learning.

Below is how Test to Stay would be applied based on the current school building Level of COVID-19 activity and current mask guidance.

Universal Masking		
	Level 1	Level 2
Single case in a cohort		Test to Stay Testing or Quarantine for adjacent students <6 ft
2+ cases in cohort (over 14-day period)	Test to Stay Testing or Quarantine for adjacent students <6 ft	Test to Stay Testing or Quarantine for ALL students in a cohort

Without Universal Masking		
	Level 1	Level 2
Single case in a cohort	Test to Stay Testing or Quarantine for adjacent students <6 ft	Test to Stay Testing or Quarantine for adjacent students <6 ft
2+ cases in cohort (over 14-day period)	Test to Stay Testing or Quarantine for adjacent students <6 ft	Test to Stay Testing or Quarantine for ALL students in a cohort

- A cohort can be defined as a classroom, bus, sports team, or small group event.
- This guidance does not seek to deny that some low-level risk is present, but instead seeks to mitigate the risk by providing universal scheduled testing during the quarantine period.
- This guidance does not apply to close contacts in households or social experiences identified through contact tracing but is focused on controlled settings where distancing, masking, or supervision is present.
- This guidance is not prescriptive for parents. Parents can choose to quarantine their child or can choose to enroll them into Test to Stay Testing during the quarantine period, allowing their child to remain in attendance at school and to continue to participate in all school activities.

Process outline for Test to Stay Testing.

- Identify when an individual or group meets a quarantine threshold and there exists a desire to utilize Test to Stay Testing to keep a student in school.
- Track information on the use of Test to Stay Testing with information on the group, index case(s) in that group, number of students who are possibly exposed, and the number of students/staff who could participate in the testing protocol.
- Notify parents of the students in that group of the need for quarantine, the option for Test to Stay Testing, and the consent process for school-based testing.

- On the next available school day, do baseline testing of all students participating in Test to Stay Testing.
- Do a second round of testing after the baseline at 3-6 days after the baseline test.
- Notify SRHD of any positive results in Test to Stay Testing. Notification should include:
 - Name
 - DOB
 - Address
 - Phone number
 - Test collection date
 - Test type (PCR or antigen)
 - Onset date
 - Source of infection
 - Reason for enrolling in Test to Stay
- Track the following aggregate data elements from groups that go into the testing protocol:
 - Name of class or group
 - Date of quarantine threshold (last exposure date)
 - Dates when testing occurred
 - Number of students tested
 - Number of staff tested
 - For positives:
 - Staff or student
 - Symptoms

FAQs for Test to Stay as a mitigation measure:

- **Can you use antigen or PCR testing with this protocol?**
 - You can use either PCR or antigen test methods. The preference is to use antigen testing in higher risk settings such as athletics or the performing arts.
- **Are there instances where fully vaccinated persons need to be tested in the absence of symptoms?**
 - Fully vaccinated persons who are close contacts of a confirmed case should have a single COVID-19 test done 3-5 days after the exposure. These students can remain in school while waiting for testing and do not need to quarantine. These students should be masked while waiting for their test results.
 - Fully vaccinated persons who are in clusters of 3 or more cases, where 2 or more cases have no epi-link outside of school, are required to have a single baseline COVID-19 test at the same schedule as the unvaccinated members of the group.
- **What is the “testing cadence” of this protocol?**
 - For low-risk settings like classrooms, do a baseline test, then test 3-6 days after the baseline.
 - For high-risk settings like athletics or the performing arts, do a baseline test and then test with each game or event in the 7 days after the baseline test.

