This guidance document is being reviewed for updates. The Washington State Department of Health has updated its guidance for what to do if you are sick with COVID-19 or were exposed to COVID-19. This document may have content that is inconsistent with the new guidance.

COVID-19 Guidance for Non-Healthcare Businesses and Organizations

Summary of September 8, 2023 Changes

- Revised guidance to reflect changing requirements and recommendations, including the sunset of the governor's COVID-19 emergency proclamation and the end of the federal public health emergency
- Reorganized document to clarify core strategies for preventing COVID-19
- Added appendixes to provide additional guidance for employer-provided housing, employer-provided transportation, homeless service settings and correctional facilities, and commercial maritime settings
- Added enhanced strategies beyond standard COVID-19 prevention and response steps that may be needed in certain circumstances to help decrease transmission and the risk of severe outcomes

Introduction

This guidance contains public health recommendations for businesses, organizations, operators of employer-provided housing facilities, and other non-health care workplaces to help prevent the spread of COVID-19. This document covers:

- Links to legal requirements
- Policies and procedures that enable workplaces to prevent and respond to COVID-19
- Four core strategies to prevent COVID-19 in the workplace: vaccination, ventilation, excluding ill persons, and promoting use of masks and respirators when appropriate
- Additional strategies to strengthen COVID-19 prevention
- Enhanced strategies beyond standard COVID-19 prevention and response steps that may be needed in certain circumstances to help decrease transmission and the risk of severe outcomes
- How to respond to COVID-19 cases in the workplace
- Reporting COVID-19 and working with public health
- Appendixes for employer-provided housing, employer-provided transportation, homeless service settings and correctional facilities, and commercial maritime settings

Good public health practices can protect workers, volunteers, and the public from COVID-19 and other respiratory illnesses.

These are Washington State Department of Health (DOH) recommendations only. Any <u>required</u> activities will be noted as such.

Included Workplaces

This guidance covers all businesses, organizations, and other non-healthcare workplaces operating in Washington State, except K-12 schools and child care (see Guidance to Prevent and Respond to COVID-19 in K-12 Schools and Child Cares), health care settings (see COVID-19 Infection Prevention in Healthcare Settings), and commercial maritime vessels (see Appendix D: Commercial Maritime Settings). This guidance also applies to operators of employer-provided housing, employer-provided transportation, homeless service settings, and correctional facilities. Additional considerations for these settings can be found in the following appendixes:

- Appendix A: Employer-Provided Housing
- Appendix B: Employer-Provided Transportation
- Appendix C: Homeless Service Settings and Correctional Facilities

Comply with Guidance and Regulations

Follow local, state, and federal safety and health recommendations and rules. Employers **must** follow Washington State Department of Labor & Industries (L&I) COVID-19 requirements in the workplace: L&I Requirements and Guidance for Preventing COVID-19. L&I requirements and recommendations are not described in this document. If you have questions about L&I policies, contact L&I at EyeOnSafety@lni.wa.gov.

You should also follow any local health jurisdiction COVID-19 guidance, which may be different from Washington State Department of Health (DOH) guidance.

Find more resources on the DOH COVID-19 Resources and Recommendations page.

Sick Leave

Businesses must follow sick leave requirements. The following L&I webpages provide additional information about sick leave and COVID-19:

- Paid Sick Leave
- Implementing a Paid Sick Leave Policy
- Paid Sick Leave and Coronavirus Common Questions
- Common Questions About Presumptive Coverage for Health Care and Frontline Workers

Workplace Policies and Procedures

Workplace Safety and Facility Management Plans

Address COVID-19 prevention and response in your workplace safety and facility management plans. Employers should share their COVID-19 policies with workers and enable continued access to these policies for reference.

Worker Education

To reduce COVID-19 transmission in the workplace, educate workers about COVID-19 prevention in the language they understand best. Additionally, follow any sector-specific rules and recommendations when creating education plans.

COVID-19 workplace education topics include:

- COVID-19 symptoms and when workers should seek medical help
- How COVID-19 is spread
- Employer's policies and procedures around what to do if a worker is sick or exposed to COVID-19, sick leave, and other situations related COVID-19
- COVID-19 vaccination
- How workers can protect themselves and prevent the spread of COVID-19 at the worksite, including any procedures, policies, or equipment that limit the spread of COVID-19.

COVID-19 Point of Contact

Employers are encouraged to identify a central COVID-19 point of contact. The point of contact should ensure centralized tracking of COVID-19 cases among workers and communicate with public health agencies if there is a COVID-19 outbreak (see Outbreak Reporting for information about identifying workplace outbreaks). All workers should know who the point of contact is and how to contact them to report illness or positive test results.

Records

Employers should maintain a list of known COVID-19 cases among workers and among individuals who have been in the workplace for an extended period of time (e.g., overnight).

You should also identify all people exposed in the workplace who may be close contacts. See What to Do if Someone Worked while Contagious with COVID-19 for information on identifying close contacts.

Be prepared to share these records with public health officials if requested. A template for recording information about cases and close contacts is available here.

Core Strategies to Prevent COVID-19

The four most important things you can do to prevent COVID-19 transmission in the workplace are vaccination, ventilation, excluding ill persons, and promoting use of masks and respirators when appropriate.

Vaccination

Vaccination is an important tool to prevent COVID-19 infection and severe disease. Employers should promote vaccination and help workers get up to date on COVID-19 vaccinations. You can do this by hosting vaccination clinics and/or encouraging and educating workers to get a COVID-19 vaccine in the community. See COVID-19 Vaccines Toolkit for Businesses and Employers for additional information on how to support worker vaccination.

A person is up to date on COVID-19 vaccinations when they have received all recommended doses based on their age and health status. The Centers for Disease Control and Prevention's (CDC) vaccination page has the latest information on staying up to date with COVID-19 vaccines. People who were vaccinated outside the United States are considered up to date with their COVID-19 vaccines when they have completed the recommended actions in Appendix B of the CDC's Clinical Guidance for COVID-19 Vaccination.

Some employers may choose to require vaccination as a condition of employment; see the U.S. Equal Employment Opportunity Commission's What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws for more information.

Vaccine Verification

Businesses and organizations may request proof of COVID-19 vaccination from customers. If you require customers to provide documentation of COVID-19 vaccination, we encourage you to require an official record as documentation, as opposed to personal attestation or an honor system. Official records include:

- CDC COVID-19 Vaccination Record Card or photo of the card
- Documentation of vaccination from a health care provider or electronic health record
- State immunization information system record, including WA Verify
- For an individual who was vaccinated outside the United States, a reasonable equivalent of any of the above.

Verifying vaccination status does not violate the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

One tool for verifying vaccination status is WA Verify. In October 2021, DOH launched WA Verify, a new Digital COVID-19 Vaccine Verification Record system. The system provides a digital copy of state vaccine records and a QR code that can be verified by the SMART Health Card Verifier application. Visit the app store to download the SMART Health Card Verifier application. For more information about WA Verify and how it can be used, see the WA Verify FAQ page.

During a COVID-19 investigation, public health officials may require documentation of worker vaccination status, including a worker's CDC vaccination card, state immunization information system record, or other documentation beyond an attestation.

Ventilation

Good ventilation (air flow) and filtration are important to prevent people from breathing in germs, chemicals, and other harmful particles that are in indoor air. Follow DOH recommendations for Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses.

If you use fans for cooling, avoid blowing air across the faces of room occupants. See the DOH guidance on Cooling indoor spaces without air conditioning for more information.

For more information and options related to ventilation, see the Environmental Protection Agency's Clean Air in Buildings Challenge and CDC Ventilation in Buildings Guidance.

Excluding Ill Persons

Businesses and organizations should not allow people to enter their facility if they:

- Should be staying home due to having COVID-19 symptoms, in accordance with the COVID-19 Decision Trees
- Should be isolating due to testing positive for COVID-19 – see What to do if you test positive for COVID-19 for information on when people should isolate and wear masks after testing positive for COVID-19, which can vary by setting

Masks and Respirators

Masks and respirators are important tools for preventing the spread of respiratory viruses, including COVID-19. Businesses are encouraged to provide masks for use in accordance with public health guidance.

Guidance for wearing masks may depend on the situation:

- For information on places and situations where masks are required or recommended, see the DOH Mask Guidance During COVID-19, including the section on non-healthcare congregate settings.
- For recommendations on when people should wear masks if they tested positive for COVID-19, see What to do if you test positive for COVID-19.
- For recommendations on when people should wear masks if they were exposed to someone with COVID-19, see What to do if you were potentially exposed to someone with COVID-19.

Individuals who choose to wear masks should be supported in doing so, except when customers are required to remove their face coverings briefly for identification purposes or to comply with state or federal law. Some individuals may have a right to wear a mask under state and federal disability laws or other applicable laws.

You can find additional guidance on masks at the CDC's website.

Additional Strategies to Prevent COVID-19

The following additional strategies can strengthen prevention efforts even further.

Hygiene

Provide hand washing facilities and supplies. Everyone should practice good hygiene including washing their hands frequently and covering their sneezes and coughs. People should wash hands often with fragrance-free soap and water for at least 20 seconds before and after eating, using the restroom, blowing their nose, coughing, sneezing, or when hands are visibly dirty. Drying hands with paper towels is recommended over the use of air dryers that can spread aerosols. People should avoid touching their eyes, nose, and mouth. If soap and water are not readily available, people should use a hand sanitizer that contains at least 60 percent alcohol (fragrance-free). People should cover all surfaces of their hands and rub them together until they are dry, then wash hands with soap and water as soon as possible.

Find printable materials on handwashing on the CDC website, including a fact sheet on hand hygiene at work. CDC has additional materials including social media graphics, posters, stickers, videos, and more.

Cleaning and Disinfecting

High touch surfaces should be cleaned regularly, and other surfaces should be cleaned when visibly dirty. In addition to cleaning, disinfect areas of your facility where people have obviously been ill (for example, vomiting on facility surfaces). If the space is a high traffic area, you may choose to clean more frequently or disinfect in addition to cleaning. During certain disease outbreaks, local health authorities might recommend specific disinfection procedures to reduce the risk of spreading disease within the facility. Do not use misting, fogging, fumigation, or wide-area spraying. These methods are not effective at reducing the spread of COVID-19, do not clean germs off surfaces, and are harmful to human health. See Safe Cleaning and Disinfection Guidance for Public Spaces for more guidance.

Always thoroughly clean with soap, water, and a microfiber cloth before applying the disinfectant to the surface. Follow all instructions on the disinfectant label, including leaving the disinfectant on the surface for the required wet contact time. Current CDC guidance for cleaning and disinfecting for COVID-19 states that disinfectants should be registered by the U.S. Environmental Protection Agency (EPA) for use against SARS-CoV-2, the virus that causes COVID-19. You can find a list of registered disinfectants for COVID-19 (List N) on the EPA's website. Disinfectants based on hydrogen peroxide or alcohol are safer for use. See this fact sheet from the University of Washington with options for safer cleaning and disinfecting products that work well against SARS-CoV-2.

Screening Testing

Workplaces at high risk of COVID-19 transmission and severe outcomes may consider screening testing to prevent workplace transmission through early identification and isolation of cases. Screening testing is testing asymptomatic persons without recent known or suspected exposure to COVID-19. A workplace may be at high risk of COVID-19 transmission and severe outcomes due to facility characteristics (e.g., poor ventilation, isolation from health care resources, congregate living), characteristics of workers and/or the populations they serve (e.g., underlying health conditions, poor access to medical care), or when COVID-19 hospital admission level is high. Screening testing may be prioritized in the following settings:
- High-risk congregate settings, such as correctional facilities and homeless shelters, that have demonstrated high potential for rapid and widespread virus transmission to people at high risk for severe illness
- Settings that involve close quarters and are isolated from health care resources (e.g., temporary worker housing, fishing vessels, wildland firefighter camps, or offshore oil platforms).

Repeat screening testing is less effective at reducing COVID-19's impacts in settings where disease rates are lower, risk of spread is lower, and risk of severe illness is lower.

Screening testing may include testing of all workers before entering a workplace, testing of workers at regular intervals (e.g., weekly), targeted testing of new workers or those returning from a prolonged absence, or a combination of these approaches. See the CDC's testing

webpage for more information. Consult with your local health jurisdiction to assess the need for a screening program and to determine screening program characteristics (e.g., frequency, who is tested).

General information about testing can be found on DOH's Resources and Recommendation page and DOH's Testing for COVID-19 page. See DOH's Self-Testing Guidance for Establishments for information on self-testing in the workplace.

Washington Administrative Code (WAC) 246-101-201 **requires** facilities conducting COVID-19 tests to report positive results to public health. See the Reporting Positive Test Results section for more information.

Physical Distancing

Physical distancing and other practices that prevent large groups of people congregating together for extended time can reduce the risk of outbreaks. This is particularly true when ventilation is poor. In some situations, an employer or local health jurisdiction may recommend physical distancing as an enhanced strategy.

Returning to Work after Travel or Arriving in Washington for Work

Travelers should follow CDC travel guidance.

Enhanced Strategies

Enhanced strategies are further actions beyond standard COVID-19 prevention and response steps. They may be needed in certain circumstances to help decrease transmission and the risk of severe outcomes, such as:

- In non-health care businesses and organizations when there is an outbreak (see Outbreak Reporting for the DOH workplace outbreak definition).
    - o The facility operator and/or local health jurisdiction may determine that a higher risk setting, such as a homeless shelter, should implement enhanced strategies before the number of people with COVID-19 reaches the threshold in the outbreak definition (such as when there are two cases, rather than five) in order to stop transmission at the start of a possible outbreak.
- In higher risk non-health care congregate settings (homeless service settings, correctional and detention facilities, crowded work settings, temporary worker housing, and commercial maritime settings) when COVID-19 hospital admission level is high.
- When otherwise recommended by the local health jurisdiction. Because of local circumstances, local health jurisdictions may recommend enhanced strategies in situations beyond those described in this guidance. Other metrics besides hospital admission level, such as emergency department visits and wastewater COVID-19 detection, can help identify early changes in COVID-19 in the community.

Enhanced strategies include but are not limited to the following:

- Mask use by everyone two years of age or older in indoor shared-use areas (except bedrooms)

- Physical distancing and limited capacity in shared indoor areas when possible, especially in areas where people are eating or drinking. For example, in work settings, consider staggering work shifts and break times to reduce the number of people moving throughout the building at once.
- Screening testing for SARS-CoV-2 – see Screening Testing and Site testing in response to COVID-19 cases for more information
- Quarantine of people who have been exposed to COVID-19

Determine which enhanced strategies work best for your situation. Some strategies, such as screening testing and quarantine, require more resources or have higher costs and are not appropriate for every situation. If you have questions about responding to an outbreak, reach out to your local health jurisdiction for more information.

Responding to Cases or Suspected Cases of COVID-19

This section describes what to do if a someone has COVID-19 symptoms, tests positive for COVID-19, or was exposed to COVID-19.

What to Do if Someone has COVID-19 Symptoms

If someone develops symptoms of COVID-19 at work, regardless of their vaccination status, they should immediately take the following steps:
- Wear a well-fitting mask (if not already doing so)
- Notify their COVID-19 point of contact
- Isolate – go home or stay home if not at work
- Follow the steps in "What to do if a Person is Symptomatic" section of the COVID-19 Decision Trees
- Follow all workplace illness management policies, including those pertaining to testing

Staff caring for or transporting ill persons should use appropriate personal protective equipment.

If a person had signs or symptoms of COVID-19 at work, immediately shut down the area used by the person, increase the ventilation as much as possible by opening windows, and follow DOH cleaning and disinfection recommendations, focusing on high touch areas. Depending on the degree of ventilation, infectious SARS-CoV-2 virus can linger in the air sometimes hours after the sick person leaves. If a person needs to enter the area soon after the sick person has left, they should wear a mask before entering and wear it inside the room. You can access more information about calculating ventilation times in the FAQ section of Ventilation in Buildings | CDC.

If the ill person tests positive for COVID-19, they should follow the steps under the Isolation section (below). If they were at work when contagious (able to spread COVID-19), follow the steps in the What to Do if Someone Worked while Contagious with COVID-19 section.

Isolation

Isolation guidance based on a worker's COVID-19 test results can be found in the "What to do if a Person is Symptomatic" section of the COVID-19 Decision Trees. Some workplace settings

have different isolation guidance than the general public, including workers in correctional and detention facilities, homeless shelters and transitional housing, commercial maritime settings, crowded work settings where physical distancing is not possible due to the nature of the work (e.g., warehouses, factories, and food packaging and meat processing facilities), and temporary worker housing. For detailed isolation guidance, including isolation recommendations in these settings, see What to do if you test positive for COVID-19.

Share the COVID-19 Decision Trees and What to do if you test positive for COVID-19 documents with your workers who have symptoms or test positive for COVID-19.

What to Do if Someone Worked while Contagious with COVID-19

If someone worked while contagious with (able to spread) COVID-19, it is possible others may have been near the person with COVID-19, exposed to the virus, and are considered close contacts. Workers should inform their workplace COVID-19 point of contact if they have COVID-19 and worked while contagious. The employer should identify close contacts in the workplace to provide guidance and notify workers about their exposure to COVID-19.

If there has been a sick person or someone who tested positive for COVID-19 at work, the business should follow DOH guidance to clean and disinfect the spaces they occupied, focusing on high touch areas: Safe Cleaning and Disinfection Guidance for Public Spaces.

See the Reporting COVID-19 and Working with Public Health section for information on reporting outbreaks and positive test result to public health.

How to Determine when Someone was Contagious

A person is contagious with COVID-19 and thus could spread COVID-19 to others starting two days before they have symptoms (or if asymptomatic, two days before taking a COVID-19 test that came back positive) and through 10 days after symptoms started (or if asymptomatic, through 10 days after taking a COVID-19 test that came back positive). There are two exceptions to this:

- If a person uses testing to determine when to remove their mask and end isolation, they are no longer considered contagious when all of the following are true:
  - At least 5 days have passed since their symptoms started (or 5 days have passed since taking a COVID-19 test that came back positive if they never had symptoms)
  - They are feeling better
  - They get two negative COVID-19 antigen tests in a row (taken 24-48 hours apart)
- If a person has been directed by their health care provider to isolate for more than 10 days (e.g., because they are severely ill or immunocompromised), they are no longer considered to be contagious after their isolation period ends.

How to Identify Close Contacts

A close contact is someone who was within six feet of one or more persons with COVID-19 for at least 15 total minutes over a 24-hour period during the time the person with COVID-19 was able to spread the virus. However, if workers have been in situations that increase the risk of potential exposure, such as confined spaces, poor ventilation, or performing activities such as

shouting or singing, there is still a risk of infection even if they are more than 6 feet away from the person with COVID-19. If you determine someone may have been exposed, follow next steps in the What to Do after You Identify Close Contacts section.

Interviewing workers with COVID-19 and reviewing logs, databases, and video footage may be useful for identifying close contacts to notify them of their exposure. Location-based contact tracing may also be useful for identifying people who were exposed; this involves identifying sites visited by persons with COVID-19 during the time they may have been spreading the virus. Everyone at those sites during the time when the person with COVID-19 was there may be assessed for whether they are a close contact.

What to Do after You Identify Close Contacts

Notify all workers of potential exposure to COVID-19. You **must** main confidentiality of the person who tested positive, in accordance with the Americans with Disabilities Act (ADA).

Businesses should develop protocols so people who have been exposed to COVID-19 take appropriate preventive measures after their exposure, including wearing a high-quality mask or respirator when around others for 10 days after exposure. People who have been exposed to COVID-19 should follow DOH guidance on What to do if you were potentially exposed to someone with COVID-19. See the "What to do if you have been exposed to COVID-19" decision tree in COVID-19 Symptom Decision Trees for a visual reference.

Critical Infrastructure Workers

During periods of critical staffing shortages, critical infrastructure workplaces may consider shortening the isolation period for staff to ensure continuity of operations. This option should be used as a last resort and only in limited circumstances, such as when stopping facility operations may cause serious harm or danger to public health or safety. These workplaces should use additional strategies to reduce the risk of spreading COVID-19. **Decisions to shorten isolation in these settings should be made in consultation with the local health jurisdiction.**

Reporting COVID-19 and Working with Public Health

Workplaces have outbreak and test reporting requirements and may work with public health officials to respond to and control outbreaks.

Outbreak Reporting

Notify your local health jurisdiction within 24 hours if you suspect a COVID-19 outbreak is happening at your workplace.

A workplace is considered to be experiencing a COVID-19 outbreak when **all** the following criteria have been met:
- Five or more individuals tested positive for COVID-19 with a viral test OR at least 20 percent of individuals in a core group* tested positive for COVID-19 with a viral test, AND
- The initial people who tested positive had symptoms that started (or took the test that gave a positive result if asymptomatic) within 7 days of each other, AND

- People with COVID-19 were epidemiologically linked (connected by being close contacts or having a shared exposure) in the workplace (e.g., people with COVID-19 shared a work shift, or building, or employer sponsored transportation or housing), AND
- There is no evidence that the virus was more likely to have spread to the people who tested positive in another setting (e.g., household) outside of the workplace.

*A core group is a set of people who regularly interact, such as people in an office, building, or shared sleeping space.

Enhanced strategies may be needed to help decrease transmission and the risk of severe outcomes during an outbreak. The final classification of whether a facility has an outbreak is made by the local health jurisdiction.

Reporting Positive Test Results

Washington Administrative Code (WAC) 246-101-201 **requires** facilities conducting COVID-19 tests to report positive results to public health. This includes employers performing COVID-19 point-of-care testing or self-tests under a Medical Test Site/CLIA license.

- For more information about reporting, visit the Reporting COVID-19 Test Results for Point-of-Care Testing Facilities webpage.
- For more information about Medical Test Site/CLIA licenses, including types and how to apply, visit the Medical Test Site Licensing Applications webpage.
- For employer guidance on use of self-tests, see the DOH's Self-Testing Guidance for Establishments.
- For general information about testing, visit the DOH Resources and Recommendation and Testing for COVID-19 webpages.

Working with Public Health Officials

Public health officials, most often the local health jurisdiction, may be able to help a workplace respond to a COVID-19 case or outbreak. Everyone is **required** to cooperate with public health authorities in the investigation and control of cases, outbreaks, and suspected outbreaks (WAC 246-101). Local health officers may require you to implement strategies or more strict guidance to control the spread of COVID-19 in your workplace (RCW 70.05.070 and WAC 246-100-036).

Work with the public health authorities of the jurisdiction of the physical location where there is a case or outbreak. For example, if a national corporation has headquarters in another state and a physical location in Washington where there is an outbreak, the corporation should work with the public health authorities in Washington. Depending on the situation, you may also need to work with federal, other state, local, tribal, or other public health officials.

