Healthy Washington – Roadmap to Recovery

Phased reopening of Washington state agencies

Version 21
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 5** – Updated L&I requirements for COVID-19 Prevention in the Workplace title and link
- **Page 7** – Added June 30, 2022, directive establishing ongoing policy related to vaccination requirements.
- **Page 12** – Moved “Establish Protocols to address sick employees.” Was previously in the section on “How to prepare your facility.”

**Throughout the Guide** –

- Removed sections of the Guide that were no longer relevant or where the guidelines or guidance exists through the original authorizing source (DOH, L&I, CDC, etc.).
- Added references to Governor Inslee’s June 30, 2022, directive establishing ongoing policy related to vaccination requirements.
- Updated various links due to authorizing authority updates (DOH, L&I, CDC, etc.).
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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 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.

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.

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, Face Coverings Statewide
- Updated L&I Requirements and guidance for Preventing COVID-19
• 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 (HELSA), 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:
  o Washington State Coronavirus Response (COVID-19)
  o Signs and symptoms of COVID-19 illness
  o COVID-19 illness risk factors
  o Preventing the spread of the coronavirus
  o Effective hand washing with soap and water for at least 20 seconds
  o 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 21-14.5, 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. In addition, Proclamation 21-08.1, Safe Workers, was released to provide further protections from adverse actions to workers related to vaccination and other safety precautions related to COVID-19.
In addition, on June 30, 2022, Governor Inslee issued Directive of the Governor 22-13 to executive cabinet, small cabinet, and agencies under the authority of certain boards, councils, or commissions. This directive establishes an ongoing policy related to employee and volunteer vaccination requirements. While it doesn’t change the practice in place currently for employees, volunteers, and contractors as established in Proclamation 21-14, it does make changes to pre-employment requirements which will be in effect at the conclusion of the rulemaking process which is anticipated in September 2022, as well as potential changes for current employees beginning July 1, 2023, subject to the state meeting its collective bargaining obligations.

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. 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 employees. 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 section 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 – this system is in place per the proclamation and OFM and DES guidelines. Proclamation 21-14.5, provides for an exception for certain 24/7 facilities when emergency care or response is needed (page 7-8).

Additional assessment is needed for on-site contractors who primarily work outdoors. In some cases, proof of vaccination is no longer required as outlined in Proclamation 21-14.5. In determining how this applies to your contractors, “primarily” needs to take in to account the work or activities that is performed outside and that the contractor typically has very limited and infrequent indoor contact with other contractors, volunteers, clients, or employees at the work site and often have more ability to physically distance from others. Agencies may consider imposition of other health and safety measures, such as masking, when proof of vaccination is not required in these circumstances.

- Agencies with on-site volunteers – agencies need a system in place to verify or accommodate.

Additional assessment is needed for on-site volunteers who primarily work outdoors. In some cases, proof of vaccination is no longer required as outlined in Proclamation 21-14.5. In determining how this applies to your volunteers, “primarily” needs to take in to account the work or activities that is performed outside and that the volunteer typically has very limited and infrequent indoor contact with other contractors, volunteers, clients, or employees at the work site and often have more ability to physically distance from others. Agencies may consider imposition of other health and safety measures, such as masking, when proof of vaccination is not required in these circumstances.

- Agencies with other business partners who aren’t contractors or state agency employees – Treat as a visitor and apply a verification or accommodation process for entry into non-public spaces.

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 21-14.5, COVID-19 Vaccination Requirement
- Directive of the Governor 22-13, June 30, 2022
- Proclamation 21-08.1, Safe Workers
- 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 practices 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.

- 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.

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 on how to proceed. If the employee is subsequently diagnosed with the COVID-19 virus, the agency should advise the employee about 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.
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.

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. (See page 25 for more detail on notification requirements.)
- Follow cleaning guidelines set by the CDC (see link below) and L&I 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 and L&I.
- Keep workers away from areas being cleaned.

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:
### Employees who are symptomatic or tested positive for COVID-19, regardless of vaccination status.

- Do not return to work for at least 5 days after the positive test or symptom onset.
- 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.
- 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.
- When returning to work, they must wear a well-fitting 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.
- 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.
- 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.

### Employees who test positive for COVID-19 and are asymptomatic, regardless of vaccination status.

- Do not return to work for at least 5 days after the positive test.
- Isolation ends after 5 full days if the employee has not developed any symptoms.
- When returning to work, they must wear a well-fitting 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.
- If symptoms develop, follow requirements for isolation when symptomatic above.
• 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.

Use the [DOH Isolation and Quarantine Calculator](#) to assist with this process.

*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).

With this type of use of filtering facepiece respirators (such as N95s) the employer is not required to have a written respirator program, conduct medical clearances, or do fit testing. There is a training requirement to provide information from [Table 2 of the rule](#) which basically addresses limitations of using respirators in these situations and in particular that the employee must avoid situations where respirators are required or where other respiratory hazards may exist.

• 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.

| Employees who have had close contact, exposure, or potential close contact or exposure to someone with COVID-19. |
|---|---|
| **If the employee is up to date on their vaccinations as defined by the CDC.** | **No quarantine required.** |
|  | • 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. |
|  | • Recommend testing 5 days after close contact. |
|  | • Monitor for symptoms for 10 days after close contact. |
If they have or develop symptoms or have a positive test result, apply the requirements of isolation

| If the employee: 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. | • No quarantine required.  
• 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.  
• Monitor for symptoms for 10 days after close contact. |

| If the employee:  
Completed the primary series of Pfizer or Moderna vaccine over 5 months ago and has not received the recommended booster(s)  
OR  
Completed the primary series of J&J over 2 months ago and has not received the recommended booster(s)  
OR  
Completed the primary series of a WHO approved vaccine and has not been boosted at the point the booster(s) is recommended.  
OR  
Has not completed their primary vaccine series.  
OR  
Is unvaccinated | • Quarantine is required for at least 5 full days.  
• Quarantine ends and they can return to work after 5 full days if employee has had no symptoms.  
• When returning to work, they must wear a well-fitting upgraded mask* at the worksite for 5 additional days (days 6-10) and then mask on an ongoing basis as outlined in this Guide and by the agency for all employees.  
• Monitor for symptoms for 10 days after close contact.  

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. |

*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).
With this type of use of filtering facepiece respirators (such as N95s) the employer is not required to have a written respirator program, conduct medical clearances, or do fit testing. There is a training requirement to provide information from Table 2 of the rule which basically addresses limitations of using respirators in these situations and in particular that the employee must avoid situations where respirators are required or where other respiratory hazards may exist.

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 16) 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 may differ. Agencies with these facilities will consult the appropriate guidance for the type of health care or congregate setting. Agencies may also consult with DOH as needed.

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 the 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 and worksite precautions 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.

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 (worksites 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.
  
  o 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 15).

• 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 6, 2022, DOH Guidance for Non-Health Care Businesses and Organizations for COVID-19
• DOH Isolation and Quarantine guidance and Exposure Guidance
• 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.

This also requires creating and reinforcing a positive workplace culture where employees, business partners, and customers are supported in following required and elective safety precautions. As we move into this next stage of Washington’s reopening, we know some people will want to continue to wear masks in workplace settings where they are no longer required. We also know some will be eager to remove their masks where they are no longer required in the workplace. Both behaviors are acceptable and supported in our workplaces. As we continue to adapt to these changes, how we treat one another makes an important difference in accomplishing our workplace goals and in reinforcing respectful workplace policies and practices. In addition, proclamation 21-08.1 outlines protections and employer requirements related to safe workers.

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

Masking in indoor and outdoor settings

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

Masking requirements have changed in much of the state. Proclamation 20-25.19 and Order from the Secretary of Health, 20-03 and the L&I workplace standards outline masking requirements for the state. State agencies will continue to meet these requirements, and, in some cases, we will take a more restrictive approach for workplace safety. The masking requirements for state agencies who are required to follow this Guide are outlined in the State Agency Mask Guidelines.

These guidelines provide the requirements for masking in different workplace settings. It is also important to remember, if there are more restrictive requirements specific to your type of business or required by a local authority or jurisdiction, those more restrictive requirements must be followed.

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 unless a higher standard is required. An employee may choose to use their own cloth face covering if it meets L&I and DOH standards.

• Where masking is required, 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 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.

• 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.

• 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.

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 21.14.5, COVID-19 Vaccination Requirement

• Directive of the Governor 22-13, June 30, 2022

• Governor Inslee Proclamation 20-25.19, Washington Ready and Secretary of Health Order 20-03.8, 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 (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

• 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 20-25.19

• Governor Inslee Proclamation 21-14.5, COVID-19 Vaccination Requirement

• Governor Inslee Directive of the Governor 22-13 COVID-19 Vaccination Standards for State Employees

• Order of the Secretary of Health 20-03, Statewide Face Coverings
- Healthy WA - Roadmap to Recovery
- 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 20-25.19, L&I’s General Requirements and Prevention Ideas for Workplaces, and DOH’s Guidance for Non-Healthcare Businesses and Organizations during COVID-19.

- 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 21-14.5, COVID-19 Vaccination Requirement

Directive of the Governor 22-13, June 30, 2022


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 20-25.19
• DOH Isolation and Quarantine guidance
• CDC Isolation and Quarantine Guidelines

Authorizing sources for personal protective equipment and safety equipment
• Governor Inslee’s Proclamation 20-25.19
• L&I Guidelines for Workplace Safety and Health
• DOH, Secretary’s Order on Face Coverings: Order of the Secretary of Health 20-03
• How to protect yourself & others (CDC)
• CDC information on close contact
• Washington Coronavirus Hazard Considerations for Employers (except hospitals/clinics): Face coverings, masks, and respirator choices.