- If the testing protocol identifies another positive (after the baseline test), this testing timeline is extended with an additional test at 3-6 days after the last test date. Positives identified at the baseline test do not affect the testing cadence.
- **Does a student have to participate if they have some evidence of past infection or immunity?**
 - The only way for someone to not quarantine or to not participate in Test to Stay Testing would be if:
 - They had a past infection in the past 90 days OR are fully vaccinated and 2 weeks past their final shot
 - AND they currently are symptom free.
 - Those whose infection was more than 90 days ago or who have had positive antibody tests or who are not 2 weeks past their final vaccine dose would still have to quarantine or participate in Test to Stay Testing.
- **What if parents want to get their child tested outside of the school testing program?**
 - We strongly encourage schools to require participation in Test to Stay at their school building. Students testing outside of school increases the administrative burden of this protocol.
 - Over the counter (OTC) COVID-19 testing is not appropriate for the use in Test to Stay protocol.



Summary of Changes (as of 8/12/2021):

- Removes classroom or school closure (Level 3) as a prescriptive response to a specific number of cases in a classroom.
- Provides quarantine and response guidance dependent on the presence or absence of universal masking policies.
- Removes percentage of classrooms affected by COVID-19 as a criterion for moving to a higher level.
- Extends duration of Level 2 from two weeks to three weeks.
- Incorporates universal masking and physically distanced lunch as a mitigation measure adopted in Level 2.

This guidance serves as a process flow for schools so that a response to COVID-19 cases can be expedited. Schools should notify Spokane Regional Health District (SRHD) when cases are identified, and when Level 2 is implemented. Schools are expected to work through this process independently of SRHD:

1. Identification of confirmed/probable case who was infectious while in school.
2. General notification about case(s) in school to parents [Use *General Notification Letter template*].
3. Specific notification about case(s) in cohort(s) to advise of quarantine and/or symptom watch and/or testing recommendations [Use *Class Notification Letter template*].
4. Identification of close contacts and/or exposed students as outlined below, and quarantines exposed students/staff (School COVID-19 response team). School COVID-19 response team is responsible for drafting quarantine letters for students and their families [Use *Quarantine Letter template*].

Baseline Quarantine Recommendations:

SRHD recommends quarantine of close contacts, including the case's household members. Close contacts outside of the classroom setting are defined as someone within 6 feet of a case for a cumulative total of 15 minutes or more over a 24-hour period. In a classroom, quarantine and testing depends on the number of cases in a classroom and the COVID level of the school. Per CDC guidance, close contacts who are either fully vaccinated or who had a confirmed COVID infection <90 days before exposure only need to quarantine if they experience symptoms. However, *all* fully vaccinated close contacts should get tested 3-5 days after their exposure and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

- If there is no assigned seating in the cohort, all students who shared the cohort with the case while infectious should enter the Test to Stay protocol or be quarantined based on the school district quarantine policy.
- If students do not wear masks/facial coverings or mask usage is inconsistent, adjacent students should enter Test to Stay or be quarantined based on the school district quarantine policy. *Note: breakfast/lunch is excluded from this rule as unmasked time should be as limited as possible.*
- For bus exposures, follow COVID-19 K-12 Bus Guidance.

(continued on next page)

Implementing Phased Approach for Increasing Incidence Rates:

High incidence rates or increasing case counts in the school may require a move to a **phased approach** for quarantine guidance:

Universal Masking		
	Level 1	Level 2
Single Case		Test to Stay or Quarantine for adjacent students <6 ft
2+ Cases in cohort (over 14-day period)	Test to Stay or Quarantine for adjacent students <6 ft	Test to Stay or Quarantine for ALL students in cohort

Unmasked Students in Cohort		
	Level 1	Level 2
Single Case	Test to Stay or Quarantine for adjacent students <6 ft	Test to Stay or Quarantine for adjacent students <6 ft
2+ Cases in cohort (over 14-day period)	Test to Stay or Quarantine for adjacent students <6 ft	Test to Stay or Quarantine for ALL students in cohort

Level 1 –

- Follow baseline recommendations.
- Quarantine adjacent students < 6ft with 2 cases in a cohort within a 14-day period or test adjacent students within a cohort 2 separate times as described below.

