

2022

COVID-19 Resource Document for Washington state agencies

Version 1

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. Previously, the Washington State Department of Health, Department of Labor and Industries, Office of the Governor and Office of Financial Management have partnered with agency leaders and subject matter experts to develop the *Healthy Washington – Roadmap to Recovery* guide which was designed to provide clarity for state agencies in applying assessment and implementation for our overall return to workplaces, while applying COVID-19 related requirements.

Effective November 1, 2022, the *Guide* is no longer necessary as the state of emergency and its associated proclamations expire on October 31, 2022. It now makes sense to re-align agency practices and return to a normal state of business. This re-alignment will give flexibility to agencies to meet unique business needs while also empowering agencies to ensure they are able to adapt to the current state of public health, which may include localized considerations.

To replace the *Guide*, we have developed this document containing resources to help you as you transition to a more normal, pre-pandemic work environment, while maintaining the safety of your employees and those you serve.

Providing Accommodations for Employees

- Effective November 1, 2022, agencies should be working with their assigned Assistant Attorney General to determine what is the most suitable accommodation for employees based on public health guidance, Title VII/ADA laws, business needs, and the employee's individual needs.

Masking Guidance for Employees

- Effective November 1, 2022, agencies should be working with their internal health and safety professionals and reviewing current LNI/DOH/CDC employer guidance to determine what masking requirements (if any) should exist for their workplace. While we are moving away from a centralized policy on this, we also wanted to share the following:
 - Masking should always be welcomed and employees who choose to wear a mask should always be supported.
 - The Secretary of Health's face covering (masking) [Order 20-03.9](#) may continue beyond October 31, 2022, for certain state workers based on job duties; agencies must continue to comply with those requirements where appropriate.
 - Agencies may choose to implement stricter requirements than the LNI/DOH/CDC recommendations if that makes sense for their business needs. However:
 - If you have represented staff, please reach out to your assigned labor negotiator to discuss whether there is a need to provide labor with notice and opportunity to bargain.

- If you are seeking to implement requirements that do not apply to all employees, please work with your assigned Assistant Attorney General to obtain legal advice on any options you are considering.
- Future enterprise-wide masking requirements may change if the public health situation changes in the future.

Agencies may encourage customers and visitors to wear masks at worksites. This may include providing masks, signage, and other resources to make masks available and create an environment where wearing a mask is supported for an individual's health.

Additional Considerations

Co-located agencies

When agencies are co-located in a facility, agency leaders should 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 employees', customers' and business partners' health and safety, where applicable and practical.

Residential care, health care, and related facilities

Special requirements may be 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.

Contact Exposure and Close Contact

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.). To find out more about close contact, visit the [DOH](#) and [CDC](#) websites.

Vaccination verification and records

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 directive 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.
- 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, posted [here](#).

Reporting cases of COVID-19

Agencies should continue to work with their local health jurisdictions to establish the best reporting protocol for reporting cases or suspected cases, as required by the LHJ. This will include who provides the notification. In some cases, LHJ may no longer want reports given the contract tracing systems they have in place now.

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.). Here is a link to the [LNI COVID-19 case reporting requirements](#).

Resource Links

Governor Inslee [Directive of the Governor 22-13.1](#)

[Change management guidance for sustaining a remote or hybrid work environment](#) (OFM)

[Cleaning and disinfecting your facility](#) (CDC)

[Communication Access Tools](#) (DOH)

[COVID-19 symptoms](#) (CDC)

[COVID-19 Community Levels by County](#) (CDC)

[COVID-19 and what to do if you were potentially exposed](#) (DOH)

[COVID-19 Reopening Guidance for Businesses and Workers](#) (GOV)

[COVID-19 Vaccine safety and effectiveness](#) (with list of vaccines) (DOH)

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](#)

[Face Coverings Order - Statewide](#) (DOH)

[Guidance for Long Term Care Facilities](#) (DOH)

[Guidance for Non-Healthcare Businesses and Organizations during COVID-19](#) (DOH)

[Guidance on COVID-19 Screening](#) (DOH)

[Health Emergency Labor Standards Act Implementation](#) (LNI)

[Improve How your Mask Protects You](#) (CDC)

[Isolation and Quarantine calculator](#) (DOH)

[LNI Requirements and guidance for preventing COVID-19](#)

[OSHA Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#)

[Personal Protective Equipment \(PPE\) Backstop](#) - access masks and other PPE (DOH)

PPE and face covering supplies at DOC Correctional Industries, visit washingtongi.com (see Safety Products).

[Preventing the spread of the coronavirus](#) (CDC)

[Reporting and Notification Requirements of HELSA and PPE Usage](#) (LNI)

Resource documents on how to be human-centered during return to the worksite and long-term teleworking efforts: [Talking Safety and Well-Being with Employees](#) (OFM)

[Resources for masks and face coverings](#) (DOH)

[Return to work](#) criteria (CDC)

[“Stay Up to Date with COVID-19 Vaccines Including Boosters”](#) (CDC)

[Testing for COVID-19](#) (DOH)

[Use and Care of well-fitting masks](#) (CDC)

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

[Workplace and Employer Resources & Recommendations](#) (DOH)

[Work restriction recommendations for healthcare personnel \(HCP\)](#) (CDC)