Businesses are **required** to release information about COVID-19 cases to public health authorities as part of a case or outbreak investigation if requested. Be prepared to provide public health authorities with information about workers who have COVID-19. This information may include, but is not limited to:
- Name
- Date of birth
- Job title/description
- Parent or guardian name, if a minor

- Home phone number, or home phone number of parent or guardian
- Home address
- Locations visited in the workplace
- Dates of workplace attendance
- Type of COVID-19 test
- Date of positive test
- Date of symptom onset
- Vaccination status
- Medical conditions
- Preferred language spoken
- Information about any people at work who are close contacts of the person with COVID-19

You should also gather information about everyone the worker with COVID-19 may have been in close contact with at the workplace when they may have spread the virus. See the What to Do if Someone Worked while Contagious with COVID-19 section for information on identifying close contacts.

Workplace Closure in Response to COVID-19 Cases

There may be times when a workplace should be closed to stop the spread of COVID-19. The length of these closures can vary, from short-term closures to allow time for health officials to gain a better understanding of the situation and help your workplace determine next steps, to longer-term closure to stop the spread of COVID-19. Work with your local health jurisdiction to determine when you need to close a workplace and when the workplace can reopen.

Site Testing in Response to COVID-19 Cases

Public health officials may recommend various testing strategies in response to COVID-19 cases at a workplace or employer-provided housing. At a minimum, DOH recommends testing people with COVID-19 symptoms and people who have been exposed to a person with COVID-19 (See the Responding to Cases or Suspected Cases of COVID-19 section). If you are working with a public health agency to respond to cases, they may recommend additional testing strategies, including but not limited to:

- If one or more people at a workspace or in a housing unit tests positive, the local health jurisdiction may order testing of the entire group.
- If one or more people at a worksite tests positive, the local health jurisdiction may order testing of the entire worksite.

Public health officials may pursue wider testing strategies for outbreaks. The public health officer has authority to order testing for all workers (regardless of symptoms) within the building or site and make site-specific isolation and quarantine orders. Mass testing early in an outbreak can help identify the scope of the outbreak, control transmission, and sometimes identify areas for further mitigation efforts. Public health officials may also recommend or require repeat testing at regular intervals (e.g., weekly).

Mental and Behavioral Health Resources

Visit the DOH [Behavioral Health Resources and Recommendations](#) webpage for additional information on how to support workers.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [symptoms](#), [how it spreads](#), [how and when people should get tested](#), and [where to find vaccines](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19 - this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health COVID-19 Response](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus (COVID-19)](#)

Have more questions? Call DOH at **1-800-525-0127.**

For interpretative services, **press #** when they answer and **say your language.** For questions about your own health or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

Appendix A: Employer-Provided Housing

Introduction

COVID-19 can spread quickly in crowded settings, including shared housing. Due to the close quarters of employer-provided congregate housing, there are additional DOH recommendations for these settings and requirements for temporary worker housing.

Temporary worker housing operators must follow **requirements** as outlined in the following:

- Temporary Housing for Workers WAC 296-833
- Temporary Worker Housing WAC 246-358
- Safety Standards for Agriculture Part L WAC 296-307

Temporary worker housing operators are **required** to report immediately to the local health officer(s) the name and address of any occupant known to have or suspected of having a COVID-19; see full disease reporting requirements in WAC 246-358, WAC 296-833, and WAC 296-307.

Operators of employer-provided shared housing facilities (e.g., temporary worker housing and wildland firefighting camps) should implement the following recommendations, in addition to the other workplace guidance in this document.

Policies and procedures

Develop policies and procedures related to COVID-19 in your employer-provided housing, including testing, what to do if an occupant has COVID-19 symptoms, what to do if an occupant tests positive for COVID-19, what to do if an occupant is exposed to COVID-19, ventilation, and cleaning and disinfection. Identify appropriate isolation facilities and procedures before you need them. It is important to include multiple layers of prevention when one layer is taken away.

DOH guidance for what to do if someone tests positive or is exposed to COVID-19 is different for temporary worker housing than for the general public. See the Responding to Cases or Suspected Cases of COVID-19 section for more information.

Masks

Encourage occupants of temporary worker housing two years of age or older to wear well-fitting masks when in shared living areas (excluding bedrooms) when DOH recommends indoor mask use, as described in COVID-19 Mask Guidance.

Physical Distancing

Space beds at least six feet apart in all directions and arrange beds so that occupants sleep head to toe. Since occupants cannot wear masks when asleep, other measures during sleep like distancing and ventilation are especially important.

Ventilation

Although continuous ventilation is important to help prevent the spread of COVID-19 indoors, it may be necessary to temporarily shut off the ventilation system if it does not have appropriate

filtration to prevent the entry of outside air contamination, such as that associated with wildfire smoke or pesticide application. For ventilation guidance during wildfire smoke see [Improving Ventilation and Indoor Air Quality during Wildfire Smoke Events](#).

Testing

Facilitate testing of occupants (for example, by providing them with self-tests or providing transportation to testing sites). Occupants should follow DOH or local health jurisdiction recommendations on when to test, such as if they develop symptoms or are exposed to someone with COVID-19. See the [Responding to Cases or Suspected Cases of COVID-19](#) section for more information on when testing is recommended.

Medical Care

Provide occupants with information on where and how to secure medical care. The information should be communicated in the language(s) most commonly understood by occupants and should include:

- How to notify their COVID-19 point of contact if they have symptoms
- The address of the worker housing facility where they are living and a list of the nearest outpatient nonemergency and emergency medical services
- How to access employer-provided transportation for medical evaluation or treatment.

Allow community health workers or community-based outreach workers to visit the facility to provide additional resources and information to occupants.

Provide an adequate number of "no touch" or "no contact" thermometers for occupants to use if they suspect they have a fever or to determine that they no longer have a fever. Sanitize all thermometers according to manufacturer directions.

Ensure that a licensed health care provider assesses the health of occupants with COVID-19 symptoms and occupants who test positive for COVID-19 as soon as possible. For people with COVID-19 who are at high risk of developing severe illness, early intervention with COVID-19 treatment and medications (oral antivirals) can reduce the risk of severe illness and hospitalization. More information about therapeutics can be found at the [DOH webpage on COVID-19 therapeutics](#).

Facilitate transportation for in-person medical evaluation or treatment when recommended by a health care provider or upon request of the occupant. Ensure individuals providing transportation for sick people have personal protective equipment.

Operators should enable occupants to access care from medical providers who speak their preferred language or who offer interpretation services in their preferred language.

Isolation

If an occupant is isolating because they have COVID-19 symptoms or tested positive for COVID-19, they should be isolated in a space with fully private sleeping quarters and bathroom so they do not interact with others. If in a shared dwelling, people with COVID-19 should wear a well-fitting mask or respirator if they must be around others at any time. If needed due to space

limitations, occupants who have tested positive for COVID-19 may isolate together, separate from other occupants who have not tested positive for COVID-19.

Temporary worker housing facilities should have thermometers, pulse oximeters, and staff trained in their use to help assess ill occupants and refer them for health care when needed. Provide occupants in isolation with food, water, access to medical care, and access to a working telephone with a clear connection to summon emergency care. If using other isolation facilities, such as hotels, verify that occupants have access to these at the isolation facility.

Appendix B: Employer-Provided Transportation

If you provide transportation for workers to any location, such as the worksite or housing, take steps to limit the spread of COVID-19, in addition to the guidance for non-healthcare businesses and organizations described in this document.

You can use these strategies to reduce the risk of COVID-19 transmission during employer-provided transportation:

- Maximize ventilation in the vehicle by keeping at least two front and two rear windows open a few inches when it is safe and weather allows. Do not open rear windows directly above the vehicle exhaust pipe.
- Do not fog or mist the vehicle with disinfectant. Leave windows open to air out the vehicle after trips and clean as needed.

Workers transporting a person who has or is suspected of having COVID-19 should wear appropriate, fit-tested, and NIOSH-approved respirators.

Appendix C: Homeless Service Settings and Correctional Facilities

Guidance for people who live or work in homeless service settings or correctional facilities may be different from guidance for the general public. Because of congregate living arrangements, people in homeless service settings and correctional facilities are at a greater risk of COVID-19 transmission than the general public. In addition, people in these settings have a higher risk severe outcomes from COVID-19 than the general public due to underlying medical conditions.

People who operate homeless service settings or correctional facilities should follow:

- The guidance for non-healthcare businesses and organizations in this document
- Local health jurisdiction guidance for homeless service settings and correctional facilities
- CDC's Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities
- DOH guidance for people in homeless service settings and correctional facilities who have tested positive for COVID-19, which can be found under "If you are staying or working in any of these congregate settings" in What to do if you test positive for COVID-19. If this DOH isolation guidance contradicts CDC's Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities, follow the DOH guidance unless directed by your local health jurisdiction to do otherwise.
- DOH guidance for people in homeless service settings and correctional facilities who have been exposed to COVID-19, which can be found under "Information for people staying or working in certain settings" in What to do if you were potentially exposed to someone with COVID-19. If this DOH guidance for people who have been exposed contradicts CDC's Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities, follow the DOH guidance unless directed by your local health jurisdiction to do otherwise.

Appendix D: Commercial Maritime Settings

Public health guidance for the general public is not always applicable to commercial maritime vessels because they are remote congregate living settings. Land-based seafood processing and other aquaculture settings should follow the guidance for non-healthcare businesses and organizations in this document.

This appendix applies to the following types of vessels entering or departing from WA ports:

1. Commercial seafood vessels
2. Cruise ships on an interstate or intrastate voyage
3. Any other commercial vessels on an interstate or intrastate voyage

Operators of these types of vessels should follow CDC's Guidance for Maritime Vessels on the Mitigation and Management of COVID-19. There are two DOH guidance documents that vessel operators should follow instead of CDC guidance for people who test positive or who have been exposed to COVID-19:

- DOH COVID-19 isolation guidance for commercial maritime vessels, which can be found under "If you are staying or working in any of these congregate settings" in What to do if you test positive for COVID-19.
- DOH guidance for people on commercial maritime vessels who have been exposed to COVID-19, which can be found under "Information for people staying or working in certain settings" in What to do if you were potentially exposed to someone with COVID-19.

Outbreak Reporting

When there is an outbreak of COVID-19 on a vessel or if an employer has questions about responding to a COVID-19 outbreak on a vessel, the ship representative should contact the local health jurisdiction of the WA port where they are arriving next. If the vessel's itinerary makes it challenging to determine which local health jurisdiction to contact, the ship representative or employer may contact the DOH Office of Communicable Disease Epidemiology Non-Healthcare Congregate Settings Program at 206-418-5500. If a vessel is entering or departing from a WA port, report outbreaks of COVID-19 to all applicable entities (Table 1). Outbreak notification is not limited to when cases are WA residents. For information on reporting deaths or illnesses on ships to CDC, see Reporting Death or Illness on Ships | Quarantine | CDC.

A vessel is considered to be experiencing a COVID-19 outbreak when **all** the following criteria have been met:

- Five or more individuals tested positive for COVID-19 with a viral test OR at least 20 percent of individuals in a core group* tested positive for COVID-19 with a viral test, AND
- The initial people who tested positive had symptoms that started (or took the test that gave a positive result if asymptomatic) within 7 days of each other, AND
- People with COVID-19 were epidemiologically linked (connected by being close contacts or having a shared exposure) in the workplace (e.g., people with COVID-19 shared a work shift, building, or employer-sponsored transportation or housing), AND

- There is no evidence that the virus was more likely to have spread to the people who tested positive in another setting (e.g., household) outside of the workplace.

*A core group is a set of people who regularly interact, such as people in an office, vessel, or shared sleeping space.

Table 1. Maritime COVID-19 outbreak reporting for WA ports by itinerary and vessel-type

	Vessel Type	___	___	___	___
		Maritime COVID-19 Notifications for Washington State Ports			
	Vessel Type	CDC Maritime Activity	Seattle CDC Quarantine Station	Local Health Jurisdiction	FDA Interstate Travel Program
	Vessels at sea or vessels moored, anchored or dry docked in shipyard				
Ships arriving in U.S. from a foreign port	**Large cruise** (>250 persons on board)	Yes	No	No*	No
	Small cruise (<250 persons on board)	Yes	No	No*	No
	Cargo (including container, tanker, bulk carriers, and offshore ships)	No	Yes	No*	No
	Research, international ferry, and other special purpose	No	Yes	No*	No
Ships on Interstate or Intrastate voyages	**Cargo** (including container, tanker, bulk carriers, and offshore ships)	No	No	Yes	No
	Large cruise (>250 persons on board)	No	No	Yes	Yes**
	Small cruise (<250 persons on board)	No	No	Yes	Yes**
	Commercial Seafood	No	No	Yes	No
	Research and other special purpose	No	No	Yes	No
	Marine construction (e.g., dredging)	No	No	Yes	No
	Towing (all tugs including salvage)	No	No	Yes	No
	*Unless directed to report by the local health jurisdiction				
	**If itinerary includes more than one state with travel to international waters with no stop at a foreign port of call				

Reporting Positive COVID-19 Test Results

If COVID-19 testing is being performed on a vessel or on land under a Medical Test Site license issued by WA, the testing facility **must** report all positive test results to DOH under WAC 246-101-201. This includes employers performing COVID-19 point-of-care testing or self-tests under a Medical Test Site license. Reporting is not limited to WA residents; DOH will send the test result to the state of the case's residence. Please see Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health for more information, including how to report.

If testing is being performed under a medical test site license/CLIA (Clinical Laboratory Improvement Amendments) license issued by another state, the testing facility should report under the rules of that state. It is permitted to send these results to DOH in addition to meeting the other state's reporting requirements.

- For more information about Medical Test Site/CLIA licenses, including types and how to apply, visit the Medical Test Site Licensing Applications webpage.
- For employer guidance on use of self-tests, see the DOH's Self-Testing Guidance for Establishments.
- For general information about testing, visit the DOH Resources and Recommendation and Testing for COVID-19 webpages.