Level 2 –

- Follow baseline recommendations.
- Decrease risk of COVID exposures at mealtimes:
 - a. Have students eat in their classrooms.
 - b. Have students eat outside.
 - c. Increase physical distance in lunchrooms but creating more lunch periods, more lunchrooms or other plausible alternative.
- Stricter quarantine/Test to Stay guidance:
 - a. Quarantine adjacent students <6 ft with a single case in the cohort or test adjacent student within a cohort 2 separate times as described below.
 - b. Quarantine all students in a cohort with 2 cases in the cohort in 14 days or test all students within a cohort 2 separate times as described below.
- Reintroduce universal masking (*all staff and students required to mask indoors*) if universal masking was phased out. This will not apply for the fall, and possibly later, as universal masking is required.

Test to Stay allows students to remain in school as an alternative to quarantine, as long as they are tested two separate times:

1. Baseline: 1-2 days after positive case identified, and
 2. 3-6 days after case in cohort
- If more students become positive during Test to Stay, SRHD can provide consultation for the next steps, which can include changes to the testing schedule and mitigation measures up to cohort closures.
 - If parents/students do not want to participate in Test to Stay, then they can participate in school in an **online** format, and they should be excused for the full quarantine time of the cohort.

Please refer to [K-12 School Testing Procedures & FAQs](#) for additional guidance

(continued on next page)

Triggers for movement to a more restrictive level:

The calculation of a move to Level 2 will be based on two consecutive calendar weeks rather than a 14-day rolling period. Cases will be counted based on being infectious while in the building. If a case was quarantined and not in the building while infectious, they will not count towards the number required for quarantine of cohorts or movement to Level 2.

A school must move to Level 2 when:

1. There are cases in 1% of the school population (teachers and students), who were infectious while in the school building.

OR

2. There are four or more cases clustered within the school (i.e., in a cohort, class or on a sports team) AND there are no known exposures outside of the school setting for at least two of the cases.

If a school needs to move to Level 2, it will be implemented on the following day. A move to Level 2 is not retroactive and will only impact future cases. The move to Level 2 is for **three weeks** and will be re-evaluated at the end of the three-week period to either extend placement in that level or to move to a lower level.

Guidance for Moving Through Levels

To be considered a distinct “school” there can be no overlap of hallways, lunch areas or socialization. Cohorts are groups of students and/or staff who are likely to have had sustained contact with one another, such as in classrooms, school busses, sports teams and small events.

While our intention with this guidance document is that school staff can implement control measures independently, SRHD recognizes that this guidance may not be a one-size-fits-all solution.

SRHD Epidemiology staff are available for consultation to provide guidance on which students and staff to quarantine under special circumstances and when it may be appropriate to move to more restrictive quarantine measures. SRHD Epidemiology can be reached at 509-324-1442 or education@srhd.org.

High Transmission Alert

A high transmission alert can be issued by public health to indicate a high-risk level for in-person instruction. The goal is to keep in-person instruction as normalized as possible while enhancing mitigation efforts during the virus surge, particularly in the presence of more infectious variants. These are recommendations rather than requirements and our intent is to keep these in place for 6 weeks with a re-evaluation at week 5.

Recommendations include:

- Move to universal masking of students and staff if that is not current practice.
- Minimize indoor gatherings by deferring large assemblies, offering more remote options or moving events outdoors as feasible.
- Increase spacing at lunch or meals by offering more lunch periods, having lunches in classrooms as appropriate or offering outdoor seating options for lunches.
- Offer pre-event testing for events that are challenging to reschedule such as homecoming, proms or other extracurricular events.

