

2022

# Healthy Washington – Roadmap to Recovery

Phased reopening of Washington state agencies  
Version 17

## What changed in this version?

You will find a summary below that lists what we changed in this version of the guide. This will help agencies plan and implement changes more quickly.

- **Page 6** – Updated Facility Space Use Guidance. Update is found through the “guidance” link.
- **Page 16** – Added clarification about vaccination verification and boosters, including how boosters are considered in determining quarantine and isolation in addition to an employee being fully vaccinated. Added reference to “primary series of vaccination.”
- **Page 17** – Added the collection of booster dates related to documentation of vaccination verification. Removed vaccination reporting requirements as the report is no longer required.
- **Page 18** – Removed DOH screening guidance link pending updates. Added key elements that should be included in a workplace access screening tool.
- **Page 21 – 26** – Added new isolation and quarantine guidelines for return to work and related information. Included a requirement for wearing an upgraded mask when an employee returns to work for the 5-day period after return. Outlined upgraded masks include double masking, KN95s, and N95s.
- **Page 22** – Added information about employees who may have serious illness or be immunocompromised. Requires agencies to let employees know there may be longer isolation periods under these conditions and to let them know a health care provider or infection control expert would be the best resource for determining length of isolation under these conditions.
- **Page 25** – Expanded the section on testing to include the approach to testing for return to work and updated the standards for what type of test to use. Update references for requirements for state 24/7 facilities and other congregate work settings.
- **Page 26** – Referenced that isolation and quarantine requirements may be different for employees who travel. Clarified that some local health jurisdictions may no longer want reports on workplace cases. In those cases, reporting is not required.
- **Page 27 -28** – Updated the circumstances when verification of vaccination and testing results may be requested. Added what information is required in verifying test results and approach to record keeping.
- **Page 28** – Added links to new CDC and DOH guidelines on isolation and quarantine. Removed the PPE section information on vaccination and mask verification as it is no longer relevant while we have the current masking requirements in place. Also eliminates confusion about when employees may and may not remove masks.
- **Page 31** – Added definition of “exposure.”
- **Page 33** – Added new information about how to access masks and PPE through DOH. Some of these resources are currently free to qualifying state agencies.

# Table of contents

<b>What changed in this version?</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>4</b>
<b>How to prioritize and open services</b> .....	<b>5</b>
<b>Requirements and Guidelines</b> .....	<b>6</b>
Assess and prioritize business gaps, workflow barriers and customer needs resulting from closures	6
Assess what business objectives are being met through telework, flexible schedules, and technology and embed those practices in your agency culture .....	7
How reopening guidelines change by county or local public health jurisdiction .....	7
How we will collect and measure data .....	8
What is the approval process to reopen facilities and services.....	8
<b>Resources</b> .....	<b>9</b>
<b>How to prepare your facility</b> .....	<b>9</b>
<b>Requirements and Guidelines</b> .....	<b>10</b>
Co-located agencies .....	10
Residential care, health care, and related facilities .....	10
Physical distancing .....	10
Occupancy.....	11
Frequent and adequate handwashing .....	11
Routine and frequent cleaning .....	11
Establish protocols to address sick employees.....	12
Educate employees .....	13
<b>Resources</b> .....	<b>14</b>
<b>Vaccinations</b> .....	<b>15</b>
<b>Requirements and Guidelines</b> .....	<b>15</b>
Vaccination verification and records .....	15
<b>Resources</b> .....	<b>17</b>
<b>Screening</b> .....	<b>17</b>
<b>Requirements and Guidelines</b> .....	<b>18</b>
When is screening required? .....	18
What is required during screening?.....	18
Using a screener.....	19
Choosing a screener .....	19
Secondary screening .....	20
What happens when a person passes a screen or is screened out of the workplace? .....	20
What happens when an employee is denied access?.....	20
When can an employee return to work? .....	21
Testing and what type of test can be used .....	25
Work-related travel.....	25
What happens when someone refuses to be screened?.....	26
Does an agency need to report cases of COVID-19? .....	26
Documentation and records .....	27
Employee orientation .....	28
Customer and business partner notification of screening.....	28
<b>Resources</b> .....	<b>28</b>

<b>Personal protective equipment and safety equipment .....</b>	<b>29</b>
<b>Requirements and Guidelines .....</b>	<b>29</b>
Employees and contracted service providers .....	29
Customers and visitors are required to wear face coverings and may be required to use other PPE31	
Implementing face covering requirements for customers and visitors.....	32
Accessing PPE and masks .....	32
<b>Resources.....</b>	<b>33</b>
<b>Where these requirements come from .....</b>	<b>33</b>
General authorizing sources .....	33
Authorizing sources for prioritizing services.....	34
Authorizing sources for facility preparations.....	34
Authorizing sources for vaccination mandate .....	34
Authorizing sources for Screening .....	35
Authorizing sources for personal protective equipment and safety equipment .....	35

## Introduction

The pandemic has provided a unique opportunity for state government to look differently at how, where, and when we get our work done as we serve Washington. This guide provides clarity and describes the requirements and guidance for cabinet, small cabinet agencies, and governor appointed boards and commissions as the state reopens and we strengthen our new approach to work and workplaces. It is consistent with Gov. Jay Inslee’s Washington Ready direction to all Washington businesses and organizations.

We will continue to model the way by turning the dial of expanded reopening in a way that allows for learning and improvements. We will continue to use data and science to inform our return and in how we implement our safety and business practices for the ultimate goals of public service and COVID-19 prevention.

Our guiding principles:

- Provide timely, equitable, quality public service
- Prioritize business and customer needs
- Engage employees in finding shared solutions for success
- Apply innovative solutions that create a sustainable business model
- Use the best public health and safety practices

To apply these principles, we need to implement agency requirements and guidance that allow adaptability in a safe and responsible manner. Our main goal is to meet business expectations, keep employees and customers safe and healthy and continue to learn and improve as we test new strategies to meet our goals.

This includes knowing where and how our customers, clients and the public are best served so we align access to meet those needs. It also means understanding employee needs as they transition back to the workplace or engage in increased levels of telework based on what we’ve learned.

The Washington State DOH, L&I, Office of the Governor and OFM partnered with agency leaders and subject matter experts to update this guide. The guide does not take the place of general health and safety requirements issued by these agencies or other authorizing sources. It is designed to provide clarity for state agencies in applying assessment and implementation for our overall return to workplaces, while applying COVID-19 related requirements.

This guide lays out the key parts to our reopening strategy and how we can rethink state agency worksites as we continue to improve how we serve Washington:



## How to prioritize and open services

The COVID-19 pandemic has changed the way we work. We have learned a great deal about our capacity to perform many of our functions through telework and technology and remained clear about many essential services that must be done in our facilities and at our worksites. We also know that during the peak of the pandemic we were able to delay or create workarounds for some services to help us minimize the spread of COVID-19 while serving customers. Now it is time to use what we have learned to close gaps that still exist in our business processes and improve services and access as we continue to assess the impact of COVID-19 and its variants.

To safely reopen, your Healthy Washington - Roadmap to Recovery plan must include ongoing support of a workforce that may continue to accomplish business outcomes through telework, while identifying the work that must be done on premise or in-person in the community. A combination of on-site and telework may be the best option for many lines of businesses and employees (i.e., a hybrid model).

As we move into this next stage of recovery and reopening, this means further analysis of work functions and services that can continue remotely and those that need to take place at worksites, facilities, or in-person in the community to close business gaps, improve services, increase access, and better serve Washington. It also means engaging with employees to determine what is working, what can be improved and what can be done to further our goal to reduce unnecessary commute trips and be an employer of choice. The fact that most of our workforce is now vaccinated provides additional opportunities.

Having a vaccinated workforce makes an important difference for workplace safety. It becomes our foundation on which all other measures will build upon. Additional precautions, where needed, provide even greater protection as you reopen and maintain services. It is also important for agencies to continue to consider strategies where there are unvaccinated people, or their vaccination status is unknown. This guidance also contemplates that there could be instances where public health direction and unique work settings may have employees on-site, on-site volunteers and on-site contractors who are exempt from the vaccination requirement and have received an accommodation. The expectation is that the safety requirements of this guidance must be applied in addition to any approved accommodations.

Cabinet, small cabinet agencies, and governor appointed boards and commissions will continue to develop and implement reopening plans and OFM will continue to work with our partners to provide updates as they become available on the enterprise guidelines.

These plans are iterative and agencies will be expected to move to full implementation in a staged approach that aligns with closing priority business gaps and customer and employee needs and current health and safety orders related to the pandemic. Leaders should communicate and provide updates regularly, keeping employees and customers informed. The use of these types of change management strategies are a part of implementation and success.

## Requirements and Guidelines

### **Assess and prioritize business gaps, workflow barriers and customer needs resulting from closures**

- Determine what remaining services and functions the agency needs to perform at a facility, worksite, or in-person in the community to meet agency goals and mission.
- Create or update an action plan that outlines steps and timelines for reopening those services and closing other gaps that require in-person presence to achieve.
- Use information from employees and customers about business gaps and how best to close them. Pulse surveys and other means for gathering information from employees are recommended.
  - Supervisors should meet with their employees as a group or individually to discuss return to the workplace, ideas for improvement and telework options to inform the reopening plan.
- Collaborate with your facilities staff on the use of workspaces in your planning. Consider that future workspaces may be used differently than office spaces of today and use this opportunity to help with the transition. In particular, consider the agencies will not be creating 2 workplaces for each employee (one remote and one in the office). Staff who mostly work remotely likely will not have an individual dedicated workspace in the office. Revised workspace guidelines are being developed to reflect this approach. The OFM Facilities Oversight and Planning Team have provide this [guidance](#) to assist agencies in planning. If changes to the workplace are made, they shouldn't incur substantial cost increases that aren't offset by cost savings.
- Adopt practices that help the agency achieve the goals of universal access, equity, and inclusion.
- Ensure plan implementation allows the agency to meet reopening requirements outlined in this guide.
- Make sure the plan includes the steps needed for:
  - Employee awareness, readiness, and training, including allowing time to adjust to any needed schedule changes. Provide a reasonable amount of notice and time for employees to adjust. Sixty-day notice is recommended unless the employee wants to return sooner or business needs drive a quicker return for essential services.
  - Apply change management strategies including communicating updates to employees regularly and foreshadowing changes to come to help them prepare. (See resource section below for tools and guidance.)
  - Facility readiness.
  - The agency's need for and access to face coverings, equipment, supplies, or other personal protective equipment to meet expectations.

- Creating or updating the agency Commute Trip Reduction plan and incorporating those changes into agency practices allowing for future reporting on commute trip reduction. In most cases, an agency's CTR rates for telework should increase given what we've learned from our experience during the pandemic; and
- Exit and return strategies should COVID-19 risks increase leading to the need to temporarily stop certain in-person services or on-site work.
- Communication and coordination with labor on re-entry plans.

**Assess what business objectives are being met through telework, flexible schedules, and technology and embed those practices in your agency culture**

- Consider maintaining these approaches when service and business expectations are being met. Use the information gathered from employees and customers to inform what is working or what improvements can be made for success. This may include different hybrid telework or flexible schedules.
- Continue the use of telework, flexible schedules and technology to meet business needs where possible. If an employee or business partner doesn't need to be at a state worksite or work a traditional schedule to perform all or some of their duties, support them achieving their work objectives at their telework site and/or with a flexible schedule.
- Ensure review and determination of telework eligibility and flexible schedules and make updates to HRMS and other related records to reflect any changes. Use a telework agreement with employees as a part of this process. An example template is available [here](#).
- Follow OFM State HR guidelines for the use of telework when an employee who is required to be on site is temporarily unable to work on site due to COVID-19 symptoms, exposure, or infection. This will occur when the person feels healthy enough to achieve assigned work objectives.

**How reopening guidelines change by county or local public health jurisdiction**

- Each county or local public health jurisdiction may differ in how they approach reopening. It is important to take into consideration county and local public health requirements as a part of reopening services and worksites.
- If you have worksites or operations in a **more restrictive county or public health jurisdiction**, follow local public health guidelines, updated direction from DOH, L&I, OFM, or the Office of the Governor, and consult with your assigned AAG(s).
- If you have worksites or operations in a **less restrictive jurisdiction**, you may proceed with your plan to reopen those sites as long as you follow the requirements in this guide.
- If you have worksites and operations specifically outlined in the governor's [COVID-19 Reopening Guidance for Businesses and Workers](#) or other state authorized guidance, you must follow those requirements when they are more restrictive, unless OFM provides an exception. If you contract



or have oversight for those types of businesses within a facility or worksite you operate, you must make sure those providers are meeting the expectations as a part of your contract or agreement.

### **How we will collect and measure data**

- Each agency will be prepared to report the status of their Healthy Washington - Roadmap to Recovery reopening plan and include how they continue to utilize telework options and flexible schedules. Plans need not be submitted to OFM for approval.
- Agencies will report to OFM the percentage of positions that have been designated telework eligible and the percentage of employees who are teleworking. Agencies will be provided information about when reporting will begin to allow for adjustments to be made as employees begin to return and telework and as worksite schedules are formalized. Additional information will be provided on format and frequency of reporting. Setting a process to gather and report this data should be a part of each agency's planning process.

In addition, your CTR reports will be updated as required and as indicated above.

- We outline additional data collection and reporting requirements in applicable sections below.

### **What is the approval process to reopen facilities and services**

- Agencies have shifted to the phased reopening approach identified above. Plan approval is no longer needed. OFM is still available for consultation to support agencies in this transition. If your agency would like consultation on facility or worksite issues, contact Cheryl Sullivan-Colglazier. You can reach her via [OFMSafeStart@ofm.wa.gov](mailto:OFMSafeStart@ofm.wa.gov) or at 360-489-5628.
- Review and approval are no longer required through OFM for state agency sponsored conferences or symposiums that will include in-person participation. Agencies must ensure they are meeting requirements from the Governor's Office, DOH, and L&I in doing so. This includes special guidelines for events outlined in [proclamation 21-16.1, Large Event COVID-19 Vaccine Verification, effective November 15, 2021](#).
  - Conferences and symposiums, for this purpose, are considered large (50+ people), in-person gatherings that include participants from other agencies or businesses. They focus on networking, engagement in discussion and exploration of business matters of a common concern or interest, education and sharing of ideas to improve an area of business, profession, or body of work. They typically last for multiple hours or days.
  - Consider why the conference/symposium is necessary at the scheduled time; the purpose and anticipated attendance at the conference/symposium; why in-person participation is necessary; and how current required safety and health measures will be met.

## Resources

- [Washington Ready](#)
- [Proclamation 21-16, Large Event COVID-19 Vaccine Verification](#)
- [OFM Re-Entry Space Use Guidelines for Reentering the Workplace](#)
- [OFM Space use, footprints and telework planning for HR and Facilities Staff](#)
- **Change management resources and tools** to assist supervisors and employees during the planning stages of returning to work in the office or a hybrid schedule. Tools found on [this page](#) include:
  - Strategies for supervisors and leaders to effectively prepare and support employees;
  - Checklist for employees to think about to help prepare them for returning to the office or a hybrid schedule;
  - Document for Change Management/Process Improvement specialists to use as a roadmap to manage the change in different work environments; and
  - Conversation starters for the transition to return to the office.
- [Remote Work Resources \(Telework\)](#)
- [Change management guidance for sustaining a remote or hybrid work environment](#)

Commute Trip Reduction contact: [StateAgencyCTR@wsdot.wa.gov](mailto:StateAgencyCTR@wsdot.wa.gov) and if in Thurston County, [thurstoncommutes@trpc.org](mailto:thurstoncommutes@trpc.org)

- [GO Pulse Check Survey Sample](#)

## How to prepare your facility

As previously mentioned, having a vaccinated workforce makes an important difference for workplace safety. Precautions, where needed, provide even greater protection as you reopen facilities and maintain services. It is also important for agencies to continue to consider strategies for workplaces where there are unvaccinated people, or their vaccination status is unknown. Occupancy, physical layout, the flow of people, and sanitation of the worksite are all important components of a staged reopening and maintenance plan to keep people safe and productive. The new [DOH Guidance for Non-Health Care Businesses and Organizations during COVID-19](#), provides general information that is helpful to agencies as and after they reopen worksites and facilities. Additional requirements continue to be included in this guide.

## Requirements and Guidelines

Make sure to complete cleaning, sanitation, HVAC and water system preparation and maintenance, and physical layout preparation before employees return to specific worksites and facilities. Where required, make sure there is an adequate supply of PPE and/or source control for employees who will be at the worksites or providing in-person services, with purchase plans in place for ongoing PPE and mask needs to meet the requirements outlined by the Governor's Office, DOH, L&I, OFM and the CDC.

An accommodation for vaccination does not preclude the following requirements for those employees, on-site contractors, or on-site volunteers when they are different or in addition to the accommodation.

### **Co-located agencies**

When agencies are co-located in a facility, agency leaders must coordinate to align practices to the extent possible for access and entry points, shared space/common areas, and where applicable, PPE and agreements for the process of wearing masks and physical distancing for employee, customer and business partner health and safety. Plans and agreements should also be in place to meet other related state requirements. If other building occupants are meeting standards in alternative ways, ensure the state's standards are in place for your employees.

### **Residential care, health care, and related facilities**

Special requirements are in place for essential service facilities that require close contact. In those cases, facilities must follow the requirements and guidelines specific to their type of facility and service delivery when inconsistent with the requirements in this guide.

### **Physical distancing**

Currently, physical distancing continues to be a beneficial practice in some circumstances, reducing risk of transmission. Determining factors are vaccination status of the people in the worksite, number of people in a space, type of worksite or location, and ventilation/HVAC in the worksite (for instance, a conference room may be a more crowded space where ventilation is an issue).

Agencies will begin to assess their facilities for phasing out physical distancing where it is no longer required per [Washington Ready](#), DOH, and L&I guidelines. When circumstances warrant it, phase out plans can include 3-6 foot distancing in locations where there is a concentration of more people, including lobbies, reception areas, conference rooms, or other locations where there is limited air flow and ventilation or people are in close proximity of one another indoors without other protective measures in place (plexiglass or other barriers, additional PPE, improving ventilation, and other measures outlined in L&I and DOH guidance).

Phase out plans should be a part of the ongoing assessment agencies conduct as they move to their new space and business models for state services. Where transmission continues to be a concern

based on crowding (proximity or number of people), air flow or ventilation is limited, or other risk factors are evident, continued physical distancing is a preventive measure that can be used.

## **Occupancy**

Occupancy rates changed for the state as a whole June 30, 2021. In most cases occupancy rates have returned to normal. Be strategic and deliberate about the number of people present in a worksite as you are first implementing your new business delivery model. Avoid creating crowded space that increases close contact, especially when there are unvaccinated people, or their status is unknown. When conducting in person meetings, consider using a larger conference room or space that mitigates crowding and increases ventilation.

## **Frequent and adequate handwashing**

Employees must frequently and adequately wash hands. You must provide and maintain adequate handwashing supplies with a frequent schedule to restock supplies and empty trash. While agencies may provide gloves, employees should wash their hands regularly to prevent the spread of the virus. Single use, disposable gloves may help workers whose hands are bothered by frequent washing and sanitizing. Each worksite needs soap and hot and cold (or tepid) running water for frequent handwashing. Require employees to wash their hands frequently and effectively when they arrive at work, before and after all client interactions, before and after going to the bathroom, before and after eating or drinking or using tobacco products, after touching surfaces suspected of being contaminated, and after coughing, sneezing, or blowing their nose. Worksites that don't have fixed bathrooms must supply portable handwashing stations and supplies.

- Agencies must provide supplemental hand sanitizer stations, wipes or towelettes, or clean water and soap in portable containers to facilitate more frequent handwashing after handling objects touched by others. This includes making sure you provide hand cleaning supplies in vehicles.

## **Routine and frequent cleaning**

- Establish a housekeeping schedule to address regular, frequent cleaning with a particular emphasis on commonly touched surfaces. Wash and rinse visible dirt and debris from equipment, tools, and other items before disinfecting.
- Make sure high-touch surfaces are cleaned at least daily. Make sure these surfaces are properly disinfected on a frequent or periodic basis using an EPA-approved disinfectant (see link to CDC cleaning guidelines below).
- Make sure Safety Data Sheets (SDSs) for all disinfectants on-site are available and accessible to workers.
- Ensure your chemical hazard communication program under WAC 296-901 Hazard Communication covers disinfectants you use, and that employees are trained on safe and proper use of the chemicals.
- Make sure workers don't mix chemicals; many are incompatible. Dilute and use chemicals

according to the manufacturers' directions.

- Provide appropriate and adequate cleaning supplies and PPE for scheduled cleaning (include spot cleaning) after a suspected or confirmed COVID-19 case.
- Make sure someone oversees regularly cleaning floors, counters and other surfaces with water and soap or other cleaning liquids to prevent build-up of dirt and residues that can harbor contamination.
- Make sure shared work vehicles are regularly cleaned and disinfected after each use or as otherwise required by the CDC and DOH.
- Cover fabric and rough surfaces with smooth materials so they're easier to clean.
- In areas visible to all employees and clients, you must post the required hygienic practices. These practices include:
  - Don't touch your face with unwashed hands or with gloves.
  - Wash hands often with soap and water for at least 20 seconds.
  - Use hand sanitizer with at least 60% alcohol.
  - Frequently clean and disinfect touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.
  - Cover the mouth and nose when you cough or sneeze, as well as other hygienic recommendations by the U.S. Centers for Disease Control.
- Make sure to frequently and appropriately clean and disinfect restrooms throughout the day.
- Tissues and trash cans must be made available throughout the worksite.
- Establish protocol to safely clean equipment and supplies that employees transport to and from work consistent with health standards (laptops, etc.).
- See [DOH, Safe Cleaning and Disinfection Guidance on Public Spaces](#) for additional information.

### **Establish protocols to address sick employees**

Employers must establish procedures that:

- Maintain confidentiality regarding employees with confirmed diagnosis, signs or symptoms of COVID-19 illness or suspected exposure to COVID-19.
- Require sick workers to stay home or go home if they feel or appear sick.
- Screen employees for signs/symptoms of COVID-19 at the start of the work shift. Ensure employees self-monitor during their shift for signs and symptoms and report them, when appropriate.
- Identify and isolate workers who exhibit signs or symptoms of COVID-19 illness.
- Identify and collect contact information for everyone who had contact with an ill employee starting two days before their symptoms began.

- Notify all employees and the employees of subcontracted employers of potential exposure to COVID-19 if they had or might have had close contact.
- Follow cleaning guidelines set by the CDC (see link below) on when and how to clean after you get a report of an employee with suspected or confirmed COVID-19 illness.
- Temporarily close off all areas where a suspected or confirmed COVID-19 illness sick employee worked or could have touched until you have completed cleaning and disinfection guidelines set by the CDC.
- Keep workers away from areas being cleaned.

### **Educate employees**

When you determine that an employee must return to a worksite to perform some or all of their duties, provide the employee with advance notice unless it is an urgent situation. Notification gives the employee time to prepare before returning to the worksite, allows them time to consult with their supervisor or HR about questions or concerns and provides time to make sure their worksite is ready. (Refer to OFM State HR guidance on how to work with increased-risk employees and the types of leave available.)

Provide employees who will return to a worksite with an orientation and training. Agencies must provide basic workplace hazard education about coronavirus. Make sure the training includes:

- The signs, symptoms and risk factors associated with COVID-19 illness.
- How to prevent the spread of the coronavirus at work. This includes taking steps in the workplace to establish physical distancing where applicable, frequent handwashing, and other precautions.
- Instruction on why, when, and how to wear cloth face coverings, respiratory protection, and personal protective equipment (PPE) for workers when this protection is required.
- The importance of hand washing and how to effectively wash hands with soap and water for at least 20 seconds.
- Instruction on why, when, and how to clean frequently touched or shared items, such as tools, cell phones, keyboard, mouse, and other equipment.
- Proper respiratory etiquette, including covering coughs and sneezes and not touching eyes, noses, or mouths with unwashed hands or gloves.
- Who to contact if they have questions or concerns about returning to the worksite.
- The orientation should also include information that helps the employee understand what to expect when they return to the worksite. This includes:
  - Screening requirements and how to complete the screening.
  - Safe entrance and exit to the worksite.
  - Changes to workstation or site protocol.

- Their responsibility to prevent the spread of COVID-19 and ensure a respectful workplace culture.
- Safety precautions that differ where there are vaccinated and unvaccinated individuals. This should include the importance of maintaining a positive workplace culture.
- Additional training, support resources, and contact information to assist in successful return to work.
- Information unique to the successful operation of the worksite or position.

## Resources

- [Washington Ready](#)
- [Guidance for Non-Health Care Businesses and Organizations during COVID-19](#)
- Specific reopening requirements by type of business [COVID-19 Reopening Guidance for Business and Workers](#)
- [Secretary of Health Order 20-03.6, Face Coverings Statewide](#)
- Updated L&I requirements for [COVID-19 Prevention in the Workplace](#)
- [CDC information on close contact](#)
- CDC guidance on disinfecting facilities: [Cleaning and Disinfecting Your Facility](#)
- DOH Guidelines: [Water Supply Sanitation for Reopening Buildings](#)
- CDC Guidance: [People at Increased Risk for Severe Illness](#)
- L&I [Health Emergency Labor Standards Act \(HELSEA\), Questions & Answers](#)
- Communication and language access tools from DOH: [Communication Access Tools](#) (midway down the page)
- [Washington State Return to Worksite Coronavirus Education](#) Employee Return to Worksite Coronavirus Education available through the new Washington State Learning Center. Employees will need to confirm that they reviewed the following:
  - [Washington State Coronavirus Response \(COVID-19\)](#)
  - [Signs and symptoms](#) of COVID-19 illness
  - COVID-19 illness [risk factors](#)
  - [Preventing the spread of the coronavirus](#)
  - Effective [hand washing](#) with soap and water for at least 20 seconds
  - [Proper hygiene practices](#), including covering coughs and sneezes and not touching eyes, noses, or mouths with unwashed hands or gloves

- Additional online learning resources regarding support during extraordinary times, workplace culture, and diversity, equity and inclusion (DEI) for employees through DES: [Resources for Workforce Development](#)
- [Change management guidance for sustaining a remote or hybrid work environment](#)
- A resource document on how to be human centered during return to worksite and long-term teleworking efforts: [Talking Safety and Well-Being with Employees](#)
- [DOH Guidance for Long Term Care Facilities](#)

## Vaccinations

On August 9, 2021, Governor Inslee issued a vaccination mandate that included most state employees. The proclamation and its updates set out the requirements for state agencies to include state employees, onsite contractors, and other people who are connected to agency worksites and business. [Proclamation 21-14.3](#), is based on vaccination being a proven tool we have to fight the pandemic and the requirements take positive, science-based steps for safer environments for employees and others to conduct state business.

### Requirements and Guidelines

State agencies, as defined in the proclamation, have, and will continue to engage in action to carry out the requirements of the proclamation. OFM State Human Resources continues to develop guidance for implementing the personnel practices indicated in the proclamation.

Guidance related to employees is available to HR professionals on the HR Portal website. Questions from the HR community can be sent to OFM SHR at [shrcovid@ofm.wa.gov](mailto:shrcovid@ofm.wa.gov). New and updated guidance and resources will be provided as they are developed, and many sources of guidance already exist.

DES and OFM have established guidance on implementing the proclamation with on-site contractors. (See resources below for links to tools and guidance.)

### Vaccination verification and records

As an element of the vaccination mandate, agencies were required to review proof of full vaccination for current employees by October 18, 2021 and now will need to do this as a part of the hiring process as outlined by OFM SHR after October 18, 2021. In some cases, for cabinet agencies and some boards, commissions, and councils, this will apply to onsite volunteers and contractors (see available guidance for these circumstances). Actual verification of being fully vaccinated is required. Attestation does not meet this requirement.

Individuals who are vaccinated against COVID-19 by a two-dose mRNA vaccine (such as Moderna and Pfizer), or a single dose vaccine (such as Johnson & Johnson), are considered “fully vaccinated” two weeks after the final dose of vaccine (the second dose for a two-dose regimen, or the single dose for a single-dose regimen). Workers vaccinated outside the United States with a vaccine with a World Health Organization (WHO) Emergency Use Listing (EUL) are considered fully vaccinated if: The worker has completed the full vaccination series, AND the appropriate amount of time has



passed according to the manufacturer’s guidance for the worker to be fully protected. Meeting these criteria means a person has completed their primary series of vaccination.

Approved boosters are not required to be considered fully vaccinated at this time, however booster status is an element of determining how quarantine and isolation timelines are applied (see Isolation and Quarantine sections under Screening). In these cases, agencies will need to verify booster status and/or the period of time since the employee completed their initial vaccination series. Forms of verification and documentation described below apply in this circumstance as well.

**Vaccination verification for others:**

- Between state agencies for state agency employees – An agency can have a process that assumes the other agency employees have met the conditions of the mandate and are able to enter their worksites without additional verification. An agency can choose to verify if they have circumstances where they need to ensure someone is vaccinated rather than accommodated. If an agency has accommodated employees who may go to another agency, they need to work to ensure those employees are meeting the other agency’s expectations.
- Agencies with contractors – the system is in place per the proclamation and OFM and DES guidelines. [Proclamation 21-14.3](#), provides for an exception for certain 24/7 facilities when emergency care or response is needed (page 7-8).
- Agencies with on-site volunteers – agencies need a system in place to verify or accommodate.
- Agencies with other business partners who aren’t a contractors or state agency employees – Treat as a visitor and apply a verification or accommodation process for entry into non-public spaces.

Agencies must also follow the requirements outlined in [proclamation 21-16.1, Large Event COVID-19 Vaccine Verification](#). This includes when holding or participating in events outlined in the requirements.

Acceptable types of verification of vaccination status are:

- A CDC vaccination record card (or a printed or electronically stored photo of the card);
- Documentation of vaccination from a health care provider or electronic health record;
- A state immunization information system record; or
- For an individual who was fully vaccinated outside of the United States, a reasonable equivalent of any of the above.
- Additional information on forms of verification can be found here: [DOH COVID-19 Vaccination Verification](#)

Both sides of documentation should be included when verifying vaccination.

Agencies should keep as few records as possible in meeting the requirements of the proclamation and L&I requirements and minimize the type of information that they maintain. Agencies must follow records requirements as outlined by the Secretary of State’s Office as well as other records

requirements including consideration of public disclosure.

Considerations for data minimization include but aren't limited to:

- Keeping a log with a simple yes or no checked box to indicate vaccination status– not a copy of the vaccination card or details of vaccination. As we learn more about vaccination and boosters, agencies may consider recording the date of the last dose of vaccine and type of vaccine. The log can include the date of boosters when being verified to apply quarantine and isolation guidelines, leave for boosters, or other related action where proof of a booster is needed to conduct agency business.
- Federal guidance suggests that a log of employee names with a simple yes or no checked box, as suggested above, is confidential medical information under the Americans with Disabilities Act (ADA). Please note that, to ensure confidentiality is maintained, any such log must be kept confidential and stored separately from any employee's personnel file. Under the Public Records Act (PRA), records that are exempted from disclosure by other statutes, such as the ADA, are exempt under the PRA.
- Consult with your assigned AAG(s) as needed if you have questions.

As with other personal information, agencies should inform employees what is collected, why it is needed, where it is stored and how it will be used.

Follow the Secretary of State's requirements for records management. Updates will be posted [here](#).

## Resources

- [Proclamation 21-14.3, COVID-19 Vaccination Requirement](#)
- [Proclamation 21-16.1, Large Event COVID-19 Vaccine Verification](#)
- Tools and guidance for working with on-site contractors: [These resources are available on the Governor's website](#) and include:
  - [Contract management summary chart \[PDF\]](#)
  - [Contract management tools \[MS Word document\]](#)
  - [Sample notification letter to contractors \[MS Word document\]](#)
  - [Process for vaccine verification if delegated to the contractor \[PDF\]](#)

## Screening

When work and service delivery require contact with people outside the places we live or telework, screening is a critical part of minimizing the spread of COVID-19. Screening exists to help keep people safe and healthy by maintaining a safe and healthy workplace.

Screening can be a stressful process for those involved. Developing tools and processes that help to mitigate the stress, increase trust, and connect people to the benefits of health and safety are helpful in creating a more successful screening process.

It is also important to remember that employees are expected to contribute to a healthy workplace by complying with all safety and health practices that the employer establishes. This includes not knowingly exposing co-workers and the public to conditions that would jeopardize their health or the health of others.

An accommodation for vaccination does not preclude the following requirements for those employees, on-site contractors, or on-site volunteers when they are different or in addition to the accommodation.

## Requirements and Guidelines

### When is screening required?

- Screening is required for all employees who report to an out-of-home work location where they may be around other people, or in shared space that other people access (bathrooms, dining/kitchen areas, vehicles, etc.).
- Screening must be conducted at the start of the work shift and before the employee, customer, or business partner enters the worksite or state property (vehicle, facility, etc.). Screening can occur before an employee leaves for work to avoid unnecessary contact should the employee screen out due to symptoms or other factors.
- You do not need to screen employees who are teleworking and not accessing an out-of-home worksite.

### What is required during screening?

All screening practices must require employees, customers, and business partners to answer questions related to each singular symptom of COVID-19. In addition to symptoms, screening should include questions about potential close contact and exposure, whether the person has tested positive in the last 10 days or is awaiting results of a COVID-19 test, or if a medical or public health official has recently told them to self-monitor, isolate, or quarantine because of COVID-19 related concerns. This will help determine if the person is experiencing any signs of those symptoms that are not caused by another condition. In most cases, screening can be done through a self-attestation process using the DOH or another similar checklist prior to entering the worksite unless DOH or the CDC have specific requirements for your business or industry (i.e., 24/7 facilities). Where appropriate, screening must include questions related to current DOH and CDC guidelines on restricted travel found on the [CDC website](#). All screening must limit questions to those that are related to the job/visit and consistent with business necessity and the federal Americans with Disabilities Act.

As with all practices, employers must avoid disparate treatment of employees during screening based on nationality, race, sex, or any other protected characteristics.

- Agencies must consistently apply standard screening tools to each area of business. This means each person who responds the same way to the same questions will lead to the same results (denied or granted access, secondary screening where applicable, return-to-work process).
- Agencies must write and present their screening questions based on the current DOH requirements. In the absence of DOH, OFM, or Office of the Governor information, follow CDC information.
- Agencies are encouraged to consider documenting completion of daily employee screenings as an initial part of implementation. This helps employees adapt to the new behavior and get in the practice of checking for each symptom, which includes monitoring their temperature. While each identified symptom needs to be checked by the employee or a screener, the documentation does not require information about each specific symptom. The documenter can record a simple 'yes' to indicate the presence of symptoms or exposure so appropriate action can be taken. Do not require, or retain, any personal health information associated with this process.
- The agency or worksite should consider maintaining a log where visitors and customers are required to participate in screening when it aids in notification or public health's contact tracing. Encourage visitors/customers to provide their name and limited contact information so that we can aid others in contact tracing, if needed. This is not intended to override or interfere with any other log practices or requirements an agency follows.

### **Using a screener**

- When an agency determines the need to have a person conduct the screening process for employees or others wanting to gain access to the facility, the screener must be trained in the process, screening tool, and equipment.
- You must provide the screener with necessary PPE and sanitation supplies to minimize their exposure. If the screener is required to check temperatures of people in the screening process, you must provide the screener with a no-touch infrared thermometer.
- If temperatures are taken by the person being screened, all thermometers and related equipment must be sanitized between uses. Disposable thermometer covers are an option to consider, if available.

### **Choosing a screener**

- Clearly identify who will perform screening. There is not a specific classification identified for this work. In some cases, onsite security personnel or contracted personnel are conducting entrance screening.
- If the screener is not a supervisor or manager, consider having a supervisor or manager available for the screener to contact if they have questions or need support.

- Ensure the screener is trained in the screening process and use of PPE and supplies before conducting the screening process.

### **Secondary screening**

- The state may require a secondary screening for high-contact, mandatory coverage, high-risk worksites, such as 24/7 facilities.
- A trained medical professional must conduct a secondary screening.
- A secondary screening helps us further assess an employee who has confirmed symptoms that might indicate COVID-19 or another infectious disease. The result may be to screen “in” an employee who initially indicated a COVID-19 symptom.

### **What happens when a person passes a screen or is screened out of the workplace?**

- When an employee, customer, or business partner has affirmed, through the screening process, that they have no symptoms or meet other criteria outlined on the screen, they are granted access consistent with the facility or property standards for including face coverings, PPE, and other safety measures.
- When an employee, customer, or business partner has affirmed they have experienced a qualifying symptom(s) or meet other criteria in the screening process, they will be denied access to the facility or property. This step may involve secondary screening for high-contact, high-risk worksites such as 24/7 facilities.

### **What happens when an employee is denied access?**

- The employer should handle these scenarios on a case-by-case basis. The employer should engage in a conversation with the employee being denied access to determine if telework options are available or to inform leave status. Telework options should be considered when reasonable based on the employee’s job duties.
- If telework options are available and the employee can perform those duties, the employer should send the employee home with telework until they are cleared to return to the worksite based on the criteria in, “When can an employee return to work?” below.
- If there are no telework options, consult with your HR team and refer to [OFM SHR workforce leave guidance](#) on how to proceed. If the employee is subsequently diagnosed with the COVID-19 virus, the agency should advise the employee about other state and federal leave options that are available, depending on the circumstances.
- If the employee provides a statement from a medical professional stating that the employee does not have a contagious illness and the symptoms the employee exhibited are not because of COVID-19, the employer will grant the employee access to the worksite.

**When can an employee return to work?**

**Isolation** applies when someone tested positive for COVID-19 or has symptoms, regardless of vaccination status. It is when someone who has COVID-19 symptoms, or has tested positive, stays home and away from others (including household members) to avoid spreading their illness. An employee who has been in isolation may return to work under the following conditions:

<p><b>Employees who are symptomatic or tested positive for COVID-19, regardless of vaccination status.</b></p>	<ul style="list-style-type: none"><li>• Do not return to work for at least 5 days after the positive test or symptom onset.</li><li>• Isolation ends and they can return to work after 5 full days if employee has had no symptoms or their symptoms are improving and they are fever free for 24 hours without the aid of fever reducing medication.</li><li>• If they continue to have a fever or their other symptoms have not improved after 5 days of isolation, isolation does not end until they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms have improved.</li><li>• When returning to work, they must wear a <a href="#">well-fitting</a> upgraded mask* at the worksite for 5 additional days and then mask on an ongoing basis as outlined in this Guide and by the agency for all employees.</li><li>• If symptoms get worse or new symptoms occur, the employee should isolate until a medical professional or a negative test confirms symptoms are not related to COVID-19 or the isolation period ends as described above.</li><li>• If an employee was severely ill or are immunocompromised, they should let the agency know, isolate at least 10 days and consult a doctor before ending isolation.</li></ul>
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<p><b>Employees who test positive for COVID-19 and are asymptomatic, regardless of vaccination status.</b></p>	<ul style="list-style-type: none"><li>• Do not return to work for at least 5 days after the positive test.</li><li>• Isolation ends after 5 full days if the employee has not developed any symptoms.</li><li>• When returning to work, they must wear a well-fitting upgraded mask* at the worksite for 5 additional days and then mask on an</li></ul>
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	<p>ongoing basis as outlined in this Guide and by the agency for all employees.</p> <ul style="list-style-type: none"> <li>• If symptoms develop, follow requirements for isolation when symptomatic above.</li> </ul>
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- Calculating Isolation. If you have symptoms, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed.

If you have not had any symptoms, day 0 is your positive viral test date (the date you were tested). Day 1 is the first full day after the specimen was collected for your positive test.

- \*Upgraded masks referenced above include double masking, KN 95s, or N 95s. Fit testing is not required under these circumstances as long as the employee has a choice in which mask to wear or the mask requirement is for source control (keeping the workplace and others safe during the remainder of the 10-day isolation or quarantine period).
- When notifying employees about their need to isolate and before their return to work, include information about the potential for a longer isolation if they are or become severely ill or are immunocompromised. Let them know a healthcare provider or infection control expert is the best resource to recommend the best timeframe.

**Quarantine** is when someone who has been exposed to COVID-19 stays home and away from others for the recommended period of time in case they were infected and are contagious. Quarantine becomes isolation if the person later tests positive for COVID-19 or develops symptoms.

<b>Employees who have had close contact, exposure, or potential close contact or exposure to someone with COVID-19.</b>	
<p><b>If the employee is <a href="#">up to date</a> on their vaccinations (including all doses and boosters as outlined below):</b>          Has completed their primary series of an approved vaccine and recommended booster(s)  <b>OR</b>          Completed the primary series of Pfizer or Moderna vaccine within the last 5 months  <b>OR</b>          Completed the primary series of J&amp;J vaccine within the last 2 months  <b>OR</b>          Completed all additional primary shots for immunocompromised employees (3 doses)  <b>OR</b>          Completed the primary series of a WHO approved vaccine and it is within the</p>	<ul style="list-style-type: none"> <li>• No quarantine required.</li> <li>• When returning to work, they must wear a well-fitting upgraded mask* at the worksite for 10 days and then mask on an ongoing basis as outlined in this Guide and by the agency for all employees.</li> <li>• Recommend testing 5 days after close contact.</li> </ul> <p><i>If they have or develop symptoms or have a positive test result, apply the requirements of isolation</i></p>

<p>timeframe where a booster is not yet recommended (primary series has not reached the point of diminished effectiveness where a booster is recommended).</p>	
<p><b>If the employee:</b> Had a confirmed case of COVID-19 within the last 90 days as indicated by a viral test result, has subsequently recovered and remains without COVID-19 symptoms.</p>	<ul style="list-style-type: none"> <li>• No quarantine required.</li> <li>• Wear a well-fitting upgraded mask* at the worksite around others for 10 days and on an ongoing basis as required by this Guide and by the agency for all employees.</li> <li>• Monitor for symptoms for 10 days after close contact.</li> </ul> <p><i>If they have or develop symptoms or have a positive test result, apply the requirements of isolation</i></p>
<p><b>If the employee:</b> Completed the primary series of Pfizer or Moderna vaccine over 5 months ago and has not received the recommended booster(s) <b>OR</b> Completed the primary series of J&amp;J over 2 months ago and has not received the recommended booster(s) <b>OR</b> Completed the primary series of a WHO approved vaccine and has not been boosted at the point the booster(s) is recommended. <b>OR</b> Has not completed their primary vaccine series. <b>OR</b> Is unvaccinated</p>	<ul style="list-style-type: none"> <li>• Quarantine is required for at least 5 full days.</li> <li>• Do not return to a worksite for 5 full days.</li> <li>• Continue to wear a well-fitting upgraded mask* at the worksite around others for 5 additional days and as required by the workplace.</li> <li>• To return to work before 10 days, a negative test result is required at least 5 days after close contact or exposure.</li> <li>• Monitor for symptoms for 10 days after close contact.</li> </ul> <p><i>If they develop symptoms testing is recommended and apply the requirements of isolation pending the test result and then act accordingly. If testing doesn't occur, apply isolation requirements accordingly.</i></p>

- Calculating Quarantine: The date of your exposure to the person with COVID-19 during their contagious period is day 0. Day 1 is the first full day after your last close contact with the person with COVID-19.
- \*Upgraded masks referenced above include double masking, KN 95s, or N 95s. Fit testing is not required under these circumstances as long as the employee has a choice in which mask to wear or the mask requirement is for source control (keeping the workplace and others safe during the remainder of the 10-day isolation or quarantine period).



Infectiousness usually begins 2 days before symptoms or if no symptoms, 2 days before test results, and will last throughout the duration of symptoms, or 10 days after a positive test. If a person with COVID-19 is isolating for 5 days followed by 5 days of consistent mask use out of isolation because their symptoms were improving or gone on day 5, people around them are not exposed during days 6-10 so long as the case is wearing a well-fitting mask. If the case is not wearing a well-fitting mask, close contacts on days 6-10 are considered exposed to COVID-19.

In the case of close contact or exposure (defined on page 31) an employee may return to work when:

- They meet the quarantine requirements above or at the point the suspected case's test came back negative.
- When an employee is in the same household (or similar exposure) as someone else who is isolating/positive or symptomatic with the virus, and they are required to quarantine as outlined above, their quarantine starts the first day they are no longer exposed to someone who has the virus. In many cases this is someone the employee lives with, so it means when the person with the virus no longer needs to isolate (see criteria above).

For example, the person who is sick meets all the criteria and can stop isolating in 5 days. That is the point when the employee living with the person who was sick, starts counting their quarantine period consistent with the quarantine requirements outlined above. In this case, if the employee requires quarantine, they could be out of the worksite for 10 days as long as they don't become symptomatic or test positive.

- If an employee is exposed to someone who was exposed to COVID-19, the employee may return to work but must monitor themselves for symptoms for 10 days from the last exposure. If symptoms are present, the employee would be screened out of the worksite. Follow the requirements for 'return to work' as you would for any other employee in this situation.
- If the employee meets the criteria for quarantine but provides a statement from a medical professional stating the employee does not need to quarantine or the employee does not have a contagious illness and the symptoms the employee exhibited are not because of COVID-19, the employer will grant the employee access to the worksite.
- Side effects from vaccination do not require someone to quarantine. If they are clearly from vaccination, the person would be able to attribute the symptoms to another condition. Common side effects are explained [here](#).

[Return to work](#) criteria can vary for certain professions who have close contact with others. Refer to CDC and DOH guidelines for additional information on those professions. One example is [available](#)

[here](#) when they are immunocompromised.

There may be special considerations for certain businesses such as health care facilities and residential care facilities. For example, the CDC recently updated their [work restriction recommendations for healthcare personnel \(HCP\)](#). To ensure occupational health and safety, agencies should refer to and follow all applicable worksite requirements outlined by the Department of Labor and Industries (L&I) for specific business types.

- The criteria and process for all state 24/7 facilities [is outlined in the health care personnel criteria for isolation and quarantine](#). Interim direction from DOH can also be found [here](#). Additional updates will be provided through the DOH and OFM.
- Guidelines for additional congregate settings can be found [here](#) and [here](#) under the specific section related to congregate settings.

### **Testing and what type of test can be used**

Agencies will establish a process to approve work time for employees when testing is requested for return to work. This should include letting the employee know who to work with to arrange for scheduling the test and providing the results. Agency approval is needed to authorize the payment of any employee test costs or approved time to get tested.

Employees must wait to receive a negative test result from a test taken no sooner than day 5 after the close contact and provide the negative test documentation to the employer before returning to work when testing is required for an earlier return to work. If no test result is provided, the employee may return to work after 10 days of quarantine as long as they meet the other requirements for return to work (e.g. no symptoms, etc.). See additional guidance below on type of test required and documentation for proof of test results.

When test results are used to provide worksite access, the test needs to be done by a health care provider, local health jurisdiction, pharmacy, other community-based testing site, or worksite testing program. The test needs to be an antigen or PCR (molecular) test unless otherwise specified, and the actual test result needs to be reviewed if allowing return to work or other types of access to worksites or others as a part of work (see Documentation and Records below for specific verification requirements). This does not apply to 24/7s or other congregate care settings when a different approach has been authorized by DOH or the CDC.

### **Work-related travel**

Work-related travel should be aligned with the stage of reopening an agency is engaged in and the Governor's reopening guidelines as determined by the agency director or designee. For instance, if an agency is operating only essential in person services, then travel should be limited to essential travel. If an agency has moved to broader reopening for on-site services and activities, work related

travel can align with those types of function.

When an employee travels as a function of their employment, all the guidance outlined in [Proclamation 20-83.2](#), DOH and the CDC guidelines will be applied. Isolation and quarantine requirements may be different for people who have traveled. In these cases, the agencies must follow the quarantine requirements related to travel when they apply to the workplace.

#### **What happens when someone refuses to be screened?**

- If an employee, customer, or business partner refuses to participate in the screening process, they will not be allowed access to the worksite/property.
- Each agency has unique circumstances in managing this situation. Make sure you have protocol in place to respond to this situation and it's recommended you ask your assigned AAG to review the protocol before it is finalized. Include notice of refusal protocols in communications to employees, customers, and business partners.

#### **Does an agency need to report cases of COVID-19?**

Reporting to Local Health Jurisdictions: Agencies must notify the local health jurisdiction within 24 hours if the employer suspects COVID-19 is spreading in the agency's workplace, or if the agency is aware of two or more employees who work at a state facility or state worksite that develop confirmed or suspected COVID-19 within a 14-day period. Notification is provided to the local public health jurisdiction where the employees work.

- Do not base your reports on "word of mouth" or rumored reports. Base them on first-hand information from the employee with the virus or another credible information source (e.g., health care provider, authorized family member).
- Suspected cases are when an employee is not a confirmed case of COVID-19, but they have symptoms consistent with COVID-19 and are getting tested, or they are quarantining because of possible exposure to someone who has COVID-19 and they have not yet been tested.
- Agencies will work with their local health jurisdictions to establish the best reporting protocol for reporting cases or suspected cases. This will include who provides the notification. In some cases, local health jurisdictions may no longer want reports given contact tracing systems they have in place now. (See link below for local health jurisdiction contact information.)
- Agencies will tell the involved employee(s) about the notification and what information the agency has shared.

**Reporting to L&I:** Agencies will notify L&I about cases under certain circumstances based on [RCW 49.17.062](#). In general, reporting requirements are triggered if there are COVID-19 outbreaks of 10 or more employees at workplaces or worksites with more than 50 employees or worksite exposures occur (worksite means the building, store, facility, agricultural field, or other location where the qualifying individual worked. "Worksite" does not include any buildings, floors, or other locations of

the employer that the qualifying individual did not enter.).

- Details on notifications can be found here: [L&I Q&A Reporting and Notification Requirements of HELSA and PPE Usage and in this emergency rule:   
<https://content.govdelivery.com/accounts/WADLI/bulletins/2ec329a>](#). They provide information on the reporting requirements including what to count when determining if there is an outbreak and when to provide L&I, employee, and union notification.
  - Report to L&I by calling DOSH 1-800-4BE-SAFE (1-800-423-7233), and using the option to report fatalities, hospitalizations, amputations, or loss of an eye.

### **Documentation and records**

- You must maintain all documented screening assessments consistent with state records and retention laws and policy. This includes following any requirements to safeguard confidential information under other laws, such as HIPAA and the ADA.
- Screening records have the primary purpose of ensuring a safe workplace for agency employees. Categorize these records as Entry/Exit Logs – Facilities (DAN GS 25009) for retention purposes. (See “[Using records retention schedules](#)” (August 2020) on the Secretary of State website under “COVID-19 Screening Records Advice” for more information.)
- In addition to the criteria outlined under vaccination and personal protection equipment and safety equipment, you may request vaccination status under these circumstances:
  - To determine length of isolation and quarantine, and
  - To approve leave when someone requests leave for primary series or booster vaccination
  - To approve leave or work time when testing is required or requested by the employer..

Records retention requirements may vary in each circumstance. For example, we consider proof of vaccination to avoid quarantine part of the screening process we outlined above. Proof of vaccination for leave approval is associated with the records requirements related to leave. Consult with the Secretary of State’s information and your assigned AAG(s) as needed.

- You may request a COVID-19 test result to verify if an employee is approved to return to work (as outlined in the section on isolation and quarantine above). Apply records retention requirements and consult with the Secretary of State’s information and your assigned AAG(s) as needed.

Proof of a negative COVID-19 test includes the original, a copy, a photo of a document, **or** other communication from the test provider or laboratory that shows

- The first and last names of the individual tested.

- The type of test performed (must be molecular or antigen).
- The date the specimen was collected (must be on or after day 5 post-exposure/close contact).
- A negative result.

Agencies may use a similar form of record keeping for test results as outlined for vaccination records (page 17).

- If the employer receives a public records request or a request from a union for employee records related to COVID-19, seek advice from your assigned AAG(s).

### **Employee orientation**

- You must provide employees with the screening tool and process as a part of their orientation before they return to work for the first time, *and* updates when the tool or practices have changed. The orientation will include information about the level of confidentiality in the screening process and any related documentation.

### **Customer and business partner notification of screening**

- Customers and business partners can review information about the screening tool and process before screening. Agencies are required to provide meaningful language assistance and communication access services about the process.
- The information will include the screening process' level of confidentiality and any related documentation.

### **Resources**

- July 2, 2021 [DOH Guidance for Non-Health Care Businesses and Organizations for COVID-19](#)
  - DOH's updated [24/7 Screening Guidelines](#)
- [OFM SHR workforce leave guidance](#)
- [DOH Isolation and Quarantine guidance](#) and [CDC Quarantine and Isolation guidance](#)
- [COVID-19 Vaccines for Moderately or Severely Immunocompromised People | CDC](#)
- [DOH COVID-19 Travel Restrictions](#)
- [Washington Local Health Jurisdiction Contact Information](#)
- Communication and language access tools from DOH: [Communication Access Tools](#)
- Sample County COVID-19 Case Reporting Process (process may vary by county): [Suspected or Confirmed Cases of COVID-10 to Thurston County Public Health & Social Services](#)

- [Proclamation 20-83.2](#), Travel Restrictions

## Personal protective equipment and safety equipment

### Requirements and Guidelines

We require personal protective equipment and other safety equipment in certain circumstances.

This guidance reflects recent changes by the CDC, L&I, DOH, and the Governor's Office as we work to reopen Washington. We have used a measured approach to apply standards based on CDC, DOH, and L&I guidance for congregate, indoor public facing, indoor non-public facing, and outdoor settings. We need to continue to have safety measures in place to protect employees and customers/clients as we continue to encourage increased vaccination and understand the impacts of COVID-19.

An accommodation for vaccination does not preclude the following requirements for those employees, on-site contractors, or on-site volunteers when they are different or in addition to the accommodation.

#### **Employees and contracted service providers**

We know the vast majority of employees and on-site contractors will be vaccinated adding additional safety to worksites. We also know that due to the Delta and Omicron variants and transmissions, there are protective measures that need to be added to vaccination to assist in workplace safety and reduce the transmission of COVID-19.

#### Masking in indoor and outdoor settings

State employees are required to mask in indoor settings unless a higher level of protection is required or they meet the criteria for working alone (see below).

[Proclamation 20-25.17](#) and the [Order from the Secretary of Health, 20-03.6](#), outline a mask mandate and the L&I workplace standards for ensuring enforcement of masking in relation to vaccination status. For state employees and contractors, we are building on the Order and requiring masking in all indoor settings unless "working alone" as described below.

Removing one's mask is allowed in most outdoor settings, but there are exceptions. These orders include requirements for masking in outdoor settings where there are 500 or more people. In addition, employees and contractors are required to wear face coverings in any crowded outdoor setting when it isn't feasible to meet physical distancing from others at a worksite. 24/7 facilities need to continue to follow the requirements from the CDC and DOH related to those facilities.

The [L&I requirements](#) on masking, vaccination and the removal of masks will be met by agencies given mask removal will not be allowed in indoor settings and specified outdoor settings.

For employees who require PPE and masks based on COVID-19 requirements and their duties follow the guidelines below:

- Provide PPE such as gloves, goggles, face shields and face masks to employees. At a minimum, you must provide the required cloth face coverings for employees. An employee may choose to use their own cloth face covering if it meets L&I and DOH standards.
- Employees who don't work alone must wear a cloth or equivalent facial covering on the jobsite unless their exposure dictates a higher level of protection under L&I safety and health rules and guidance or isolation or quarantine requirements outlined in this Guide. Refer to the [Order of the Secretary of Health 20-03.6](#) for a list of the types of face coverings permitted. Additional resources can be found at [Coronavirus Facial Covering and Mask Requirements](#) and the updated recommendations from the CDC on [Improve How your Mask Protects You](#) for additional details. Double masking or the use masks with higher protection are also considerations as outlined by DOH and the CDC.
- Someone 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 can work alone throughout the day may vary. Note, when someone meets the standard for "working alone", they do not have to mask regardless of vaccination status.

**Examples of working alone include when the person has little or no expectation of in-person interruptions:**

- A lone worker inside the enclosed cab of a crane or other heavy equipment, vehicle, or harvester.
- A person by themselves inside an office with four walls and a door.
- A lone worker inside of a cubicle with 4 walls (one with an opening for an entryway) that are above the head of the seated or standing desk cubicle worker, and whose work activity will not require anyone to come inside of the cubicle.
- A worker by themselves outside in an agricultural field, the woods or other open area with no anticipated contact with others.

**For cubicles, 'alone' means:**

- The employee's face is below the height of the panels, typically while seated. The furniture panels act as a barrier to virus aerosols and droplets expelled if an employee is speaking, coughing, or sneezing.
- When an employee's face is at or above furniture panel height and there are other people in the area, a face covering shall be worn. This includes when the employee leaves the cubicle space. Vaccinated employees who want to wear a mask where it isn't required may do so unless it creates a safety concern.
- Some employees might not be able to wear face coverings or certain types of PPE due to disabilities, medical, or religious reasons. If so — and if the employee requests reasonable accommodation — employers must try to accommodate unless it poses an undue hardship. Accommodation could include allowing telework, leave, temporary change in work duties,

modified work schedule or workspace, enhanced PPE, etc. Work with your HR team and L&P AAGs when needed.

- If an employee refuses to wear required PPE or mask and the supervisor has worked with HR to determine there is no reasonable accommodation, consult with your HR Team and with your assigned L&P AAG, as needed.
- Service providers that contract with state agencies must follow the same employee PPE standards unless L&I or DOH requirements state otherwise. Agencies must amend contracts as needed to address these expectations, which include informing their employees or involved business partners.
- Employees working with deaf or hard of hearing peers or clients may temporarily remove masks during communicating to accommodate facial expression and lip reading.

**Customers and visitors are required to wear face coverings and may be required to use other PPE**

- Customers and visitors are required to wear face coverings in some settings. This is outlined in the DOH [Secretary of Health Order 20-03.6, Face Coverings Statewide](#), and [L&I Requirements and Guidance for preventing COVID-19](#).
- Refer to the [Order of the Secretary of Health 20-03.6](#) for a list of the types of face coverings permitted.
- Provide clear written masking and, where needed, physical distancing requirements at the entry point. To assist in compliance agencies may choose to keep a supply of disposable masks at the entry to offer customers who do not have one.
- For customers who are unable to wear a face covering, agencies are encouraged to offer some kind of accommodation for the customer such as curbside pickup, delivery, or a scheduled appointment when physical distancing and/or other barriers can protect employees and other customers and visitors.
- Agencies must post signs and information, so customers are aware of the expectations and how their efforts help keep everyone healthy and safe. When practical, agencies will give this information to customers before the customers attend appointments or come to a worksite for services. Agencies may consult with their assigned L&P and program AAGs in developing and implementing their policy and protocols.
- In some cases, customers may be required to use other PPE. This requirement helps prevent the spread of virus to employees and other customers and visitors.
- The CDC and DOH define exposure as contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus (coughed on, other exposure to aerosols/droplets, etc.). They define close contact as someone who was within 6 feet of someone with COVID-19 for a cumulative total of 15 minutes or more within a 24-hour period. This includes when people are wearing face coverings. This is based on the approach that experts use for contact tracing. It's a gauge to drive other more defining questions. Exposure can happen in less than 15 minutes. When contact occurs with someone



who is contagious, the local health jurisdiction or health provider may ask additional questions to determine if someone may have been exposed in a shorter period of time. For instance, the virus can quickly spread if someone coughed, sneezed, or exhibited other behaviors. This reinforces the need to limit choke or contact points, consider physical distancing in crowded spaces, use required face coverings and PPE, and follow cleaning and sanitation protocol.

### **Implementing face covering requirements for customers and visitors**

If a customer or visitor is not wearing a face covering, agencies should take the following steps:

- An agency representative or employee should politely educate the customer or visitor about the public health requirement to wear a mask or face covering. Agencies may choose to keep a supply of disposable masks to offer customers who do not have one.
- If the individual still declines to wear a mask or face covering, the agency representative or employee should politely ask if the person has a medical condition or disability or religious reasons that prevents them from wearing a mask. Agencies **cannot** ask about the details about a person's specific medical condition or disability and **cannot** ask for proof or documentation.
- For customers who are unable to wear a face covering, agencies are encouraged to offer some kind of accommodation for the customer such as curbside pickup, delivery, or a scheduled appointment when physical distancing and/or other barriers can protect employees and other customers and visitors.
- If a customer or individual refuses to wear a face covering but does not have a medical condition or disability that prevents them from wearing a mask, the agency representative or employee must politely say that the agency cannot serve them and that they need to leave the premises. Under no circumstances should the agency representative or employee attempt to physically block an individual from entering or physically remove them from the premises unless directly associated with the authority and expectation of their position (i.e., law enforcement).
- If the individual refuses to leave, the agency representative or employee should follow whatever procedures they normally follow if an individual refuses to leave the establishment when asked to do so (this includes contacting local law enforcement to indicate that the individual is trespassing).
- Agencies will make this part of their reopening and maintenance planning and consult with their assigned L&P and program AAGs in developing and implementing their policy and protocols. Agencies must post signs and information, so customers are aware of the expectations and how their efforts help keep everyone healthy and safe. When practical, agencies will give this information to customers before the customers attend appointments or come to a worksite for services.

### **Accessing PPE and masks**

- The Department of Enterprise Services, the State Emergency Operations Center, and DOH have created a system to help agencies secure PPE, cloth face coverings and COVID-19-related cleaning supplies. The DES website outlines the process for various supplies, and we linked it as a resource below.

To access masks and other PPE through DOH, follow the directions found here:

<https://www.doh.wa.gov/AboutUs/ProgramsandServices/EmergencyPreparednessandResponse/PPEBackstop#heading90112>

- The Department of Corrections Correctional Industries will also provide access to some PPE, cloth face coverings, and cleaning supplies. The DOC website outlines the process and we linked to it below.

## Resources

- Governor Inslee [Proclamation 21.14.3](#), COVID-19 Vaccination Requirement
- [Secretary of Health Order 20-03.6, Face Coverings Statewide](#) including what face coverings are permitted.
- Department of Labor and Industries FAQs on masks: [Coronavirus \(COVID-19\) Common Questions Regarding Worker Face Covering and Mask Requirements](#)

CDC recommendations for improving face covering protection:

- [Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021](#)
- [Improve How Your Mask Protects You](#)
- CDC guidance for agencies on obtaining and maintaining PPE supply: [Strategies to Optimize the Supply of PPE and Equipment](#).
- Information from DES regarding the contracting and purchasing of PPE: [Acquiring PPE and Supplies for Your Agency](#).
- For PPE and face covering supplies at DOC Correctional Industries, visit [washingtonci.com](http://washingtonci.com) (see Safety Products).
- [L&I Requirements and Guidance for Preventing COVID-19](#)
- DOH [Resources](#) for masks and face coverings.
- EEOC guidance on COVID-19 and the ADA: [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)
- [Overview of COVID-19 Statewide Face Covering Requirements](#) from the Office of the Governor
- [CDC information on close contact](#)
- [CDC guidelines on international air travel](#)
- Secretary of State guidance on [Managing COVID-19 Pandemic Records](#)

## Where these requirements come from

### General authorizing sources

- Washington State Coronavirus Response Website: [Washington Ready](#)

- Governor Inslee’s [Proclamation 20-25.17](#)
- Governor Inslee [Proclamation 21-14.3](#), COVID-19 Vaccination Requirement
- [Order of the Secretary of Health 20-03.6](#), Statewide Face Coverings
- [Healthy WA - Roadmap to Recovery](#)
- [Proclamation 21-16.1, Large Event COVID-19 Vaccine Verification](#)
- [L&I Workplace Safety and Health Guidance](#)
- [OSHA Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#)
- [DOH Workplace and Employer Resources & Recommendations](#)
- Centers for Disease Control and Prevention: [Coronavirus Disease 2019 \(COVID-19\)](#) and [Opening Up America Again](#)
- [COVID-19 symptoms](#)
- [CDC guidance document](#) for case investigation and contact tracing

#### **Authorizing sources for prioritizing services**

- Additional ideas from L&I for agencies to use for facility preparation: [General Requirements and Prevention Ideas for Workplaces](#)

#### **Authorizing sources for facility preparations**

- L&I and DOH standards for Washington business requirements: All businesses have a general, legal obligation to keep a safe and healthy worksite for a variety of workplace hazards. In addition, they must comply with the following COVID-19 worksite-specific safety practices outlined in the Governor’s ‘Washington Ready’ [Proclamation 20-25.17](#) , L&I’s [General Requirements and Prevention Ideas for Workplaces](#), and DOH’s [Workplace and Employer Resources & Recommendations](#).
- [State of Washington’s COVID-19 Reopening Guidance for Businesses and Workers](#)
- OSHA [Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#)
- CDC Cleaning Guidelines: [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

#### **Authorizing sources for vaccination mandate**

[Proclamation 21-14.3](#), COVID-19 Vaccination Requirement

[State Government General Records Retention Schedule v.6.2 \(August 2021\)](#) is available at:

<https://www.sos.wa.gov/archives/recordsmanagement/state-agencies-records-retention-schedules.aspx>

The new COVID-19 related records series is on p.91.

#### **Authorizing sources for Screening**

- Department of Health’s Employee Screening Guidelines: [Guidance for Daily COVID-19 Screening of Staff and Visitors](#)
- Secretary of State’s COVID-19 Screening Records Advice: [See Using Records Retention Schedules and Managing COVID-19 Pandemic Records](#)
- Gov. Inslee’s [Proclamation 20-25.17](#)
- [DOH Isolation and Quarantine guidance](#)
- [CDC Isolation and Quarantine Guidelines](#)

#### **Authorizing sources for personal protective equipment and safety equipment**

- Governor Inslee’s [Proclamation 20-25.17](#)
- [L&I Guidelines for Workplace Safety and Health](#)
- DOH, Secretary’s Order on Face Coverings: [Order of the Secretary of Health 20-03.6](#)
- [CDC Using Personal Protective Equipment \(PPE\)](#)
- [CDC information on close contact](#)
- [Washington Coronavirus Hazard Considerations for Employers \(except hospitals/clinics\)](#): Face coverings, masks, and respirator choices.