



Safe Back to School Plan

Campus Reopening Guide

September 19, 2022

1600 Chester Avenue
Bremerton, WA 98337

Facilities. 360-475-7810
Security. 360-475-7800

Emergency Management
www.olympic.edu

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Executive Summary

Previously, the *Washington Ready Plan* was updated to allow all industry sectors previously covered under the *Healthy Washington – Roadmap to Recovery* (with limited exceptions) to return to usual capacity and operations. As of March 17, 2022, the State of Washington launched the [Washington Forward Plan](#), which outlines the State's approach to the next phase of the COVID-19 response. However, Olympic College is an Institution of Higher Education, which is located in both Kitsap and Mason counties of Washington State, and as of August 27th, 2021, all Institutions of Higher Education in Washington State were required to operate in accordance with the updated directives set forth in [Proclamation by the Governor 20-12.5](#), which amended the previous proclamations guiding college operations during the COVID-19 pandemic (20-05 and 20-12.4). [Proclamation 20-12.5](#), along with [Proclamation 21-14.5](#) and the State of Washington and State Board for Community and Technical Colleges (SBCTC) endorsed *Campus Reopening Guide*, and Center of Disease Control (CDC) guidance related to COVID-19, serve as the foundational, industry specific guidance for Olympic College operations at this stage of the pandemic.

The following document acts as the Safe Back to School Plan for Olympic College and will govern Olympic College operations until such time as the guidance is changed or withdrawn. The safety and health of Olympic College employees and students is our highest priority, and this plan will regulate the resumption of any activities and services on campus.

Any employee who returns to in-person work must comply with all safety and health practices and standards established within this plan. Employees are expected to contribute to a healthy workplace by complying with the COVID-19 Vaccination Mandate as proscribed in [Proclamation 21-14.5](#), maintaining proper hygiene (including frequent hand washing), and following all health and safety protocols in this document.

Opportunities for telework and hybrid schedules may be available to employee's dependent upon the nature of each position and the needs of the college and each department. Specific employees or departments may be identified as those that need to work on-site, due to the nature of their job duties. If an employee has concerns or questions about their work environment, they should work with their supervisor and Human Resources to come to a resolution. The Executive Team will evaluate which services to offer in-person or through telework based on the College's mission and objectives.

NOTE: On September 8, 2022 Gov. Jay Inslee announced the upcoming rescission of all remaining COVID-19 emergency proclamations and the underlying state of emergency by Oct. 31, 2022. The Olympic College Safe Back to School Plan (COVID-19 policies) will remain in place at least through October 31, 2022. More information will be communicated to the campus community once the effects of this change are more clear.

General Information

Management of the Safe Back to School Plan

The Safe Back to School Plan will be managed by the Olympic College Executive Team, in coordination with the Emergency Operations Center.

Contact Information

Any employee or student can provide suggestions, and report concerns and/or potential violations of Olympic College's Safe Back to School Plan by emailing COVID-19-questions@olympic.edu. This is a confidential email group that will coordinate a response to the messages received. This email group is also used for reporting purposes, such as development of COVID-19 symptoms or laboratory confirmed positive tests.

Regular Monitoring and Review of the Safe Back to School Plan

The Olympic College Safe Back to School plan will be monitored and reviewed regularly by the Emergency Operations Center. Any identified updates or changes to the plan will be recommended to the Executive Team for consideration and decision. All modifications to the Olympic College Safe Back to School Plan will be communicated to the campus community, to include all employees and students, by email to college-issued email addresses.

COVID-19 Vaccination Policy for Students

Policy

Consistent with the requirements for an Institution of Higher Education (IHE) with a “Fully Vaccinated Campus”, as outlined in Proclamation from the Governor [20-12.5](#), all students at Olympic College who participate in or attend Olympic College courses, operations, or other activities in person at any Olympic College locations are required to be fully vaccinated against COVID-19, subject to any medical exemptions and any religious exemptions required by law.

Note: Students taking online classes who wish to come to campus in order to take part in any activities, services, or events must complete the vaccination verification or exemption processes prior to coming on to campus.

For purposes of this proclamation, a person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use by the FDA (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose COVID-19 vaccine authorized for emergency use by the FDA (e.g., Johnson & Johnson (J&J)/Janssen). For purposes of this proclamation, an IHE may consider a person fully vaccinated against COVID-19 two weeks after they have received all recommended doses of a COVID-19 vaccine that is listed for emergency use by the World Health Organization (WHO).

Students must be fully vaccinated (or granted an exemption) and self-attest to their information with the College prior to the start of the quarter. Any deviation in this (such as international students who do not have access to an FDA or WHO approved vaccine until they arrive in the United States) will be managed by the Vice President for Student Services (vpss@olympic.edu).

Exemptions

As required by law, medical and religious exemptions to the COVID-19 vaccination requirement are provided by Olympic College. Students claiming a medical or religious exemption must begin that process no later than 10 days prior to the start of the quarter.

All students seeking an exemption must download the appropriate form (Medical or Religious) and submit them through the [secure server](#). Students seeking an exemption may also contact vpss@olympic.edu directly. Students who do not effectively start this process in a timely manner may be removed from in-person classes and not allowed on campus.

[Medical Exemption Form](#)

[Religious Exemption Form](#)

Medical Exemption

All students seeking a Medical Exemption must download, fill out, and then upload the [Medical Accommodation Form](#) to the [secure document server](#) at least 10 days prior to the start of the quarter. Students seeking a medical exemption may also contact the Vice President for Student Services (vpss@olympic.edu) directly. Students who do not effectively start this process by the stated date will be removed from in-person classes and not allowed on campus.

In order to grant a reasonable accommodation to a student to remain unvaccinated, Olympic College must receive documentation from a Health Care Provider at least 10 days prior to the start of the quarter. That documentation, the [Medical Accommodation Form](#), must confirm that the student is medically unable to receive an authorized COVID-19 vaccine. The documentation must also include a duration the accommodation will be needed. For the purposes of this student medical accommodation request, a Health Care Provider includes all qualified and licensed MD, ND, DO, ARNP, or PA professionals. Please complete and [upload](#) the Medical Accommodation Form as soon as possible as additional, clarifying information may be needed from the student.

Religious Exemption

All students seeking a Religious Exemption must download, fill out, and then upload the [Religious Accommodation Form](#) to the [secure document server](#) at least 10 days prior to the start of the quarter. Students seeking a Religious Exemption may also contact vpss@olympic.edu directly. Students who do not effectively start this process by the stated date will be removed from in-person classes and not allowed on campus.

In order to grant a reasonable accommodation to a student to remain unvaccinated, Olympic College must receive information or documentation that confirms that the student has a sincerely held religious belief that prevents them from receiving the COVID-19 vaccine. The religious exemption must be based on a sincerely held religious belief system that is comprehensive in nature, including both theistic beliefs and non-theistic moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs; however, overlap between a religious and political view does not place it outside the scope of the exemption. Please complete and [upload](#) the [Religious Accommodation Form](#) as soon as possible to ensure the processes is completed start of the quarter.

COVID-19 Vaccination Verification Procedure for Students

Vaccination Status Verification Procedure for Students

Barring any medical or religious exemptions granted, all students of Olympic College who participate in or attend Olympic College courses, operations, or other activities in person at any Olympic College location are required to attest to their vaccination status with the college in [ctcLink](#). The information collected includes:

- The dates when each dose of the COVID-19 vaccine was administered to the student;
- Language stating that the student is attesting to the truthfulness of their self-attestation and will be subject to disciplinary action if their self-attestation is determined to be untruthful in violation of the IHE's code of conduct or equivalent; and
- Language stating that the IHE and state and local public health officials may require further verification of the student's vaccination status, including viewing the student's CDC vaccination card, state immunization information system record, or other documentation;

Students providing vaccination information are required to truthfully self-attest to their vaccination status in ctcLink. This process does not require the immediate upload of documentation, such as a vaccination card or other acceptable forms proof at the time of attestation. However, **Olympic College will be conducting audits of self-attestations during the first week of classes and contacting students to have them supply proof of vaccination. This will occur in randomized fashion and wherever else deemed necessary.** If selected, students are required to complete their audit by the end of the first week of classes. Students will be notified they have been selected for audit via email and other means (text messaging, phone calls, etc.), and will be provided information on the ways to complete their audit. **If the audit is not completed successfully by the end of the first week of classes, the student will be dropped from their in-person classes and may be subject to the student conduct process.**

Acceptable Proof of Vaccination

If audited, students must provide proof of the information they submitted in the vaccine verification process. Students will be contacted to schedule an appointment for the verification. Acceptable documentary proof of vaccination include:

- a CDC vaccination card;
- Documentation of vaccination from a health care provider; or
- a state immunization information system record.

COVID-19 Vaccination Policy for Employees

Policy

Consistent with the Governor's [Proclamation 21-14.5](#) and the requirements outlined for an Institution of Higher Education with a "Fully Vaccinated Campus" in the Governor's [Proclamation 20-12.5](#), all Employees of Olympic College (including all faculty, adjunct faculty, administrators, classified, student employees, volunteers, and part time employees - whether working remote or in person) are required to be fully vaccinated against COVID-19, subject to any medical exemptions and any religious exemptions required by law.

For purposes of this proclamation, a person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use by the FDA (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose COVID-19 vaccine authorized for emergency use by the FDA (e.g., Johnson & Johnson (J&J)/Janssen). For purposes of this proclamation, an IHE may consider a person fully vaccinated against COVID-19 two weeks after they have received all recommended doses of a COVID-19 vaccine that is listed for emergency use by the World Health Organization (WHO).

Exemptions

As required by law, medical and religious exemptions to the COVID-19 vaccination requirement are provided by Olympic College.

Medical Exemptions

If an employee needs to request an exemption and accommodation for medical reasons, they will need to have a licensed medical provider complete the necessary [Medical Exemption Form](#). Employees will also need to [schedule](#) a meeting with a Human Resources manager to discuss possible reasonable accommodations. Once a meeting has been scheduled, employees can send their completed form directly to the HR Manager their meeting has been scheduled with.

Religious Exemptions

If an employee needs to request an exemption and accommodation for religious reasons, they will need to [schedule](#) a meeting with a Human Resources manager to discuss this request and possible reasonable accommodations. Employees may submit the [Religious Exemption form](#) or a written statement, if you wish, prior to the meeting. Once a meeting has been scheduled, employees can send any documentation they wish to provide directly to the HR Manager they have scheduled with.

COVID-19 Vaccination Verification Procedure for Employees

Verification Procedure of Vaccination Status of Employees

All employees, including all full-time faculty, adjunct faculty, administrators, classified staff, student employees, and part time employees (whether remote or in person) are required to provide proof of vaccination to Human Resources. Self-attestation is not permitted under the proclamation. Proof of vaccination may be provided by sending a copy of either your CDC Vaccination Record Card or a photo of the card, documentation of vaccination from a health care provider, or state immunization information system record to hrticket@olympic.edu, or by presenting their documentation in person to Human Resources.

The information you provide regarding vaccination will be a confidential record, maintained separately from your personnel file.

COVID-19 Safety Training

COVID-19 Safety Training will be provided prior to, or on, the first day of returning to in-person work or class. COVID-19 Safety Training will also be provided by Human Resources, in coordination with the Environmental Health & Safety Manager, as part of the employee onboarding process to cover:

- COVID-19 signs and symptoms,
- How employees can protect themselves from COVID-19,
- What to do if sick,
- What to do if exposed to COVID-19, and
- Employer policies and procedures related to COVID-19

A training [video](#) has also been developed by Dr. Alecia Nye, Associate Dean of Nursing, to educate employees and students on topics, such as:

- How the virus is spread;
- Training on respiratory etiquette;
- Social distancing requirements and other safety measures on campus;
- Infection prevention practices, including frequent, thorough handwashing and respiratory etiquette;
- Sanitation practices and cleaning supplies;
- Training on the use of PPE, and information on what PPE will be required or recommended;
- Signage and floor markings on campus.

Guidance for High-Risk individuals, information on leave benefits and policies, and other COVID-19 prevention measures are provided in subsequent sections of this document.

This information can also be found on the Olympic College website here:

<https://www.olympic.edu/about-olympic-college/covid-19-coronavirus-information>

Employee and Student Health

Symptoms of COVID-19 Illness

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. The CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

*Source Document: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Guidance on When to Get Tested for COVID-19

Per the Washington State Department of Health, you should seek testing if you have [symptoms of COVID-19](#) or have been in close contact with someone who may be positive for COVID-19. You should get tested immediately if experiencing any symptoms, or 5 days after exposure if you are asymptomatic.

Types of COVID-19 Tests

Molecular Test – RECOMMENDED

Also known as a PCR test, RT-PCR test, diagnostic test, viral test, or nucleic acid amplification test (NAAT), the molecular test detects the genetic material of SARS-CoV-2, the virus that causes COVID-19. A sample is taken from your nose or throat (most tests) or saliva (few tests), and results are available in 24-72 hours. Positive test results mean you have an active COVID-19 infection, while negative test results mean that you probably did not have an active COVID-19 infection at the time of testing.

Antigen Test

Also known as a rapid test, diagnostic test, or point-of-care test, the antigen test detects the proteins on the surface of SARS-CoV-2, the virus that causes COVID-19. A sample is taken from your nose or throat, and results are available in as quickly as 15 minutes. Positive test results mean you **likely** have an active COVID-19 infection, while negative test results mean that you **likely** did not have an active COVID-19 infection at the time of testing.

- **Note:** Antigen tests can give false positive results. If you do not have symptoms and receive a positive antigen result, you should follow up with your healthcare provider about getting a molecular test.
- **Note:** Antigen tests can give false negative results. If you have symptoms and receive a negative result, you should follow up with your healthcare provider about getting a molecular test.

Antibody Test

Also known as a serological test, serology, serology test, or blood test, the antibody test detects antibodies that your immune system produces against SARS-Cov-2. A sample is taken through a finger stick or blood drawn, with positive results indicating that you have been previously infected or vaccinated and a negative test indicating that you may not have had COVID-19 in the past.

- **Note:** Antibody testing is not a diagnostic test.

Source: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-175-Tests.pdf>

Daily Health Screening

Olympic College is considered a “Fully Vaccinated Campus” under the [Proclamation of the Governor 20-12.5](#). As such, there are no longer any daily, self-certifying health screening requirements for employees, students, or visitors. However, there may be situations where visitors to campus for a planned activity or event may be subject to a self-certifying health screening. Please see the Site Access and Visitor/Vendor/Contractor Expectations section of this document for more information.

Health Expectations

General

All students, employees, and visitors are expected to monitor their health for signs of COVID-19 and take appropriate action to protect the health of themselves and others. A student, employee, or visitor who develops any of the known symptoms of COVID-19, which are not caused by another known condition, should isolate at home or another site away from others and call their healthcare provider for further instructions, including information about COVID-19 testing.

Isolation vs. Quarantine

- **Isolation** is what you do if you have COVID-19 symptoms, are awaiting test results, or have tested positive. Isolation means you stay home and away from others (including household members) for the recommended period of time to avoid spreading illness.
- **Quarantine** is what you do if you have been exposed to COVID-19. Quarantine means you stay home and away from others for the recommended period of time in case you are infected and are contagious. Quarantine becomes isolation if you later test positive for COVID-19 or develop symptoms.

Vaccination Status and Booster Shots

The CDC has updated their vaccination status terminology of “fully vaccinated” and “not fully vaccinated” to include “up to date” on your COVID-19 vaccines. With this new terminology, you are **up to date** on your COVID-19 vaccines when you have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

- **Fully vaccinated** means a person has received their primary series of COVID-19 vaccines.
- **Up to date** means a person has received their primary series of COVID-19 vaccines and a booster shot when eligible.
- **Not fully vaccinated** means a person has not received their primary series of COVID-19 vaccines.

Those Who Are Moderately or Severely Immunocompromised

Those who are moderately or severely immunocompromised have a different vaccination schedule than those who are not. See below for the vaccination schedule recommendations for those who are moderately or severely immunocompromised.

Who Is Moderately or Severely Immunocompromised?

Many conditions and treatments can cause a person to be immunocompromised (having a weakened immune system). People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress their immune response

Talk to your healthcare provider about COVID-19 vaccination and your medical condition.

At-a-Glance COVID-19 Vaccination Schedules:

The following pages are the vaccination schedules published by the [CDC](https://www.cdc.gov) as of 9/6/2022:

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At-a-Glance

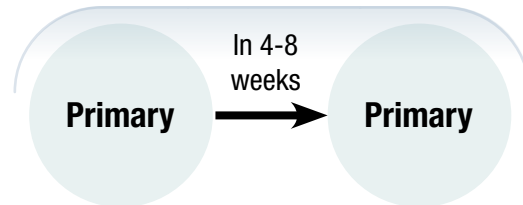
COVID-19 Vaccination Schedule for Most People

(People who are NOT Moderately or Severely Immunocompromised)



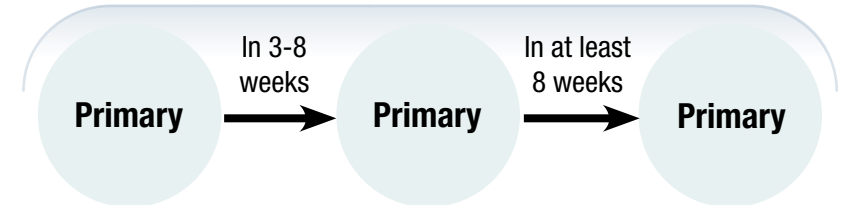
People ages 6 months through 4 years

Moderna



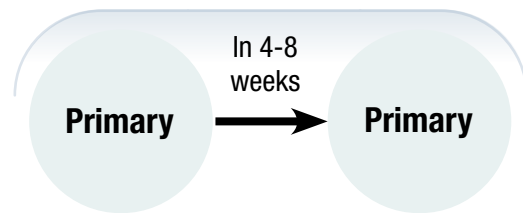
-OR-

Pfizer-BioNTech



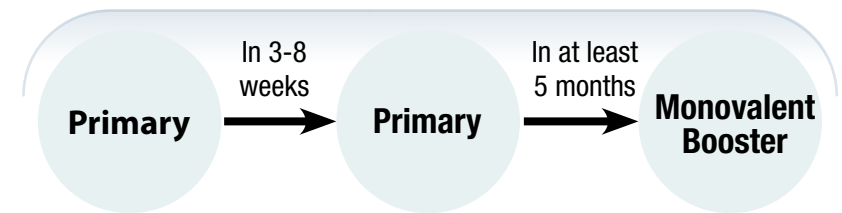
People ages 5 through 11 years

Moderna



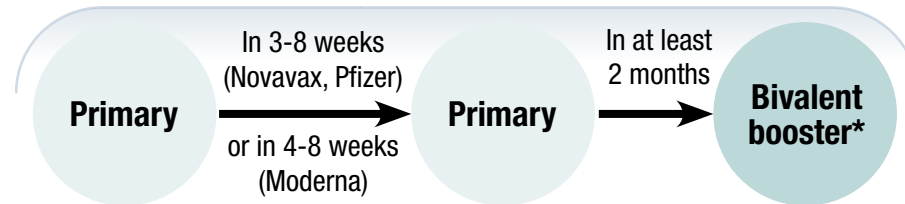
-OR-

Pfizer-BioNTech

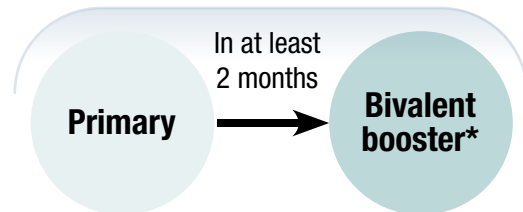


People ages 12 years and older

Moderna, Novavax, or Pfizer-BioNTech



People ages 18 years and older who previously received Janssen primary series dose[†]



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

Note: This schedule does not include clinical details necessary for administering COVID-19 vaccines. For clinical details, see the resources at the end of this document.

* The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

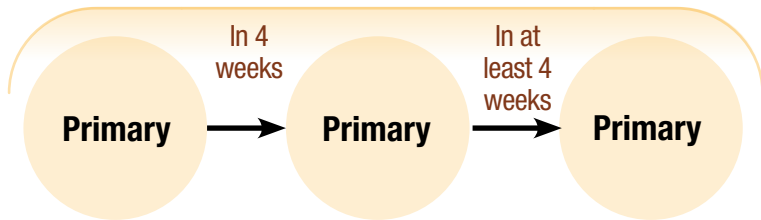
† Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised



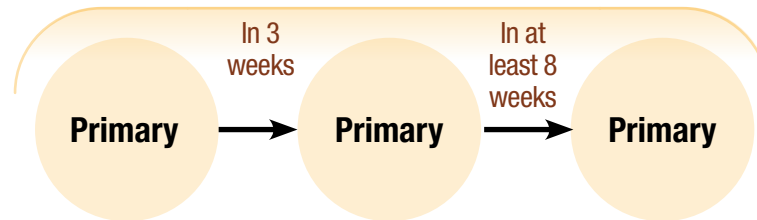
People ages 6 months through 4 years

Moderna



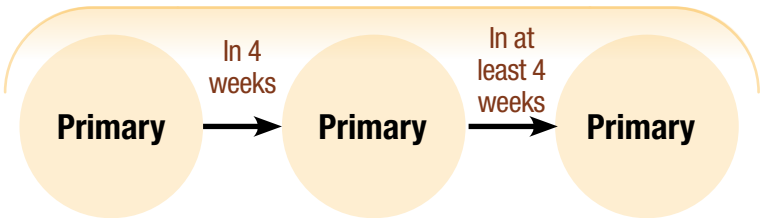
-OR-

Pfizer-BioNTech



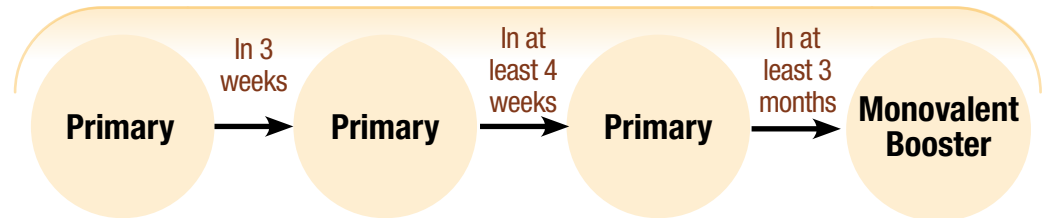
People ages 5 years through 11 years

Moderna



-OR-

Pfizer-BioNTech



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

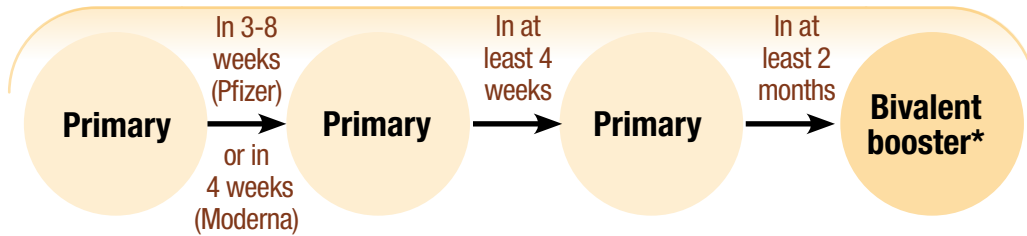
At-a-Glance

COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

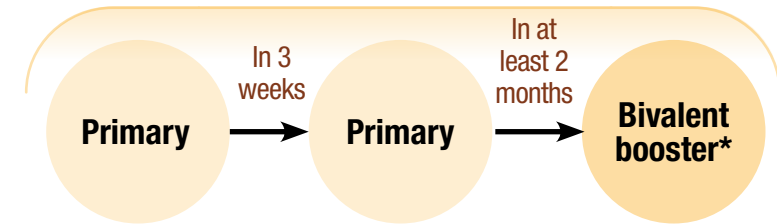


People ages 12 years and older

Moderna or Pfizer-BioNTech

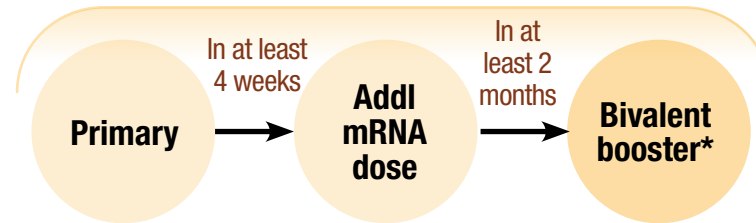


Novavax



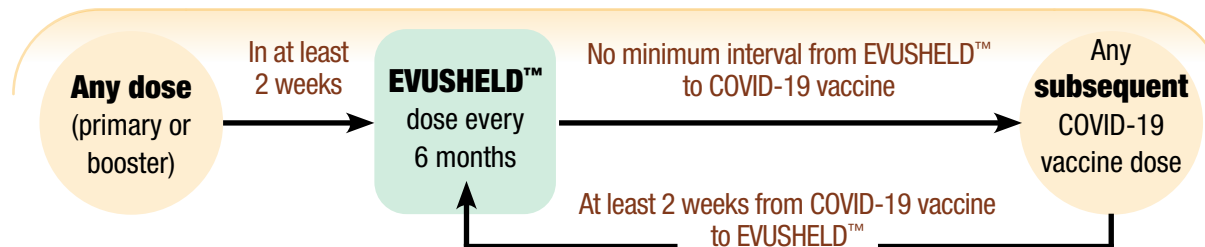
-OR-

People ages 18 years and older who previously received Janssen primary series dose†



Monoclonal antibodies (EVUSHELD™) for COVID-19 pre-exposure prophylaxis

People ages 12 years and older (must weigh at least 40kg)



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

Note: This schedule does not include clinical details necessary for administering COVID-19 vaccines. For clinical details, see the resources at the end of this document.

* The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

† Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

Close Contact with a COVID-19 Positive Person

A close contact is a person who has been within about six feet of a person with confirmed novel coronavirus infection for a prolonged period of time or has had direct contact with secretions from a person with confirmed novel coronavirus infection. The definition of “close contact” used in Washington is the same as the [CDC definition](#):

Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

Quarantine Guidelines

Per the CDC, if you are **NOT [up to date](#) on COVID-19 vaccinations**, and have you been in close contact with anyone who tested positive for COVID-19, you should quarantine at home or another site away from others for 5 full days, [wear a well-fitting mask](#) if you must be around others in your home, and it is strongly recommended to get tested for COVID-19 on the 5th day after exposure (even if you do not develop symptoms). After day 5, you can end quarantine if you do not develop any symptoms, but you should still watch for symptoms and avoid travel until 10 days after your last close contact with someone with COVID-19. If you develop any symptoms, isolate immediately and get tested. Masks should be worn around others for an additional 5 days (days 6-10) once quarantine is over, and if you must travel during days 6-10, [take precautions](#).

If you are [up to date on COVID-19 vaccinations](#), you do not need to quarantine following an exposure unless you develop symptoms. You should get tested for COVID-19 on the 5th day after exposure and wear a mask around others for 10 days. Watch for symptoms and avoid travel until 10 days after your last close contact with someone with COVID-19. If you develop any symptoms, isolate immediately and get tested. Masks should be worn around others for a full 10 days after exposure, and if you must travel [take precautions](#).

Both **vaccinated** and **unvaccinated** individuals who have had close contact with a COVID positive individual should get tested 5 days after their exposure, as long as testing supplies are readily available.

If you were exposed to COVID-19 and have received a laboratory **confirmed positive COVID-19 PCR test within the past 90 days**, you do not need to quarantine. You should watch for symptoms for 10 full days after you last had close contact with someone with COVID-19, and isolate if you develop any symptoms.

Additionally, you should wear a mask for 10 full days post exposure, avoid travel, and avoid being around people who are at high risk.

The following provides the current [CDC](#) quarantine recommendations relating to quarantining. When determining your quarantine dates, **the date of your exposure is considered day 0**. Day 1 is the first full day after your last contact with a person who has had COVID-19. Minimum quarantine length is 5 full days.

Quarantine Guidelines – Visual

<p>IF YOU Were exposed to COVID-19 and are NOT up to date on COVID-19 vaccinations</p>	<p>Quarantine for at least 5 days</p> <p>Stay home Stay home and quarantine for at least 5 full days.</p> <p>Wear a well-fitting mask if you must be around others in your home.</p> <p>Do not travel.</p> <p>Get tested Even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.</p>	<p>After quarantine</p> <p>Watch for symptoms Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.</p> <p>Avoid travel It is best to avoid travel until a full 10 days after you last had close contact with someone with COVID-19.</p> <p>If you develop symptoms Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitting mask around others.</p>	<p>Take precautions until day 10</p> <p>Wear a well-fitting mask Wear a well-fitting mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a well-fitting mask.</p> <p>If you must travel during days 6-10, take precautions.</p> <p>Avoid being around people who are more likely to get very sick from COVID-19.</p>
<p>IF YOU Were exposed to COVID-19 and are up to date on COVID-19 vaccinations</p>	<p>No quarantine You do not need to stay home unless you develop symptoms.</p> <p>Get tested Even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.</p>	<p>Watch for symptoms Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.</p> <p>If you develop symptoms Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitting mask around others.</p>	<p>Take precautions until day 10</p> <p>Wear a well-fitting mask Wear a well-fitting mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a well-fitting mask.</p> <p>Take precautions if traveling</p> <p>Avoid being around people who are more likely to get very sick from COVID-19.</p>
<p>IF YOU were exposed to COVID-19 and had confirmed COVID-19 within the past 90 days (you tested positive using a viral test)</p>	<p>No quarantine You do not need to stay home unless you develop symptoms.</p>	<p>Watch for symptoms Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.</p> <p>If you develop symptoms Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitting mask around others.</p>	<p>Take precautions until day 10</p> <p>Wear a well-fitting mask Wear a well-fitting mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a well-fitting mask.</p> <p>Take precautions if traveling</p> <p>Avoid being around people who are more likely to get very sick from COVID-19.</p>

Additional Guidance

- If you have had a positive COVID-19 test for active virus in the past 10 days, you should isolate at home or other site until you meet the return-to-work conditions described in this document.
 - o If you have a pending COVID-19 test, you should quarantine at home until the results of the test are known at which time follow the return-to-work guidance described in this document based on the test results.
- If, within the past 14 days, a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection, you should follow the advice of your healthcare provider on self-monitoring, self-isolating, self-quarantine, prior to returning to work.
- Employees who have been sick, with or without COVID-19, may stay home without a doctor's note. Employees should contact HR for possible leave options, depending on their situation. Absences beyond 3-days may require a note from a medical provider.

Guidance for High-Risk Individuals

According to the [CDC](#), people who are older or have underlying health conditions are at higher risk for complications from COVID-19. Adults of any age with the following conditions can be more likely to get severely ill from COVID-19:

- Cancer
- Chronic Kidney Disease
- Chronic Liver Disease
- Chronic Lung Diseases
 - o Asthma, if it's moderate to severe
 - o Bronchiectasis (thickening of the lungs' airways)
 - o Bronchopulmonary dysplasia (chronic lung disease affecting newborns)
 - o Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
 - o Having damaged or scarred lung tissue known as interstitial lung disease (including idiopathic pulmonary fibrosis)
 - o Pulmonary embolism (blood clot in the lungs)
- Pulmonary hypertension (high blood pressure in the lungs) Cystic Fibrosis
- Dementia or other Neurological Conditions
- Diabetes (Type 1 or Type 2)
- Disabilities
- Heart Conditions
 - o Cardiomyopathies
 - o Coronary Artery Disease
 - o Heart Failure
 - o Hypertension
- HIV Infection

- Immunocompromised (Weakened Immune System)
- Mental Health Conditions
- Overweight and Obesity
- Physical Inactivity
- Pregnancy
- Sickle Cell Disease or Thalassemia
- Smoking (Current or Former)
- Solid Organ or Blood Stem Cell Transplant
- Stroke or Cerebrovascular Disease
- Substance Use Disorders
- Tuberculosis

The following information is provided by Washington State Department of Health for High-Risk individuals:

Practice good health habits including:

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available;
- Avoid touching your eyes, nose, or mouth with unwashed hands;
- Avoid close contact with people who are sick;
- Cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue in the trash and wash your hands;
- Clean and disinfect objects and surfaces every day;
- Stay home as much as possible. If you go out, keep feet of distance between yourself and others;
- Avoid sharing personal household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home. After using these items, they should be washed thoroughly with soap and water;
- Make sure you can contact your regular healthcare provider when you need advice. Some clinics use "patient portals" to communicate and most of them will have staff that can take your calls to give advice. Please keep in mind that they are likely very busy;
- Make a list of medicines you need regularly and ask your pharmacy or healthcare provider if you can have an extra supply or prescription. Keep track of any other medications or supplements that you take and monitor your current health conditions as directed;
- Keep up to date with your immunizations;
- Identify someone who can help you and ask them to check up on you over the phone to make sure you are okay. Make sure that they understand not to visit if they are not feeling well;
- Make sure you have enough food and personal hygiene supplies to last a while;
- If you have a caregiver, they should also take special precautions;

Monitor your Health:

- Write down symptoms you have;
 - Record your temperature. Some medications can lower your body temperature, including aspirin (acetylsalicylic acid), Tylenol® (acetaminophen), Motrin® or Advil® (ibuprofen), Aleve® (naproxen). If you are taking one of these medications, please take your temperature before your next dose of medication;
- Call your healthcare provider before going to the clinic or hospital;
 - Calling first will help the clinic or hospital prepare to greet you and take care of you in the safest possible way. It may be recommended that you stay home and monitor your symptoms;
- Seek prompt medical attention if your illness is worsening (for example, shortness of breath or difficulty breathing);
 - Before seeking care, call your healthcare provider;
 - Put on a facemask that covers your nose and mouth before you enter any facility or emergency vehicle. After you put on the facemask, clean your hands with soap and water or alcohol-based hand sanitizer;
- If you are diagnosed with COVID-19, separate yourself from other people and animals in your home;

Source Document: <https://www.doh.wa.gov/Emergencies/COVID19/ResourcesandRecommendations/PersonsWhoareatHigherRiskforSeriousIllness>

Employee, Student, or Visitor Illness

Developing Any Symptoms of Illness While on Campus

If an employee, student, or visitor arrives on campus and afterwards develops symptoms of illness, they must immediately inform their supervisor/instructor, Human Resources, **and/or** COVID-19-questions@olympic.edu. The supervisor or instructor will also notify Human Resources **and/or** COVID-19-questions@olympic.edu to ensure the incident is timely and accurately reported so that any appropriate response protocols may be initiated. The ill individual will be asked to leave campus immediately, and if they are unable to do so, they will be placed in a private room for quarantine and remain masked until they are able to leave safely. If they cannot leave safely on their own, the ill individual will wait in the quarantine room until a household member, or an ambulance arrives. They will need to stay home and quarantine/isolate until they meet the requirements to return to campus.

Rooms identified for quarantine on each campus are:

- OC Bremerton – Building 11, Room 113A
- OC Poulsbo – Modular P1, Room 001
- OC Shelton – Room 112

Developing Any Known Symptoms of COVID-19 While Off-Campus

Individuals who have recently been on campus and develop symptoms of illness should inform their supervisor/instructor, Human Resources, **and/or** COVID-19-questions@olympic.edu. The supervisor or instructor will also notify Human Resources **and/or** COVID-19-questions@olympic.edu to ensure the incident is timely and accurately reported so that any appropriate response protocols may be initiated. The ill individual will be asked to quarantine/isolate and not return to campus until they meet the requirements to return to campus. If, at any point, the individual tests positive for COVID-19, they must follow requirements in this plan for an Employee/Student/Visitor with a Confirmed Positive COVID-19 Test.

Employee/Student/Visitor with a Suspected or Confirmed Positive COVID-19 Test

Any employee, student, or visitor (including contactor) who has a suspected or confirmed case of COVID-19 is expected to notify their supervisor/instructor/point of contact (for contractors), Human Resources, **and/or** COVID-19-questions@olympic.edu and will be required to self-isolate per local public health guidelines. The supervisor or instructor will also notify Human Resources **and/or** COVID-19-questions@olympic.edu to ensure the incident is timely and accurately reported so that any appropriate response protocols may be initiated.

Olympic College will inform the Kitsap Public Health District upon notification of a confirmed positive test by a student, employee, or visitor who has been to an Olympic College facility or event less than 48 hours before symptom onset, and will take the additional mitigation steps they recommend, if any. This

will be done through their [specialized reporting tool](#) or by direct contact with one of their COVID-19 Program staff. **The identity of any employees, students, or visitors/contractors who test positive for COVID-19 will be kept confidential as it relates to college operations. However, that information may be shared with the Kitsap Public Health District upon request.** Those who were determined to have been in close contact with the sick individual will be notified in coordination with the Kitsap Public Health District. The College will notify employees and students who have been in close contact with the individual while on campus or at a college event, and Kitsap Public Health District will notify individuals based on their own contact tracing efforts. Olympic College will follow the recommendations of the Kitsap Public Health District and the CDC regarding contact tracing/notification, self-isolating, return-to-work requirements of the employee.

Employee/Student Return to Campus Guidance

An ill student or employee is eligible to return to college facilities once they meet the return-to-work requirements outlined below.

Per the CDC's updated [guidance](#), an individual may return to campus when:

1. If you tested positive for COVID-19, you can end your home isolation when:
 - You have been fever-free for at least 24 hours without the use of fever-reducing medication; **AND**,
 - Your symptoms have gotten better; **AND**,
 - i. **NOTE:** If your symptoms are not improving, continue to isolate through day 10.
 - At least 5 days have gone by since your symptoms first appeared.
 - i. **NOTE:** To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days.

IF YOU Tested positive for COVID-19 or have symptoms, regardless of vaccination status	Stay home for at least 5 days Stay home for 5 days and isolate from others in your home. Wear a well-fitted mask if you must be around others in your home.	Ending isolation if you had symptoms End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.	Take precautions until day 10 Wear a mask Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
		Ending isolation if you did NOT have symptoms End isolation after at least 5 full days after your positive test.	Avoid travel Avoid being around people who are at high risk
		If you were severely ill with COVID-19 You should isolate for at least 10 days. Consult your doctor before ending isolation.	

2. If you **have symptoms associated with COVID-19 but tested negative** (with a molecular/PCR test) for COVID-19, you can end your home isolation when:
 - You have been fever-free for at least 24 hours without the use of fever-reducing medication; **AND,**
 - Your symptoms have gotten better.
3. If you suspect you are positive because **you have symptoms consistent with COVID-19 but have not been tested** (molecular/PCR), you can end your home isolation when:
 - You have been fever-free for at least 24 hours without the use of fever-reducing medication; **AND,**
 - Your symptoms have gotten better; **AND,**
 - i. **NOTE:** If your symptoms are not improving, continue to isolate through day 10.
 - At least 5 days have gone by since your symptoms first appeared.
 - i. **NOTE:** To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days.
 - **NOTE:** if you have symptoms consistent with COVID-19 you should contact your healthcare provider about getting tested for SARS-CoV-2. If you do get tested, then you will follow the guidance listed above based on the results of the test.

Source Document: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

Confirmation of a COVID-19 Case on Campus

When it has been confirmed that a case of COVID-19 has been on campus, regardless of community transmission, Olympic College will:

- Communicate with students, staff, and faculty, as appropriate, to share the possible COVID-19 exposure and decisions made in relation to the exposure;
 - Additionally, targeted messaging will be made to the sick individual, as well as anyone deemed to meet the definition of a "Close Contact."
- The area(s) that the infected/confirmed positive individual occupied will be cleaned and disinfected thoroughly, as outlined under the Custodial Procedures section of this plan.
- Notify Kitsap Public Health Districts via their reporting form, found here:
<https://kitsappublichealth.org/about/health-concern-covid.php>

When it has been confirmed that a case of COVID-19 has been on campus, and there is evidence or suspicion of community transmission, Olympic College will:

- Coordinate with local health officials immediately. These health officials will help determine the appropriate course of action, such as the need for cancellation of classes and closure of buildings and facilities, if any;
- Report to L&I's division of occupational safety and health (DOSH) within twenty-four hours of being notified of:
 - Ten or more test-confirmed covered employees at the workplace or worksite where the test was collected during any period of time the Washington State Department of Health, or a local health jurisdiction communicates to the employer that there is a COVID-19 outbreak at their workplace or worksite; or
 - Ten or more test-confirmed employees where the test was collected during any period of time between the following start and end points:
 - Start: When any two, or more, test confirmed covered employee cases at the workplace or worksite occur within fourteen consecutive calendar days of each other.
 - End: Twenty-eight consecutive calendar days have passed since the last positive test result for any covered employee at the workplace or worksite.
 - Per L&I, reporting should be done 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.
- Make decisions, via the Emergency Operations Center and Executive Team, in conjunction with local health officials, about extending class suspensions and/or event and activity cancellations;
- Implement strategies to continue education and other support activities for students;
- Notify Kitsap Public Health Districts via their reporting form, found here:
<https://kitsappublichealth.org/about/health-concern-covid.php>
- **NOTE:** In the case where a confirmed COVID case effects on campus housing, Olympic College will work closely with local public health officials to make decisions related to housing and to ensure continuity of housing for all campus housing residents;

COVID-19 Communications/Operations Decision Tree

This decision-tree provides general guidance for responding to students and employees regarding COVID-19 in accordance with the Olympic College Safe Back to School Plan. The actual response is subject to change based on the specific situation. If you are informed of a confirmed case of COVID-19 or are a student/employee who is ill and has questions, please email: COVID-19-questions@olympic.edu, and a team member will respond.

	Individual Tested Positive for COVID-19	COVID-19 Symptoms, No Positive test	Close Contact with COVID-19 Positive Case
Operational Guidance	<ul style="list-style-type: none"> - Notify Instructor or Supervisor, Human Resources, and/or COVID-19-questions@olympic.edu. - Facilities to implement response protocols as documented in Safe Back to School Plan. - College will contact Kitsap Public Health Department to report the positive case. <p>For more information, see: Employee/Student/Visitor with a Confirmed Positive COVID-19 Test.</p>	<p>On-Campus:</p> <ul style="list-style-type: none"> - Notify Instructor or Supervisor, Human Resources, and/or COVID-19-questions@olympic.edu, and leave campus immediately. If they are unable to safely leave campus, they will be provided with an isolation room until they are able to be removed from campus. - Facilities to implement response protocols as documented in Safe Back to School Plan. <p>For more information, see: Developing Any Symptoms of Illness While on Campus.</p> <p>Off-Campus:</p> <ul style="list-style-type: none"> - The ill individual should contact their healthcare provider to determine if a COVID-19 test is needed and notify Instructor or Supervisor, Human Resources, and/or COVID-19-questions@olympic.edu. 	<ul style="list-style-type: none"> - Notify Instructor or Supervisor, Human Resources, and/or COVID-19-questions@olympic.edu. - The individual should contact their healthcare provider to determine if a COVID-19 test is needed. - Facilities to implement response protocols as documented in Safe Back to School Plan. <p>For more information, see: Close Contact with an Individual Who Tests Positive for COVID-19.</p>

	Individual Tested Positive for COVID-19	COVID-19 Symptoms, No Positive test	Close Contact with COVID-19 Positive Case
		questions@olympic.edu for additional guidance. For more information, see: Developing Any Known Symptoms of COVID-19 While Off-Campus	
Communications Guidance	<ul style="list-style-type: none"> • Message to students and employees directly affected. • Message to all students and employees. • Do not share confidential information, i.e., names. 	<ul style="list-style-type: none"> • Message to students and employees directly affected only. • Do not share confidential information, i.e., names. 	<ul style="list-style-type: none"> • Message to students and employees directly affected only. • Do not share confidential information, i.e., names.
Return to work/school Guidance	<ul style="list-style-type: none"> • You have been fever-free for at least 24 hours without the use of fever-reducing medication; • AND Your symptoms have gotten better; • AND at least 5 full days have gone by since your symptoms first appeared, • NOTE: Day 0 is your first day of symptoms or a positive viral test. Day 1 is the first full day after your symptoms developed or your test specimen was collected. If you have COVID-19 or have symptoms, isolate for at least 5 days. 	<ul style="list-style-type: none"> • If you have symptoms consistent with COVID-19 but have not been tested (molecular/PCR), you can end your home isolation when: <ul style="list-style-type: none"> - You have been fever-free for at least 24 hours without the use of fever-reducing medication; AND - Your symptoms have gotten better; AND - At least 5 full days have gone by since your symptoms first appeared; <p>NOTE: Day 0 is your first day of symptoms or a positive viral test. Day 1 is the first full day after your symptoms developed or your test specimen was collected. If you have COVID-19 or have symptoms, isolate for at least 5 days.</p>	<p>If you had confirmed COVID-19 within the past 90 days (using a PCR test):</p> <ul style="list-style-type: none"> • You do not need to quarantine and can return to in-person activities immediately; • Continue to watch for symptoms until 10 days after you last had close contact with someone with COVID-19, and isolate if you develop any symptoms. • Additionally, you should wear a mask around others, avoid travel, and avoid being around people who are high risk for 10 full days after your last close contact with a COVID positive individual

	Individual Tested Positive for COVID-19	COVID-19 Symptoms, No Positive test	Close Contact with COVID-19 Positive Case
		<p>Note: if you have symptoms consistent with COVID-19 you should contact your healthcare provider about getting tested for SARS-CoV-2. If you do get tested, then you will follow the guidance based on the results of the test.</p> <ul style="list-style-type: none"> If you have symptoms associated with COVID-19 but tested negative (with a molecular/PCR test) for COVID-19, you can end your home isolation when: <ul style="list-style-type: none"> - You have been fever-free for at least 24 hours without the use of fever-reducing medication; AND, - You no longer have symptoms. 	<p>For anyone who is unvaccinated or those who have completed their Pfizer or Moderna series more than 5 months ago or the Johnson & Johnson series more than 2 months ago and are not yet boosted (i.e., not “up-to-date”), you can return to campus when:</p> <ul style="list-style-type: none"> It has been at least 5 full days since you have been exposed, and you have not developed any symptoms. <p>NOTE: The date of your exposure is considered day 0. Day 1 is the first full day after your last contact with a person who has had COVID-19. Stay home and away from other people for at least 5 days</p> <p>NOTE: Even if you don’t develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.</p> Continue to watch for symptoms until 10 days after you last had close contact with someone with COVID-19, and isolate if you develop any symptoms. Additionally, you should wear a mask around

	Individual Tested Positive for COVID-19	COVID-19 Symptoms, No Positive test	Close Contact with COVID-19 Positive Case
			<p>others, avoid travel, and avoid being around people who are high risk for 10 full days after your last close contact with a COVID positive individual.</p> <p>For individuals who are “up to date” on their vaccines, which would be those who have completed the Pfizer or Moderna series within the last 5 months or the Johnson & Johnson series within the last 2 months or have been boosted:</p> <ul style="list-style-type: none"> • You do not need to quarantine and can return to in-person activities immediately. • Even if you don’t develop symptoms, testing should be done at least 5 days after you last had close contact with someone with COVID-19. • Continue to watch for symptoms until 10 days after you last had close contact with someone with COVID-19, and isolate if you develop any symptoms. • Additionally, you should wear a mask around others, avoid travel, and avoid being around people who are high risk for 10 full days after your last close contact with a

	Individual Tested Positive for COVID-19	COVID-19 Symptoms, No Positive test	Close Contact with COVID-19 Positive Case
			COVID positive individual.
Missed work/school	<p>Students: See Student Handbook and contact professors for additional information.</p> <p>Employees: See Leave & Benefit Policies section of Safe Back to School plan; contact HR for additional information.</p>	<p>Students: See Student Handbook and contact professors for additional information.</p> <p>Employees: See Leave & Benefit Policies section of Safe Back to School plan; contact HR for additional information.</p>	<p>Students: See Student Handbook and contact professors for additional information.</p> <p>Employees: See Leave & Benefit Policies section of Safe Back to School plan; contact HR for additional information.</p>

Personal Protective Equipment

Personal Protective Equipment (PPE), as appropriate or required, for the activity being performed shall be provided by the College to employees. This may include gloves, goggles, face shields, and face masks as appropriate to the activity being performed. OSHA, WISHA, and L & I requirements shall be followed in determining appropriate PPE for employees. Students will follow the protocols of the course they are in and the instructional activities taking place.

PPE will be determined based on risk level associated with OSHA/WISHA in the Guidance on Preparing Workplace for COVID-19 (<https://www.osha.gov/Publications/OSHA3990.pdf>).

Other PPE will be worn as required by the specific academic program or by an individual's specific work task.

Custodial Crew PPE

Custodial crew members are required to wear gloves when cleaning at all times. When there is a suspected case of COVID-19 on campus, the custodial crew will follow the recommendations of the CDC and Labor and Industries (L&I) regarding additional PPE usage. Custodial employees shall wear face coverings as required by college policy and the applicable state guidelines.

Maintenance Crew and Those Who Work in High Traveled Areas

Maintenance crew members are recommended to wear nitrile gloves. Employees will wear fabric/cloth face coverings or surgical-style disposable masks at their own discretion, unless a mask (or higher level of protection, such as a respirator or N95 mask, is required for the activity being performed.

Insufficient Supply of PPE

If a program cannot obtain or provide the PPE outlined in this plan and required by the relevant L&I, WISHA, and OSHA requirements, that specific program will cease all in-person activities until such PPE is available.

Face Coverings

Olympic College will supply a face covering to all employees and students who want or need one. Per [Secretary of Health Order 20-03.8](#), **masking is now optional for all**, except in the following settings: Health Care Settings, Long-Term Care Settings, and Correctional/Jail Facilities.

Per the Washington State [Secretary of Health Order 20-3.8](#), a face covering must:

- Fit snugly against the sides of the face;
- Completely cover the nose and mouth;
- Be secured with ties, ear loops, elastic bands, or other equally effective method; **AND**
- Include at least one layer of tightly woven fabric without visible holes, although multiple layers are strongly recommended.

A face covering may also be a mask or covering that provides a higher level of protection than a cloth face covering, such as an N95 mask.

If working in an area where face coverings are still required, employees working with deaf or hard of hearing peers or students/visitors should temporarily remove masks while communicating to accommodate facial expression and lip reading. Clear masks or cloth masks with a clear plastic panel may also be used when interacting with people who are deaf or hard of hearing, young children or students learning to read, students learning a new language, people with disabilities, and people who need to see the proper shape of the mouth for making appropriate vowel sounds.

Exceptions to Wearing a Face Covering (when required):

- While working indoors in areas not generally accessible to the public and when no customers, volunteers, visitors, or non-employees are present (but only if the worker is fully vaccinated against COVID-19);
- While working alone isolated from interactions with others and have little or no expectation of in-person interruptions;
- While swimming or engaged in other water sports or recreation;
- While engaged in the act of eating or drinking;
- While showering, bathing, or engaging in other personal hygiene or grooming activities that require the removal of the face covering;
- When any party to a communication is deaf or hard of hearing and not wearing a face covering is essential to communication;
- While obtaining a service or engaged in a transient activity that requires temporary and very brief removal of the face covering;
- While sleeping;
- When necessary to confirm the person's identity;

- When federal or state law prohibits wearing a face covering or requires the removal of a face covering; **OR**,
- When unable to put on a face covering due to an emergency;

People Exempt from the General Face Covering Requirement

Per the Washington State [Secretary of Health Order 20-3.8](#), the following people are exempt from the requirement to wear a face covering:

- Children younger than five years old;
 - Children who are younger than two years old should never wear face coverings due to the risk of suffocation.
 - Children who are two, three, or four years old, with the assistance and close supervision of an adult, are strongly recommended to wear a face covering at all times in public settings when around non-household members.
- People with a medical condition, mental health condition, developmental or cognitive condition, or disability that prevents wearing a face covering. This includes, but is not limited to, people with a medical condition for who wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

If an employee has a disability that would prevent them from wearing a face covering, they should contact Human Resources for guidance and discuss the accommodation process. Students with a disability that would prevent them from wearing a face covering should contact Access Services for guidance.

Mask Type Based on Risk Level

The following guidance is from the Washington State Department of Labor & Industries guidance on the use of Face Coverings and Respirators in the workplace and describes the appropriate mask type based on the activities' risk level.

Negligible Risk

Employees working alone or driving by themselves are not required to wear a cloth face covering because the risk for transmission is negligible (very low). "Alone" means the employee is isolated from interactions with others and has little or no expectation of in-person interruptions. If someone working alone has to pass another person once or twice a day, they should stay at least six feet away to maintain negligible risk. If that isn't possible, then a cloth face covering is required during passing.

Required Mask Type: *NONE* – as long as the requirements above are met.

Low Risk

A reusable cloth face covering is required when the risk for transmission is low. The risk for transmission is low when employee's work around or travel with others and stay at least six feet apart, except for

briefly passing by others up to several times a day. Risk is also considered low when one or two workers provide personal services to healthy clients who also wear a cloth face covering.

Required Mask Type: Reusable Cloth/Fabric Face Covering (**NOTE:** There are no official guidelines regarding cloth weight or number of layers for face masks used in low-risk settings.)

Medium Risk

Masks are required when the risk for transmission is medium. Examples of masks include disposable dust masks used for hobbies but not approved by the National Institute for Occupational Safety and Health (NIOSH); surgical-style masks not approved by the FDA; and masks such as KN90s or KN95s approved in other countries. The risk for transmission is generally considered medium when workers stay at least six feet away from others except for several times throughout the day when the six-foot distance is broken for several minutes, and prevention measures such as physical barriers are not feasible.

Required Mask Type: KN95, surgical-style mask, hobby dust mask

High Risk

Respirators are required when the risk for transmission is high. Respirators for high-risk activities must be approved by the National Institute for Occupational Safety and Health (NIOSH) or by an equivalent approval body from outside the United States. Examples include elastomeric (rubber-like) half-or full-facepiece respirators with cartridges, tight or loose-fitting powered air-purifying respirators (PAPRs) with particulate cartridges, and filtering facepiece N-, R-, or P-95s to 100s (when supplies allow). The risk for transmission is considered high when employees work or travel within three feet of others for more than 10 minutes an hour many times a day, and other prevention measures aren't feasible.

Risk is also considered high when workers:

- Clean and sanitize areas recently occupied by someone with known COVID-19 illness.
- Provide services in residences of clients with known COVID-19 illness.
- Perform procedures that aerosolize saliva, mucous, or secretions from eyes; or that cause increased or forced breathing, coughs, sneezes, or yawning.

Required Mask Type: N95 filtering facepiece

Further guidance regarding facial covering and mask usage can be found at the Labor and Industries site here: <https://www.lni.wa.gov/forms-publications/F414-168-000.pdf>

Refusal to Comply with College Safety Protocols

Any employee, student, or visitor to Olympic College Campuses who refuses to comply with college safety protocols will not be allowed access to Olympic College facilities and will be asked to leave campus. Employees are required to adhere to these requirements and refusal to do so may be grounds for disciplinary action. Olympic College Security Officers may be brought in to assist in deescalating and resolving the situation, or to request support from local law enforcement should the situation warrant it.

Process for Non-Compliance in Students

1. **Discreet Reminder.** The employee will discreetly remind the student about the requirement to follow College safety protocols and possible student conduct consequences.
2. **Ask the Student to Leave.** If the student does not comply, the employee will ask the student to leave.
 - a. If the student does leave, the employee will report the violation as a Student Conduct Violation through [OC Report It!](#)
3. **Contact Campus Security.** If the student does not leave, the employee will contact Campus Security, who will notify the Dean of Student Development or designee.
 - a. If Campus Security is not available, the employee will cease instruction or refuse service, directing others to leave the immediate room or area, and will follow-up with Campus Security and report the violation as a Student Conduct Violation through OC Report It!
4. **Campus Security Responds.** If Campus Security is available, the Campus Security Officer will consult with the employee before taking appropriate action, including reminding the student of the requirement to follow College safety protocols and possible student conduct consequences.
 - a. If the student continues to violate the safety protocols, the Campus Security Officer will direct the student to leave. If the student does leave, the Campus Security Officer will escort the student to the exit of the building.
 - b. If the student does not leave, the employee will cease instruction or refuse service and the Campus Security Officer will direct others to leave the immediate room or area. The Campus Security Officer may contact law enforcement. The Campus Security Officer will avoid engaging in physical altercations.
5. **Documentation.** The Campus Security Officer must report the violation through (1) SECOMS as an incident report; and (1) OC Report It! as a Student Conduct Violation, citing all relevant conduct violations, including WAC 132C-120-065 Prohibited student conduct: (7) Failure to comply with a directive: Failure to comply with the direction of a college officer or employee who is acting in the legitimate performance of his or her duties, including failure to properly identify oneself to such a person when requested to do so.
6. **Notifications.** The Campus Security Officer shall inform the Campus Security Director or Sergeant, who will:
 - a. Ensure notification to the Dean of Student Development; and
 - b. Notify the President's Chief of Staff for record keeping, if COVID-19 related.

Social Distancing

General

Olympic College is classified as a “Fully Vaccinated Campus” under the [Proclamation of the Governor 20-12.5](#). As such, there are no longer any universal social distancing requirements for employees, students, or visitors.

Recommended Social Distancing Practices

- While not required by the proclamation, it is good practice to maintain at least three feet of separation, between individuals, whenever possible, while on campus. Six feet, or greater is better;
- Students are encouraged to enter each building and go directly to their instructional location;
- Loitering in halls is discouraged;
- At the end of each instructional session, students should be encouraged to directly exit the building and leave the campus;
- