

2021

Healthy Washington – Roadmap to Recovery

Phased reopening of Washington state agencies
Version 5

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. If you have questions, contact Cheryl Sullivan-Colglazier at cheryl.sullivan-colglazier@ofm.wa.gov.

Monthly Updates: We will update this guide, as needed, on the 15th of each month or the following business day. These changes will provide agencies with timely information so they can adjust or add to their plans to meet the updated requirements.

- **Introducing the Healthy WA, Roadmap to Recovery Guide.** The governor launched a new approach to reopening our state. We are updating the name of this guide to reflect that change. Over the next month, we will also update forms and resources to reflect the new name and approach.
For state agencies, this does not mean significant change. The guide requirements are consistent with the new approach. As we indicate on page 6, agencies may require additional coordination based on the governor's new, regional approach to phases. We will update agencies when we release more recovery roadmap details.
- **Page 5:** Added a reference to make sure agencies submit their required vaccination plan as they work to reopen.
- **Page 13:** Added a requirement for agencies to include current travel restrictions in the workplace screening process.
- **Page 15:** Added a direct link to the OFM SHR workforce leave guidance.
- **Page 15:** Updated requirements for isolation, quarantine, and return-to-work so they are consistent with direction from DOH, OFM, and the Governor's Office.
- **Page 17:** Changed the due date for the monthly COVID-19 workplace spread report. This is now due on the fifth business day of the month instead of the first business day.
- **Page 17:** Clarified that 24/7 facilities do not need to submit the monthly OFM report on worksite COVID-19 spread as long as OFM SHR has access to the facility's COVID-19 case count each month. Updated the definition of "suspected case."
- **Page 18:** Updated screening resources to include OFM SHR leave guidance and the DOH travel restriction requirements for quarantine.
- **Page 18:** Added a link to the DOH travel restrictions.

Table of contents

Introduction	4
How to prioritize and open services	4
Requirements and Guidelines	5
Assess what business objectives are being met through telework and technology	5
Determine what services the agency is not providing beyond the COVID-19 emergency response ...	5
How reopening guidelines change by county	6
How we will collect and measure data	6
Resources	7
How to prepare your facility	7
Requirements and Guidelines	7
Co-located agencies	7
Residential care, health care, and related facilities	8
Mandatory social distancing	8
Occupancy	8
Frequent and adequate handwashing	9
Routine and frequent cleaning	9
Establish protocols to address sick employees.....	10
Educate employees	10
Resources	11
Screening	12
Requirements and Guidelines	12
When is screening required?	12
What is required during screening?.....	13
Using a screener	13
Choosing a screener	14
Secondary screening	14
What happens when a person passes a screen or is screened out of the workplace?	14
What happens when an employee is denied access?.....	14
When can an employee return to work?	15
What happens when someone refuses to be screened?.....	16
Does an agency need to report cases of COVID-19?	16
Documentation and records	17
Employee notification and orientation.....	17
Customer and business partner notification	17
Data collection and measurement.....	18
Resources	18
Personal protective equipment and safety equipment	18
Requirements and Guidelines	18
Employees and contracted service providers	18
Customers and visitors are required to wear face coverings and may be required to use other PPE ²⁰	
Implementing face covering requirements for customers and visitors.....	20
Accessing PPE and cloth face coverings.....	21
Resources	21

Where these requirements come from22
General authorizing sources 22
Authorizing sources for prioritizing services..... 22
Authorizing sources for facility preparations..... 22
Authorizing sources for Screening 23
Authorizing sources for personal protective equipment and safety equipment 23

Introduction

This guide provides clarity and describes the requirements and guidelines agencies need to take as the state reopens, and is consistent with Gov. Jay Inslee’s Healthy Washington - Roadmap to Recovery direction to all Washington businesses and organizations.

We will model the way by slowly turning the dial, and using data and science in how we implement our safety practices for the ultimate goal of COVID-19 prevention.

Our guiding principles:

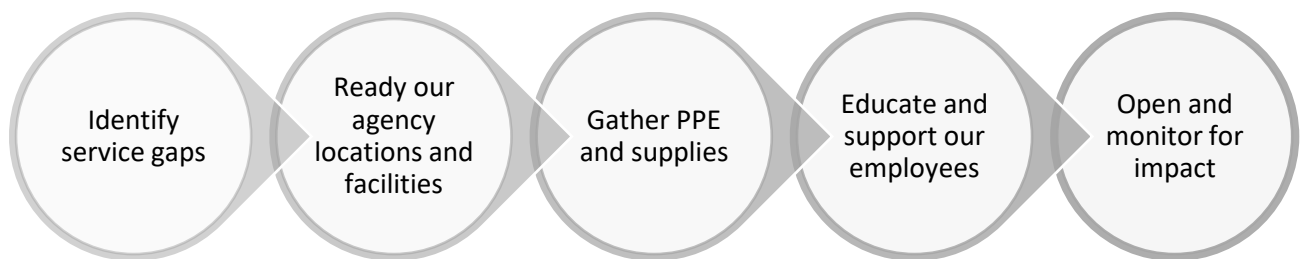
- Make sure employee and customer safety comes first.
- Use the best public health and safety practices.
- Provide timely and equitable public service.

To apply these principles, we need to implement agency requirements and guidelines that allow adaptability in a safe and responsible manner. Our main goal is to keep our employees and customers safe and healthy while we continue the work of government and minimize the spread of COVID-19.

This includes requiring employees to comply with all safety and health practices and standards that the employer establishes. Employees will contribute to a healthy workplace. This includes not knowingly exposing co-workers and the public to conditions that would jeopardize their health or the health of others.

The Washington State DOH, L&I, and OFM State Human Resources/Governor’s Office partnered with agency leaders to create 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 COVID-19 related requirements.

This guide lays out the key parts to our reopening strategy and how we can maintain state agency worksites:



How to prioritize and open services

The COVID-19 pandemic has changed the way we work. While we have learned a great deal about our capacity to perform many of our functions through telework and technology, we need to keep prioritizing that approach when it makes business sense *and* when it helps us minimize the spread of COVID-19.

To safely reopen, your Healthy Washington - Roadmap to Recovery plan must include ongoing support of a workforce that can continue to accomplish business outcomes through telework, while identifying the work employees must do on premise worksites, and/or a hybrid of the two.

You must identify service delivery needs or gaps to determine what part of the workforce needs to be maintained and/or returned to worksites. You also need to implement safety measures on how to prepare employees, customers, equipment, supplies, and facilities.

Requirements and Guidelines

Assess what business objectives are being met through telework and technology

- Continue to provide services where teleworking employees meet service and performance expectations.
- Maximize the use of telework and technology to meet business needs. If an employer or business partner doesn't need to be at a state worksite to perform all or some of their duties, support them achieving their work objectives at their telework site.
- 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 onsite due to COVID-19 symptoms, exposure, or infection. This will occur when the person feels healthy enough to achieve assigned work objectives.

Determine what services the agency is not providing beyond the COVID-19 emergency response

- Prioritize which service gaps to close based on agency mission and objectives.
- Determine which service gaps you close through expanded telework and technology solutions.
- Establish a plan to close those gaps.
- Determine which service gaps require an employee to be onsite to close.
- Determine which employees must perform some or all of their work on site to achieve those services.
- Establish a staged approach, for employees to return to worksites, that allows the agency to meet reopening requirements outlined in this guide.
 - Make sure the plan considers the agency's need for and access to face coverings, equipment or other personal protective equipment to meet expectations.
- Cabinet agencies need to submit an OFM vaccine request plan to State HR. Non-cabinet agencies and higher education may consult with State HR if they are submitting vaccination plans.

How reopening guidelines change by county and region

- Each county and region may differ in how far along it is in the reopening process. Some counties and regions will be more open than others based on the new [Healthy WA - Roadmap to Recovery](#) process. In many cases, this guide is aligned with those phases as they focus on essential business and essential workers in those businesses.
- If you have worksites or operations in a **more restrictive region**, 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 region**, you may proceed with your plan to reopen those sites as long as you follow the requirements in this guide. The phases in the governor's Healthy Washington - Roadmap to Recovery plan act as a minimum standard for how businesses, counties, and regions can reopen. As state organizations, we will take a cautious approach to the phases because each phase has unique aspects to consider. Businesses and organizations in regions may open at a faster pace than the field offices or agencies as we take the appropriate steps to safely return employees back to worksites and provide services to Washingtonians.
- If you have worksites and operations specifically outlined in the governor's general Healthy Washington - Roadmap to Recovery phases or business requirements (see bulleted list below), 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.
 - The governor's [COVID-19 Reopening Guidance for Businesses and Workers](#)

How we will collect and measure data

- OFM will establish statewide data collection and measurement as we learn more about implementation, and can create efficient systems for tracking important indicators of success.
- Each agency will report the status of their Healthy Washington - Roadmap to Recovery reopening plan and include how they continue to prioritize telework options. These reports will be periodically added to statewide leadership meetings with agency directors, deputy directors and HR managers.
- Each agency will submit a request for review and approval to reopen a facility(s) or service(s).
 - OFM reviews and approves cabinet agency plans to reopen services or have employees re-enter state operated facilities on a regular basis. Agencies must use [this form](#) to initiate the process. Facilities and institutions that provide 24/7 care and services do not need to receive additional approval when adding or increasing services within a facility that has already been open before Oct. 15, 2020. Instead, they must submit a consultation request on their plan before they add or expand services.

Cheryl Sullivan-Colglazier is the point of contact for these reviews and consultation. You can reach her at cheryl.sullivan-colglazier@ofm.wa.gov or at 360-489-5628.

- The Governor’s Policy Office is responsible to review and approve cabinet agency reopening activity when an event or specific business function occurs outside of a state facility. This includes services and activities such as in-person testing for professional certification or related training (non-state employee specific), inspections, child welfare visits, etc. done by state employees or state contractors. Sheri Sawyer is the point of contact for these reviews. You can reach Sheri at sheri.sawyer@gov.wa.gov or at 360-480-9321.
 - Non-cabinet state agencies and organizations must follow the requirements of the governor’s Healthy Washington - Roadmap to Recovery plan. The form and Healthy Washington - Roadmap to Recovery Guide for state agencies can serve as planning tools. They may also consult with [Cheryl](#) or [Sheri](#) for assistance.
- We outline additional data collection and reporting requirements in applicable sections below.

Resources

[Healthy WA - Roadmap to Recovery](#)

Examples of approved reopening plans

- [Washington State Historical Society History Museum](#)

How to prepare your facility

Occupancy, physical layout, staggering shifts, 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.

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. Make sure there is an adequate supply of required PPE for employees who will be at the worksites, with purchase plans in place for ongoing PPE needs.

Co-located agencies

When agencies are co-located in a facility, agency leaders must coordinate to align practices for access and entry points, shared space/common areas, and PPE for employee, customer, and business partner health and safety.

Residential care, health care, and related facilities

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

Mandatory social distancing

Employers must make sure all employees keep at least six feet away from co-workers and the public, when feasible. Other prevention measures are required such as using barriers to block sneezes and coughs and improving ventilation when social distancing isn't possible. This could include enhancing ventilation in common areas, increasing the amount of outdoor air coming into the building, and running the system longer than normal.

- Prevent gatherings of any size by taking shifts to eat meals, perform activities, or take a break. When two or more people must meet, they must have at least six feet between them and wear a face covering unless they need additional PPE.
- Place face shields or sneeze guards throughout the worksite at all places of potential interaction between service providers and clients.
- Apply methods that could include:
 - Reducing the number of employees, customers, and business partners in or at the worksite at a given time.
 - Controlling movement through choke points, elevators, stairwells, and other limited space areas to maintain social distancing standards or determine adequate PPE.
 - Providing expectations for common areas such as bathrooms, kitchens, etc.

Occupancy

Be strategic and deliberate about the number of people present in a worksite. Introduce mandatory social distancing protocol at workstations, common areas, points of entry and exit, and potential “choke” points where physical space gets smaller as people pass through an area and the risk of close contact increases.

While there are fewer concerns for more remote and outdoor worksites, you must still apply applicable occupancy or distancing requirements to commonly used areas and locations where contact is more likely to happen. You must limit the number of people in a worksite so you can maintain at least 6 feet between people and minimize the potential of close contact. In some cases, specific businesses or services may have additional occupancy rates or limits to how many people can gather. (See [COVID-19 Reopening Guidance for Business and Workers](#) and consult with OFM and your AAG(s) for application and reopening clarification).

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 must 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, leave their workstations for breaks, 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 also includes making sure you also provide hand cleaning supplies in vehicles.

Routine and frequent cleaning

- Establish a housekeeping schedule to address regular, frequent, and periodic cleaning with a particular emphasis on commonly touched surfaces.
- Frequently clean and disinfect high-touch surfaces at locations and in offices, such as shared tools, machines, vehicles and other equipment, handrails, doorknobs, and restrooms. Make sure these surfaces are properly disinfected on a frequent or periodic basis using a bleach solution or other EPA-approved disinfectant (see link to CDC cleaning guidelines below).

In addition to standard Occupational Safety and Health Administration and L&I requirements for use of chemicals and employee safety, you must provide sanitation workers appropriate PPE for these tasks and train them on work expectations. If these areas cannot be cleaned and disinfected frequently, you must shut down these locations until your worksite can achieve and maintain these measures.

- Provide appropriate and adequate cleaning supplies for scheduled cleaning (include spot cleaning) after a suspected or confirmed COVID-19 case.
- Make sure someone is in charge of 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, DOH, or L&I.
- 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.).

Establish protocols to address sick employees

Employers must establish procedures that:

- 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
- Follow cleaning guidelines set by the CDC (see link below) to deep 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 deep-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 advanced 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 if they are at increased or might-be-increased risk for severe illness, 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 employees know:

- 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 social distancing, frequent handwashing and other precautions.

- The importance of hand washing and how to effectively wash hands with soap and water for at least 20 seconds.
- 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. (See link below on requirements to address increased-risk employees or might-be-increased-risk employees.)

The orientation should also include information that helps the employee understand what to expect when they return to the worksite. This includes:

- Screening requirements.
- Safe entrance and exit to the worksite.
- Changes to work station or site protocol.
- Their responsibility to prevent the spread of COVID-19 and ensure a respectful 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

- Specific reopening requirements by type of business [COVID-19 Reopening Guidance for Business and Workers](#)
- Additional ideas from L&I for agencies to use for facility preparation: [General Requirements and Prevention Ideas for Workplaces](#)
- [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](#)
- Governor Inslee Proclamation 20-46.2, [Employees at increased risk - memo 7-29-20](#) ;
[Proclamation 20-46.2 Increased Risk Employees](#)
- 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](#)
- 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](#)

Screening

When work and service delivery requires contact with people outside the places we live or telework, screening is a critical part of minimizing the spread of COVID-19. When employees and customers are accounting for symptoms and quarantine to avoid contact with others, the state can more quickly and safely expand service delivery and reopen. Screening exists to 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.

Our ability to reduce the impact of COVID-19 — given the number of employees, business partners, and customers involved — warrants us taking a more cautious screening approach that aids safety and health.

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 within six feet or less of 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.).

- 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. These are outlined in [DOH's COVID-19 Symptom Screening guidance](#). This will help determine if the person is experiencing any signs of those symptoms that are not caused by another condition. Where appropriate, screening must include questions related to current [DOH COVID-19 Travel Restrictions](#). 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.
- We strongly encourage agencies to document 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.
- The agency or worksite must maintain a log where visitors and customers are required to participate in the screening. 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 requires 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, they are granted access consistent with the facility or property standards for social distancing, face coverings, PPE, and other safety measures.
- When an employee, customer, or business partner has affirmed they have experienced a qualifying symptom(s) as identified 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 the priority. If the employee is denied access based on screening, the employer will exhaust all options for teleworking for the employee. These options could include having work packets or mobile work stations ready to check out.

- 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 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:

- If the employee is symptomatic:
 - They are without a fever (100.4 or above) for at least 24 hours without the use of fever reducing medication; and
 - Their symptom(s) has improved and they are able to work (loss of taste and smell may persist for weeks or months after recovery and doesn’t delay the end of isolation); and
 - There has been at least 10 days since the symptom(s) first appeared.
- If the employee tested positive with no symptoms:
 - They continue to have no symptoms, and
 - 10 days have passed since the date of the positive test.
- **Exception:** Employees who return after a severe case of COVID-19, or employees who are severely immunocompromised and return after a confirmed case of COVID-19, may need to isolate longer than 10 days and up to 20 days. A healthcare provider or infection control expert will recommend the best timeframe. Refer to the CDC’s return to work [guidelines](#), adopted by DOH, for more information.
- Alternatively, an employee may return to work if they get tested to see if they still have COVID-19, they can return to work when they have no fever, respiratory symptoms have improved, and they receive two negative test results in a row, at least 24 hours apart.

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.

In the case of close contact or exposure, an employee may return to work when:

- They are at or beyond the 14-day quarantine period or at the point the suspected case's test came back negative.
- The CDC and DOH have included two shorter exceptions to return to work when there are extraordinary circumstances. The criteria and process for 24/7s is included in the [DOH guidance for 24/7 facility screening](#). For other agencies facing critical staffing restraints that jeopardize essential services, these circumstances require consultation with OFM, and in some cases, the local health jurisdiction. Contact Cheryl Sullivan-Colglazier at cheryl.sullivan-colglazier@ofm.wa.gov or OFMSafeStart@ofm.wa.gov
- [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
- 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. 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 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.

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 ask your assigned AAG to review the protocol before it is finalized. Include notice of refusal in communications to employees, customers and business partners.

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

- 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).

- Agencies must notify OFM State HR of this information. This helps us increase a statewide awareness of spread in our facilities and worksites. (See Data Collection and Measurement below.)
 - 24/7 facilities do not need to do this report as long as OFM SHR has access to monthly COVID-19 case counts for each facility.
- 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. (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.

Documentation and records

- You must maintain all documented screening assessments and results 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.)
- 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 notification and 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

- 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.

Data collection and measurement

Agencies must notify OFM State HR when they contact Local Health Jurisdictions about the potential spread of COVID-19 at a worksite using the [COVID-19 Agency Incident Reporting OFM](#) form. This helps us increase a statewide awareness of spread in our facilities and worksites. Agency representatives will submit these reports on the fifth business day of each month for the previous month's incidents to OFM by emailing SafeStartReporting@ofm.wa.gov. Reporting is not required if there are no incidents to report.

Resources

- Examples of screening tools as of June 2020. Screening tools will require the addition of new symptoms added by DOH on July 2, 2020.
 - In person, documented screening example: [COVID-19 Staff Screening Form](#)
 - Verbal screening example: [Employee, Vendor, and Worksite Visitor Screening Questionnaire](#)
 - Washington State Department of Transportation: [COVID-19 Symptoms Check Form](#)
 - DOH's updated [24/7 Screening Guidelines](#)
- [OFM SHR workforce leave guidance](#)
- [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](#)
- [DOH guidelines on isolation and quarantine for COVID-19](#)
- [What to do if you have COVID-19 symptoms but have not been around anyone diagnosed with COVID-19](#) from the Department of Health

Personal protective equipment and safety equipment

Requirements and Guidelines

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

Employees and contracted service providers

- Provide PPE such as gloves, goggles, face shields and face masks (when appropriate or required) to employees. At a minimum, you must provide cloth face coverings for employees (when appropriate or required). An employee may choose to use their own cloth face covering if it meets L&I and DOH standards.
- Every employee who doesn'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. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details. You also can visit the DOH website to read more about [cloth facial coverings](#).

- 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.

Examples of working alone include:

- 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 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 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.
- 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 work space, enhanced PPE, etc. Work with your HR team and L&P AAGs when needed.
 - If an employee refuses to wear required PPE or face coverings 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.

- You must provide and maintain adequate supplies to support frequent and adequate hand washing. Use single-use disposable gloves, where safe and applicable, to prevent transmission on equipment and items that are shared, and discard after a single use.

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. This is outlined in the DOH Secretary's, [Order of the Secretary of Health 20-03](#), and the governor's [Proclamation 20-25.6](#).
- 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.
- Agencies will make sure social distancing requirements or barriers are in place to minimize close contact and identify areas where close contact is still happening. This can help agencies determine if other PPE is required.
- The CDC and DOH 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, require 6 feet of physical distancing, use required face coverings and PPE, and follow cleaning and sanitation protocol.
- Agencies will follow the best practices outlined by the Office of the Governor in the [Overview of COVID-19 Statewide Face Covering Requirements](#).

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 to 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 cloth face coverings

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

- Department of Labor and Industries FAQs on masks: [Coronavirus \(COVID-19\) Common Questions Regarding Worker Face Covering and Mask Requirements](#)
- CDC instructions on how to make your own cloth face mask: [How to make cloth face coverings.](#)
- 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](#) (see Safety Products).
- Workplace guidance on [“Which mask for the task”](#).
- [Resources](#) for [June 23 order](#) for cloth face coverings in most areas. Effective June 26.
- 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](#)

Where these requirements come from

General authorizing sources

- Washington State Coronavirus Response Website: [Healthy WA - Roadmap to Recovery and Guidance for Reopening](#)
- [Healthy WA - Roadmap to Recovery](#)
- [L&I Workplace Safety and Health Guidance](#)
- [U.S. Department of Labor Guidance on Preparing Workplaces for COVID-19](#)
- [DOH Workplace and Employer Resources & Recommendations](#)
- Centers for Disease Control and Prevention: [Coronavirus Disease 2019 \(COVID-19\)](#) and [Opening Up America Again](#)
- [What to do if you have symptoms but have not been around anyone who has been diagnosed with COVID-19](#)
- [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 ‘Stay Home, Stay Healthy’ [proclamation](#), 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](#)
- [CDC Interim Guidance for Business and Employers](#)
- CDC Cleaning Guidelines: [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

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 20-25.6: [reporting COVID-19 cases](#)

Authorizing sources for personal protective equipment and safety equipment

- [Gov. Inslee’s proclamation 20-25.6](#)
- [L&I Guidelines for Workplace Safety and Health](#)
- DOH, Secretary’s Order on Face Coverings: [Order of the Secretary of Health 20-03](#)
- [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.