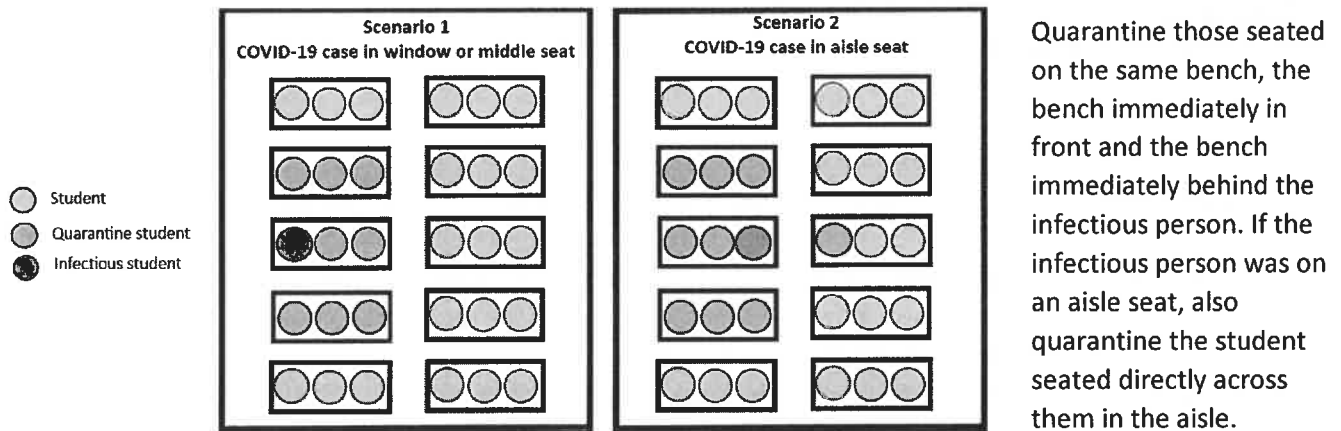
General bus recommendations:

- Masks must be worn on bus unless the student has a medical exemption (See [Unmasked Students Guidance](#)).
- Consider keeping spare masks and hand sanitizer available for students to use on buses.
- Open front and back windows at least 2-3 inches, as well as the roof vent. Be sure to open windows more than halfway when opening beyond 2-3 inches.
- Clean and disinfect frequently touched surfaces between runs if possible, and at the end of the day. If cleaning between runs, ventilate the bus before allowing students on.
- Consider loading the bus from back to front and unloading from front to back to reduce foot traffic on the bus

Seating recommendations:

- Create a seating plan to assign seats. If possible, limit occupancy to 50% capacity on buses.
 - Seat students at window seats when it is just 1 student on a bench.
 - Limit bus capacity, distance students and skip rows when possible.
 - Seat students from the same cohort together. This can be students from the same household, classroom, sports team or other extracurricular group.
- Protect staff
 - Drivers must wear a mask at all times while on the bus, including while driving, unless they are the only person on the bus.
 - Bus drivers and attendants are required to wear a KN95 mask or a surgical mask with a face shield if they are within 6 feet of students. See [Employer Health & Safety Requirements for School Scenarios](#) for further guidance on protecting employees.
 - Keep the row behind the driver empty, particularly when the bus driver is not fully vaccinated (2+ weeks past their final vaccine dose) or is unable to wear a KN95.
 - Bus monitors/attendants can be seated either behind the driver or in the back row. Ensure all adjacent rows are empty if the bus attendant is not fully vaccinated.
 - Unmasked students should be seated at the back or front of the bus (location depending on vaccination status of bus drivers and monitors) to minimize potential transmission to others.
- SRHD has a bus seating calculator that can help create a seating layout that results in the fewest number of close contacts who would need to quarantine if a student was infectious while riding the bus. Email education@srhd.org to request a copy.

Quarantine guidelines



NOTE: If an unmasked student was on the bus, they should quarantine if they are within 3 rows (on either side of the aisle) of the infectious student.

Schools may consider quarantine for additional students if they feel there is added risk of transmission. Some risk factors to take into consideration:

- Bus rides longer than 20 minutes
- Buses above 50% seating capacity
- Uncertain seating assignments or seating assignments that mix cohorts
- Unmasked infectious student on bus or generally poor mask compliance
- Unusually high numbers of student absence due to illness in the school



Planning COVID-Safe School Events

All events must follow current state guidance. For higher-risk events, such as those involving more people interacting for longer periods of time, mitigation measures in addition to those detailed in state guidance documents should be considered. This document provides suggested options and mitigation strategies that can be applied to events allowed under current state guidance, including virtual options to accommodate individuals who may not want or be able to attend in-person events.

