2021

Healthy Washington – Roadmap to Recovery

Phased reopening of Washington state agencies

Version 14

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: Changed Roadmap to Recovery reference to Washington Ready.

Page 6: Provided information about having a largely vaccinated workforce and the Guide applying safety measures with that as our foundation. Removed the timelines for agency plans as the dates are no longer relevant.

Page 9: Eliminated the need for agencies to get approval from OFM for large conferences or events. Outlined criteria that need to be considered in making decisions. Includes the reference to proclamation 21-16 Large Event COVID-19 Vaccine Verification.

Page 11: Updated reference to co-located agencies to clarify the various directives and orders to include in plans and agreements. Updated "mandatory physical distancing" to reflect the vaccination mandate and DOH and L&I guidance. These are reflected in the updated State Agency Mask and Physical Distancing Guidelines as well. Remove the information about accessing vaccine since employees will already be vaccinated or accommodated and new employees will get the information as a part of the hiring process.

Page 12: Included considerations related to vaccination status for occupancy considerations.

Page 15: Updated the "employee education" section to include safety precautions that may differ based on vaccination status and the importance of paying attention to workplace culture in the process.

Page 16: Updated section on vaccination so it has current references and direction.

Page 17: Added the definition of being fully vaccinated and clarified an approved booster is not required to be fully vaccinated at this time.

Page 18: Removed information about data reporting that is no longer relevant.

Page 19: Added that an accommodation related to vaccination does not preclude screening requirements.

Page 20: Referenced agencies being encouraged to consider screening documentation.

Page 23: Updated the timeline for testing of fully vaccinated people who have a close contact or exposure from 3-5 days to 5-7 days after contact. This is consistent with a CDC update. Reinserted the provision about a person who had COVID-19 not needing to quarantine if all conditions are met. Added information about what types of COVID-19 tests are authorized when a negative test result is needed.

Returned the information about people who had COVID-19 not needing to quarantine if it is within a certain timeline.

Page 24: Added information about what types of tests can be used.

Page 28: Removed notice that vaccination verification related to masking might change after October 18, 2021. Added that an accommodation related to vaccination does not preclude PPE and safety requirements. Updated the matrix that was initially used to carry out the L&I requirement for masking and physical distancing requirements related to vaccination status. The matrix is now the State Agency Mask and Physical Distancing Guidelines. It focuses on where masking and physical distancing is required in relation to type of worksite and who is present at the worksite. Added reference to contractor and volunteer agreements for vaccination can be coordinated with those for masking. Modified PPE requirement statement to focus on masks and other COVID-19 related requirements.
Provided the alternative approach to monitoring for L&I mask requirements being met.

Page 29: Emphasized (underline) working alone includes they're isolated from interaction with other people and have little or no expectation of in-person interruption.

Throughout Guide – Introduced the change of having a workforce that is primarily vaccinated. Included that requirements also apply to those employees or others who have an approved accommodation related to vaccination. Updated version references to Proclamation 21-14.2, 20-25.17, Secretary of Health Order 20-03.6, and the updated State Agency Mask and Physical Distancing Guidelines.

Table of contents

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:

Identify service gaps & opportunity for improvement → Ready our agency worksites & strengthen telework practices → Gather needed equipment and supplies → Educate and support our employees → Open and monitor for impact

How to prioritize and open services

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

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

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

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

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

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

Requirements and Guidelines

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

- Determine what remaining services and functions the agency needs to perform at a facility, worksite, or in-person in the community to meet agency goals and mission.

- Create or update an action plan that outlines steps and timelines for reopening those services and closing other gaps that require in-person presence to achieve.

- Use information from employees and customers about business gaps and how best to close them. Pulse surveys and other means for gathering information from employees are recommended.
  - Supervisors should meet with their employees as a group or individually to discuss return to the workplace, ideas for improvement and telework options to inform the reopening plan.

- Collaborate with your facilities staff on the use of workspaces in your planning. Consider that future workspaces may be used differently than office spaces of today and use this opportunity to help with the transition. In particular, consider the agencies will not be creating 2 workplaces for each employee (one remote and one in the office). Staff who mostly work remotely likely will not have an individual dedicated workspace in the office. Revised workspace guidelines are being developed to reflect this approach. The OFM Facilities Oversight and Planning Team have provide this [guidance](#) to assist agencies in planning. If changes to the workplace are made, they shouldn't incur substantial cost increases that aren't offset by cost savings.

- Adopt practices that help the agency achieve the goals of universal access, equity, and inclusion.

- Ensure plan implementation allows the agency to meet reopening requirements outlined in this guide.

- Make sure the plan includes the steps needed for:

  - Employee awareness, readiness, and training, including allowing time to adjust to any needed schedule changes. Provide a reasonable amount of notice and time for employees to adjust. Sixty-day notice is recommended unless the employee wants to return sooner or business needs drive a quicker return for essential services.

  - Apply change management strategies including communicating updates to employees regularly and foreshadowing changes to come to help them prepare. (See resource section below for tools and guidance.)

  - Facility readiness.

  - The agency's need for and access to face coverings, equipment, supplies, or other personal protective equipment to meet expectations.

- o Creating or updating the agency Commute Trip Reduction plan and incorporating those changes into agency practices allowing for future reporting on commute trip reduction. In most cases, an agency's CTR rates for telework should increase given what we've learned from our experience during the pandemic; and

- o Exit and return strategies should COVID-19 risks increase leading to the need to temporarily stop certain in-person services or on-site work.

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

- Consider maintaining these approaches when service and business expectations are being met. Use the information gathered from employees and customers to inform what is working or what improvements can be made for success. This may include different hybrid telework or flexible schedules.

- Continue the use of telework, flexible schedules and technology to meet business needs where possible. If an employee or business partner doesn't need to be at a state worksite or work a traditional schedule to perform all or some of their duties, support them achieving their work objectives at their telework site and/or with a flexible schedule.

- Ensure review and determination of telework eligibility and flexible schedules and make updates to HRMS and other related records to reflect any changes. Use a telework agreement with employees as a part of this process. An example template is available [here](#).

- Follow OFM State HR guidelines for the use of telework when an employee who is required to be on site is temporarily unable to work on site due to COVID-19 symptoms, exposure, or infection. This will occur when the person feels healthy enough to achieve assigned work objectives.

How reopening guidelines change by county or local public health jurisdiction

- Each county or local public health jurisdiction may differ in how they approach reopening. It is important to take into consideration county and local public health requirements as a part of reopening services and worksites.

- If you have worksites or operations in **a more restrictive county or public health jurisdiction,** follow local public health guidelines, updated direction from DOH, L&I, OFM, or the Office of the Governor, and consult with your assigned AAG(s).

- If you have worksites or operations in a **less restrictive jurisdiction,** you may proceed with your plan to reopen those sites as long as you follow the requirements in this guide.

- If you have worksites and operations specifically outlined in the governor's [COVID-19 Reopening Guidance for Businesses and Workers](#) or other state authorized guidance, you must follow those requirements when they are more restrictive, unless OFM provides an exception. If you contract or have oversight for those types of businesses within a facility or worksite you operate, you

must make sure those providers are meeting the expectations as a part of your contract or agreement.

How we will collect and measure data

- Each agency will be prepared to report the status of their Healthy Washington - Roadmap to Recovery reopening plan and include how they continue to utilize telework options and flexible schedules. Plans need <u>not</u> be submitted to OFM for approval.

- Agencies will report to OFM the percentage of positions that have been designated telework eligible and the percentage of employees who are teleworking. Agencies will be provided information about when reporting will begin to allow for adjustments to be made as employees begin to return and telework and at worksite schedules are formalized. Additional information will be provided on format and frequency of reporting. Setting a process to gather and report this data should be a part of each agencies planning process.

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

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

What is the approval process to reopen facilities and services

- Agencies have shifted to the phased reopening approach identified above. Plan approval is no longer needed. OFM is still available for consultation to support agencies in this transition. If your agency would like consultation on facility or worksite issues, contact Cheryl Sullivan-Colglazier. You can reach her via OFMSafeStart@ofm.wa.gov or at 360-489-5628.

- Review and approval are no longer required through OFM for state agency sponsored conferences or symposiums that will include in-person participation. Agencies must ensure they are meeting requirements from the Governor's Office, DOH, and L&I in doing so. This includes special guidelines for events outlined in [proclamation 21-16, Large Event COVID-19 Vaccine Verification, effective November 15, 2021](#).

  - Conferences and symposiums, for this purpose, are considered large (50+ people), in-person gatherings that include participants from other agencies or businesses. They focus on networking, engagement in discussion and exploration of business matters of a common concern or interest, education and sharing of ideas to improve an area of business, profession, or body of work. They typically last for multiple hours or days.

  - Consider why the conference/symposium is necessary at the scheduled time; the purpose and anticipated attendance at the conference/symposium; why in-person participation is necessary; and how current required safety and health measures will be met.

Resources
- [Washington Ready](#)

- [OFM Re-Entry Space Use Guidelines for Reentering the Workplace](#)

- [OFM Space use, footprints and telework planning for HR and Facilities Staff](#)

- **Change management resources and tools** to assist supervisors and employees during the planning stages of returning to work in the office or a hybrid schedule. Tools found on [this page](#) include:
  - Strategies for supervisors and leaders to effectively prepare and support employees;

  - Checklist for employees to think about to help prepare them for returning to the office or a hybrid schedule;

  - Document for Change Management/Process Improvement specialists to use as a roadmap to manage the change in different work environments; and

  - Conversation starters for the transition to return to the office.

- [Remote Work Resources (Telework)](#)

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

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

- [GO Pulse Check Survey Sample](#)

How to prepare your facility

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

Requirements and Guidelines

Make sure to complete cleaning, sanitation, HVAC and water system preparation and maintenance, and physical layout preparation before employees return to specific worksites and facilities. Where

required, make sure there is an adequate supply of PPE and/or source control for employees who will be at the worksites or providing in-person services, with purchase plans in place for ongoing PPE needs to meet the requirements outlined by the Governor's Office, DOH, L&I, OFM and the CDC.

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

Co-located agencies

When agencies are co-located in a facility, agency leaders must coordinate to align practices to the extent possible for access and entry points, shared space/common areas, and where applicable, PPE and agreements for the process of removing masks and physical distancing when vaccinated for employee, customer and business partner health and safety. Plans and agreements should also be in place to meet vaccination, mask, and 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.

Mandatory physical distancing

Currently, physical distancing continues to be required in some settings. Determining factors are vaccination status (unvaccinated or status unknown) of the people in the worksite and type of worksite or location.   Where required, employers must make sure employees keep at least six feet away from co-workers and the public, when feasible as outlined in the [State Agency Mask and Physical Distancing Guidelines](#). Other prevention measures are required such as using barriers to block sneezes and coughs and improving ventilation when physical distancing isn't possible.

To protect employees, customers, and business partners, where feasible:

- Enhance ventilation and air flow in common areas, increasing the amount of outdoor air coming into the building, and running the system longer than normal. See the [Guidance for Non-Health Care Businesses and Organizations during COVID-19](#).

- 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 or meet criteria related to being vaccinated.

- 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:

  o Reducing the number of employees, customers, and business partners in or at the worksite at a given time.

  o Controlling movement through choke points, elevators, stairwells, and other limited space areas to maintain physical distancing standards or determine adequate PPE.

  o Providing expectations for common areas such as bathrooms, kitchens, etc.

Occupancy

Be strategic and deliberate about the number of people present in a worksite. Where required by the state agency masks and vaccination guidelines, introduce mandatory physical 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.

Occupancy rates changed for the state as a whole June 30, 2021. In most cases occupancy rates have returned to normal. Agencies must continue to plan to meet physical distancing requirements which could adjust the number of people who can enter certain areas. The ability to physically distance, apply barriers and use face coverings or other PPE to mitigate close contact are important drivers in decision making. This also requires taking into consideration different precautions when an area will be occupied by people who are fully vaccinated, those who aren't or it is unknown, or there is a mix of vaccination status.

Frequent and adequate handwashing

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

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

Routine and frequent cleaning

- Establish a housekeeping schedule to address regular, frequent cleaning with a particular emphasis on commonly touched surfaces. Wash and rinse visible dirt and debris from

equipment, tools, and other items before disinfecting.

- Make sure high-touch surfaces are cleaned at least daily. Make sure these surfaces are properly disinfected on a frequent or periodic basis using an EPA-approved disinfectant (see link to CDC cleaning guidelines below).

- Make sure Safety Data Sheets (SDSs) for all disinfectants on-site are available and accessible to workers.

- Ensure your chemical hazard communication program under WAC 296-901 Hazard Communication covers disinfectants you use, and that employees are trained on safe and proper use of the chemicals.

- Make sure workers don't mix chemicals; many are incompatible. Dilute and use chemicals according to the manufacturers' directions.

- Provide appropriate and adequate cleaning supplies and PPE for scheduled cleaning (include spot cleaning) after a suspected or confirmed COVID-19 case.

- Make sure someone oversees regularly cleaning floors, counters and other surfaces with water and soap or other cleaning liquids to prevent build-up of dirt and residues that can harbor contamination.

- Make sure shared work vehicles are regularly cleaned and disinfected after each use or as otherwise required by the CDC and DOH.

- Cover fabric and rough surfaces with smooth materials so they're easier to clean.

- In areas visible to all employees and clients, you must post the required hygienic practices. These practices include:

  o Don't touch your face with unwashed hands or with gloves.

  o Wash hands often with soap and water for at least 20 seconds.

  o Use hand sanitizer with at least 60% alcohol.

  o Frequently clean and disinfect touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.

  o Cover the mouth and nose when you cough or sneeze, as well as other hygienic recommendations by the U.S. Centers for Disease Control.

- Make sure to frequently and appropriately clean and disinfect restrooms throughout the day.

- Tissues and trash cans must be made available throughout the worksite.

- Establish protocol to safely clean equipment and supplies that employees transport to and from work consistent with health standards (laptops, etc.).

- See DOH, Safe Cleaning and Disinfection Guidance on Public Spaces for additional information.

Establish protocols to address sick employees

Employers must establish procedures that:

- Maintain confidentiality regarding employees with confirmed diagnosis, signs or symptoms of COVID-19 illness or suspected exposure to COVID-19.

- Require sick workers to stay home or go home if they feel or appear sick.

- Screen employees for signs/symptoms of COVID-19 at the start of the work shift. Ensure employees self-monitor during their shift for signs and symptoms and report them, when appropriate.

- Identify and isolate workers who exhibit signs or symptoms of COVID-19 illness.

- Identify and collect contact information for everyone who had contact with an ill employee starting two days before their symptoms began.

- Notify all employees and the employees of subcontracted employers of potential exposure to COVID-19 if they had or might have had close contact.

- Follow cleaning guidelines set by the CDC (see link below) on when and how to clean after you get a report of an employee with suspected or confirmed COVID-19 illness.

- Temporarily close off all areas where a suspected or confirmed COVID-19 illness sick employee worked or could have touched until you have completed cleaning and disinfection guidelines set by the CDC.

- Keep workers away from areas being 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 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, 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. (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 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

- [Guidance for Non-Health Care Businesses and Organizations during COVID-19](#)

- Specific reopening requirements by type of business [COVID-19 Reopening Guidance for Business and Workers](#)

- [Secretary of Health Order 20-03.6, Face Coverings Statewide](#)

- Updated L&I requirements for [COVID-19 Prevention in the Workplace](#)

- [CDC information on close contact](#)

- CDC guidance on disinfecting facilities: [Cleaning and Disinfecting Your Facility](#)

- DOH Guidelines: [Water Supply Sanitation for Reopening Buildings](#)

- CDC Guidance: [People at Increased Risk for Severe Illness](#)

- L&I [Health Emergency Labor Standards Act (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](#)

- 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 21-14.2](#), is based on vaccination being a proven tool we have to fight the pandemic and the requirements will take positive, science-based steps for safer environments for employees and others to conduct state business.

Requirements and Guidelines

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

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

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

Agencies must also follow the requirements outlined in [proclamation 21-16, Large Event COVID-19 Vaccine Verification](#). This includes when holding or participating in events outlined in the requirements.

Vaccination verification and records

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

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

Approved boosters are not required to be considered fully vaccinated at this time.

Note: Vaccination verification related to masks, as required by L&I, is found in the *Personal Protective Equipment and Safety Equipment* section below. We encourage a similar approach to verification and records maintenance to ensure confidentiality and to meet criteria related to public disclosure.

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.

Both sides of the document 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 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 potential boosters, agencies may consider recording the date of the last dose of vaccine and type of vaccine.

- 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, 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.

Reporting data on vaccination
State agencies covered by the proclamation are required to report rates of verified vaccination for their employees during the initial implementation phase. OFM SHR has provided a template to guide agencies in meeting the reporting requirements. It includes the number and percentage of employees who have verified being fully vaccinated, the number and percentage of employees who have requested an exemption, the number of employees who have received accommodations related to the vaccination mandate, as well as separation data.

Agencies should prepare to report information related to separations and type of separation if the updated and current information isn't in HRMS. OFM has created a new separation action reason in HRMS for reporting separations as a result of not meeting the vaccination requirement. New guidance and definitions for completing the HRMS reports has been released for HRMS users. If agencies have questions about coding actions in HRMS, they should connect with their internal HRMS data steward or contact StrategicHR@ofm.wa.gov.

Agencies will also continue to encourage employees who are leaving state employment to complete the OFM SHR exit survey. This will provide us with additional data related to the mandate.

Resources
- Proclamation 21-14.2, COVID-19 Vaccination Requirement
- Proclamation 21-16, Large Event COVID-19 Vaccine Verification

- Tools and guidance for working with on-site contractors: These resources are available on the Governor's website and include:
    - Contract management summary chart [PDF]
    - Contract management tools [MS Word document]
    - Sample notification letter to contractors [MS Word document]
    - Process for vaccine verification if delegated to the contractor [PDF]

Screening

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

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

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

An accommodation for vaccination does not preclude the following requirements for those employees, on-stie 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 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.). 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. These are outlined in DOH's COVID-19 Symptom Screening guidance. (Include a question that allows a fully vaccinated person to acknowledge if they have been exposed to COVID-19 so needed action can be taken. See "*Quarantine*" for more details.) This will help determine if the person is experiencing any signs of those symptoms that are not caused by another condition. In most cases, screening can be done through a self-attestation process using the DOH or another similar checklist prior to entering the worksite unless DOH or the CDC have specific requirements for your business or industry (i.e., 24/7 facilities). Where appropriate, screening must include questions related to current DOH and CDC

guidelines on restricted travel found on the CDC website. All screening must limit questions to those that are related to the job/visit and consistent with business necessity and the federal Americans with Disabilities Act.

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

- Agencies must consistently apply standard screening tools to each area of business. This means each person who responds the same way to the same questions will lead to the same results (denied or granted access, secondary screening where applicable, return-to-work process).

- Agencies must write and present their screening questions based on the current DOH requirements. In the absence of DOH, OFM, or Office of the Governor information, follow CDC information.

- Agencies are encouraged to consider documenting completion of daily employee screenings as an initial part of implementation. This helps employees adapt to the new behavior and get in the practice of checking for each symptom, which includes monitoring their temperature. While each identified symptom needs to be checked by the employee or a screener, the documentation does not require information about each specific symptom. The documenter can record a simple 'yes' to indicate the presence of symptoms or exposure so appropriate action can be taken. Do not require, or retain, any personal health information associated with this process.

- The agency or worksite should consider maintaining a log where visitors and customers are required to participate in screening when it aids in notification or public health's contact tracing. Encourage visitors/customers to provide their name and limited contact information so that we can aid others in contact tracing, if needed. This is not intended to override or interfere with any other log practices or requirements an agency follows.

Using a screener

- When an agency determines the need to have a person conduct the screening process for employees or others wanting to gain access to the facility, the screener must be trained in the process, screening tool, and equipment.

- You must provide the screener with necessary PPE and sanitation supplies to minimize their exposure. If the screener is required to check temperatures of people in the screening process, you must provide the screener with a no-touch infrared thermometer.

- If temperatures are taken by the person being screened, all thermometers and related equipment must be sanitized between uses. Disposable thermometer covers are an option to consider, if available.

Choosing a screener

- Clearly identify who will perform screening. There is not a specific classification identified for this work. In some cases, onsite security personnel or contracted personnel are conducting entrance screening.

- If the screener is not a supervisor or manager, consider having a supervisor or manager available for the screener to contact if they have questions or need support.

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

Secondary screening

- The state may require a secondary screening for high-contact, mandatory coverage, high-risk worksites, such as 24/7 facilities.

- A trained medical professional must conduct a secondary screening.

- A secondary screening helps us further assess an employee who has confirmed symptoms that might indicate COVID-19 or another infectious disease. The result may be to screen "in" an employee who initially indicated a COVID-19 symptom.

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

- When an employee, customer, or business partner has affirmed, through the screening process, that they have no symptoms or meet other criteria outlined on the screen, they are granted access consistent with the facility or property standards for physical distancing, 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 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 was symptomatic:

  o They are without a fever (100.4 or above) for at least 24 hours without the use of fever reducing medication; and

  o 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

  o There has been at least 10 days since the symptom(s) first appeared.

- If the employee tested positive with no symptoms:

  o They continue to have no symptoms, and

  o 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.

- **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. 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.

  In the case of close contact (defined on page 31) 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 special 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

- When an employee is in the same household (or similar exposure) as someone else who is isolating/positive or symptomatic with the virus, 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 10 days, that is when the employee living with the person who was sick, starts counting their 14-day quarantine. In this case the person could be out of the worksite for 24 days as long as they don't become symptomatic or test positive.

- Fully vaccinated employees who have been exposed to someone with COVID-19 are required to mask in indoor settings for 14 days and are not required to quarantine if they meet all the following criteria:

  o Are fully vaccinated (For 2-dose vaccine - had both doses, and at least two weeks have passed since the second dose. For single-dose vaccine – had single dose and at least two weeks have passed since the required dose.).

  o Have not had symptoms since current COVID-19 exposure. Fully vaccinated people should still watch for symptoms for 14 days after their exposure.

    Employees who do not meet all the criteria listed above should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. It is recommended fully vaccinated employees who have had a known exposure to someone with suspected or confirmed COVID-19, be tested 5-7 days after exposure in addition to wearing a mask as required above. If an employee chooses to get tested and provides proof of a negative test 5 or more days after exposure, they no longer need to wear a mask unless otherwise required. See CDC guidance on [Interim Public Health Recommendations for Fully Vaccinated People](#)

- Someone who tested positive for COVID-19 with a [viral test](#) within the previous 90 days **and** has subsequently recovered **and** remains without COVID-19 symptoms does not need to [quarantine](#). However, close contacts with prior COVID-19 infection in the previous 90 days should:

  o Get tested with an antigen test 5-7 days after exposure.

- o [Wear a mask](#) indoors in public for 14 days after exposure or until they receive a negative test result.
    - o Monitor for [COVID-19 symptoms](#) and [isolate](#) immediately if symptoms develop.

- Consult with a healthcare professional for testing recommendations if new symptoms develop. In addition, 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.

- 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 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.

DOH has provided a calculator to assist in determining the length of isolation or quarantine based on the circumstances. It can be found here: [Isolation and Quarantine Calculator](#)

What type of test can be used

When test results are used for worksite access, the test needs to be done by a doctor, pharmacy, testing site, or authorized employer. The test needs to be an antigen or PCR 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. This does not apply to 24/7s or other congregate care settings when a different approach has been authorized by DOH or the CDC.

Work-related travel

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

When an employee travels as a function of their employment, all the guidance outlined in [Proclamation 20-83.2](#) , DOH and the CDC guidelines will be applied. Options above to avoid or have a shorter quarantine may not apply to people who must quarantine based on a travel restriction. In

that case, the agencies must follow the quarantine requirements related to travel when they apply to the workplace.

What happens when someone refuses to be screened?

- If an employee, customer, or business partner refuses to participate in the screening process, they will not be allowed access to the worksite/property.

- Each agency has unique circumstances in managing this situation. Make sure you have protocol in place to respond to this situation and it's recommended you ask your assigned AAG to review the protocol before it is finalized. Include notice of refusal in communications to employees, customers, and business partners.

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

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

- Do not base your reports on "word of mouth" or rumored reports. Base them on first-hand information from the employee with the virus or another credible information source (e.g., health care provider, authorized family member).

- Suspected cases are when an employee is not a confirmed case of COVID-19, but they have symptoms consistent with COVID-19 and are getting tested, or they are quarantining because of possible exposure to someone who has COVID-19 and they have not yet been tested.

- Agencies will work with their local health jurisdictions to establish the best reporting protocol for reporting cases or suspected cases. This will include who provides the notification. (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 ESSB 5115.

- Notify employees in writing within one business day if someone they had close contact with tests positive for COVID-19 (without disclosing the person's identity).

- Report COVID-19 outbreaks of 10 or more employees at workplaces or worksites with more than 50 employees to L&I within 24 hours.

- Report 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.

- Additional details on notifications can be found here: L&I Q&A Reporting and Notification Requirements of HELSA and PPE Usage. It provides information on what to count when determining if there is an outbreak and when to provide employee notification.

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 personal protection equipment and safety equipment, you may request proof of vaccination to verify a person's ability to return to work under these circumstances:

  - A fully vaccinated employee wanting to return to work after close contact without having to quarantine, and

  - To approve leave when someone requests leave for vaccination.

  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 after a shorter quarantine (like we outlined in the section on quarantine above). Apply records retention requirements and consult with the Secretary of State's information and your assigned AAG(s) as needed.

- 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).

- See *Documentation and record requirements related to vaccination* (page 32) regarding logs on vaccination status related to masks and physical distancing.

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

- Examples of screening tools based on May 18, 2021, DOH Screening Guidance and July 2, 2021 DOH Guidance for Non-Health Care Businesses and Organizations for COVID-19

  o In person, documented screening example: COVID-19 Staff Screening Form

  o Verbal screening example: Employee, Vendor, and Worksite Visitor Screening Questionnaire

  o 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

- CDC Guidance for Quarantine of Vaccinated People

- What to do if you have COVID-19 symptoms but have not been around anyone diagnosed with COVID-19 from the Department of Health

- 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.

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.

Employees and contracted service providers

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

Proclamation 20-25.17 and the Order from the Secretary of Health, 20-03.6, outline a mask mandate and the L&I workplace standards for ensuring enforcement of masking in relation to vaccination status. In most circumstances, employees and contracted service providers have to wear a face covering and physically distance. Use this matrix to determine where these precautions are required in our facilities and worksites. As indicated in the matrix, the ability for not wearing a mask is narrow and only applies to employees in some back-office settings where no one other than employees are present or allowed to access the area. These orders include requirements for masking in outdoor settings where there are 500 or more people. In addition, it is strongly recommended that people wear face coverings in any crowded outdoor setting when it isn't feasible to keep adequate distance from others at a worksite. 24/7 facilities need to continue to follow the requirements from the CDC and DOH related to those facilities.

Agencies should take action to create a supportive and inclusive environment. While most employees will be vaccinated, some employees will not be able to be vaccinated or may have other risks related to exposure. Agencies should not create a system of marking a worker's badge or other methods of a visual indicator of vaccination status. Logs or other methods of knowing if those without masks are vaccinated need to be in place for accountability and safety and to meet L&I requirements. In worksite environments where all or the majority of employees are vaccinated, an alternative approach can be to monitor if there are any employees in the workplace who aren't vaccinated and ensuring they are following the requirements for masking, physical distancing, or other safety measures.

To meet L&I requirements, an onsite supervisor or other authority will be assigned to monitor appropriate masking and physical distancing requirements. Vaccination status records must only be shared on a need-to-know basis. See *Documentation and record requirements related to vaccination* (page 32) for more information on confidentiality and logs.

When an agency shares a facility with other agencies or has business partners or contractors at their worksites, the verification requirements for masking can be met by establishing an agreement with those organizations that they will ensure the L&I and DOH requirements for being able to not wear a mask or physically distance are in place and they are conducting adequate monitoring of their employees. If such an agreement is not in place, those employees and worksites should be treated consistent with the matrix. Their vaccination status would be unknown, and they would need to be treated accordingly. Where contractors and volunteers are required to be vaccinated, these requirements can be incorporated into those agreements.

Agencies may conduct the verification process for masking related to vaccination with non-employee members of Boards or Commission or other related groups. The standards outlined for verification, records, and monitoring in this guide must be followed in these cases.

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 (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.

- 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 they meet a criteria to not mask in the State Agency Mask and Physical Distancing Guidelines. Refer to Refer to the Order of the Secretary of Health 20-03.6 for a list of the types of face coverings permitted. Additional resources can be found at Coronavirus Facial Covering and Mask Requirements and the updated recommendations from the CDC on Improve How your Mask Protects You for additional details.

- 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:

  o A lone worker inside the enclosed cab of a crane or other heavy equipment, vehicle, or harvester.

  o 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.

- 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 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.

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

- Customers and visitors are required to wear face coverings in some settings. This is outlined in the DOH Secretary of Health Order 20-03.6, Face Coverings Statewide, L&I Requirements and Guidance for preventing COVID-19, and the State Agency Mask and Physical Distancing Guidelines.

- Agencies must use the State Agency Mask and Physical Distancing Guidelines to determine requirements for face coverings and physical distancing based on the type of facility, location, and type of contact between customers and visitors and employees.

- Refer to the Order of the Secretary of Health 20-03.6 for a list of the types of face coverings permitted.

- Provide clear written masking and physical distancing requirements at the entry point. To assist in compliance agencies may choose to keep a supply of disposable masks at the entry to offer customers who do not have one.

- For customers who are unable to wear a face covering, agencies are encouraged to offer some kind of accommodation for the customer such as curbside pickup, delivery, or a scheduled appointment when physical distancing and/or other barriers can protect employees and other customers and visitors.

- Agencies must post signs and information, so customers are aware of the expectations and how their efforts help keep everyone healthy and safe. When practical, agencies will give this information to customers before the customers attend appointments or come to a worksite for services. Agencies may consult with their assigned L&P and program AAGs in developing and implementing their policy and protocols.

- In some cases, customers may be required to use other PPE. This requirement helps prevent the spread of virus to employees and other customers and visitors.

- Agencies will make sure physical 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.

Implementing face covering requirements for customers and visitors

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

- An agency representative or employee should politely educate the customer or visitor about the public health requirement to wear a mask or face covering. Agencies may choose to keep a supply of disposable masks to offer customers who do not have one.

- If the individual still declines to wear a mask or face covering, the agency representative or employee should politely ask if the person has a medical condition or disability or religious reasons that prevents them from wearing a mask. Agencies **cannot** ask about the details about a person's specific medical condition or disability and **cannot** ask for proof or documentation.

- For customers who are unable to wear a face covering, agencies are encouraged to offer some kind of accommodation for the customer such as curbside pickup, delivery, or a scheduled appointment when physical distancing and/or other barriers can protect employees and other customers and visitors.

- If a customer or individual refuses to wear a face covering but does not have a medical condition or disability that prevents them from wearing a mask, the agency representative or employee must politely say that the agency cannot serve them and that they need to leave the premises. Under no circumstances should the agency representative or employee attempt to physically block an individual from entering or physically remove them from the premises unless directly associated with the authority and expectation of their position (i.e., law enforcement).

- If the individual refuses to leave, the agency representative or employee should follow whatever procedures they normally follow if an individual refuses to leave the establishment when asked to do so (this includes contacting local law enforcement to indicate that the individual is trespassing).

- Agencies will make this part of their reopening and maintenance planning and consult with their assigned L&P and program AAGs in developing and implementing their policy and protocols. Agencies must post signs and information, so customers are aware of the expectations and how their efforts help keep everyone healthy and safe. When practical, agencies will give this information to customers before the customers attend appointments or come to a worksite for services.

Accessing PPE and cloth face coverings (masks)

- 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.

Documentation and record requirements related to vaccination for masking

If vaccinated employees want to wear a mask in areas where it isn't required, they may do so. Agencies are required to review proof of vaccination for any employee who prefers to not wear a mask or physically distance in an approved setting. Actual verification of being fully vaccinated is required. Attestation does not meet this requirement.

Acceptable types of verification of vaccination status are:

- Proof of vaccination, such as a CDC vaccination 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 vaccinated outside of the United States, a reasonable equivalent of any of the above.

Both sides of the document 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 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 potential boosters, agencies may consider recording the date of the last dose of vaccine and type of vaccine.

- 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, 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
- Governor Inslee Proclamation 21-14.2, COVID-19 Vaccination Requirement

- Secretary of Health Order20-03.6, Face Coverings Statewide including what face coverings are permitted.

- Department of Labor and Industries FAQs on masks: Coronavirus (COVID-19) Common Questions Regarding Worker Face Covering and Mask Requirements

CDC recommendations for improving face covering protection:

- o Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV–2 Transmission and Exposure, 2021
- o 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

- Overview of COVID-19 Statewide Face Covering Requirements from the Office of the Governor

- CDC information on close contact

- CDC guidelines on international air travel

- OFM Guidance State Agency Mask and Physical Distancing Guidelines

- Secretary of State guidance on Managing COVID-19 Pandemic Records

Where these requirements come from

General authorizing sources

- Washington State Coronavirus Response Website: Washington Ready

- Governor Inslee's Proclamation 20-25.17

- Governor Inslee Proclamation 21-14.2, COVID-19 Vaccination Requirement

- Order of the Secretary of Health 20-03.6, Statewide Face Coverings

- Healthy WA - Roadmap to Recovery

- Proclamation 21-16, Large Event COVID-19 Vaccine Verification

- L&I Workplace Safety and Health Guidance

- OSHA Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

- DOH Workplace and Employer Resources & Recommendations

- Centers for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19) and Opening Up America Again

- 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 'Washington Ready' Proclamation 20-25.17 , L&I's General Requirements and Prevention Ideas for Workplaces, and DOH's Workplace and Employer Resources & Recommendations.

- State of Washington's COVID-19 Reopening Guidance for Businesses and Workers

- OSHA Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

- CDC Cleaning Guidelines: Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

Authorizing sources for vaccination mandate

Proclamation 21-14.2 COVID-19 Vaccination Requirement

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

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

The new records series is on p.91.

Authorizing sources for Screening

- Department of Health's Employee Screening Guidelines: Guidance for Daily COVID-19 Screening of Staff and Visitors

- Secretary of State's COVID-19 Screening Records Advice: See Using Records Retention Schedules and Managing COVID-19 Pandemic Records

- Gov. Inslee's Proclamation 20-25.17

Authorizing sources for personal protective equipment and safety equipment

- Governor Inslee's Proclamation 20-25.17

- L&I Guidelines for Workplace Safety and Health

- DOH, Secretary's Order on Face Coverings: Order of the Secretary of Health 20-03.6

- CDC Using Personal Protective Equipment (PPE)

- CDC information on close contact

- Washington Coronavirus Hazard Considerations for Employers (except hospitals/clinics): Face coverings, masks, and respirator choices.