HOW CAN YOU REDUCE TRANSMISSION RISK

Contact Tracing	Physical Distancing	Individual Protection Measures
<ul style="list-style-type: none">• Limit participants/guests• Detailed registration/assigned seating• Video recordings used in livestream may be helpful to determine close contacts• Require proof of vaccine or negative test results for additional family guests	<ul style="list-style-type: none">• Use stickers to indicate six (6) feet of separation• Stagger start/end times to limit contact• Spread out common areas where people gather, such as entrances, stairwells and elevators and reduce occupancy in elevators and restrooms	<ul style="list-style-type: none">• Encourage and provide masks• Provide hand sanitizer, handwashing stations, disinfecting wipes• COVID-19 testing prior to event or health screening for those not vaccinated.• Install barriers (sneeze guards or partitions)

How big can an event be?

# of people allowed	Phase 2	Phase 3
to group (within household limits)	<10 indoor <15 outdoor	10 indoor 15 outdoor
at an event	25% capacity up to 200 or up to 300 for venues over 100,000 sq ft	50% capacity up to 400 or up to 600 for venues over 100,000 sq ft

Governor's guide for miscellaneous venues

Note: Graduation ceremonies can have more people—see Phase 3 Spectator Event Requirements.

IDEAS AND OPTIONS FOR YOUR EVENT

In-Person

- • Drive-in ceremonies and parades (each household in one car)
- • Photo ops for individuals or two (2) households
- • Breakfast, lunch or dinner options
- • Traditional graduation ceremonies, physically distanced
- • Events with students in pods (as allowed by current guidance) playing distanced games like cornhole or egg toss
- • Fairs, parades and festivals

Virtual

- • Senior videos with recorded or livestreamed speeches, performances or video submissions
- • Virtual dance or graduation parties or competitions (via Zoom, TikTok)
- • Online platforms like Minecraft to build a virtual event where people interact and participate

KEY PHASE 1 • PHASE 2 • PHASE 3

WASHINGTON STATE EVENTS GUIDANCE

Graduation	Dept. of Health: Graduation and Commencement Ceremonies
Other	Governor's Office: Weddings, Funerals and Events

Communicate Your Expectations

- Communicate COVID-19 protection measures and expectations to event participants ahead of time.
- Display signage to remind participants to distance, wear masks and avoid high fives or handshakes.

ADDITIONAL WASHINGTON STATE GUIDANCE

If your event is in ...		See this guidance ...
A venue with permanent seating, such as a stadium, ballpark, indoor arena, or indoor sports or performing arts facility	Governor's Office: Spectator Events	
A convention/conference center, designated meeting space in a hotel, events center, fairground, nonprofit establishment or similar venue	Governor's Office: Miscellaneous Venues	
An outdoor venue without permanent seating	Governor's Office: Open Air and Outdoor Seating Requirements <i>and</i> Governor's Office: Miscellaneous Venues	
If your event involves ...		See this guidance ...
Additional activities conducted indoors	Governor's Office: Indoor Entertainment	
Additional activities conducted outdoors	Governor's Office: Outdoor Recreation	
Food or drinks	Governor's Office: Eating and Drinking Establishment <i>and</i> Dept. of Health: Food Workers and Food Establishments	
Performances, singing or dancing	Governor's Office: Theater and Performing Arts and Events	
Photography	Governor's Office: Professional Photography	
Overnight stays	Governor's Office: Outdoor Recreating	
Fairs, arades or festivals	Governor's Office: Fairs, Parades, Festivals and Special Events	

RESOURCES

Spokane Regional Health District: Gatherings and Events
Centers for Disease Control and Prevention: Events and Gatherings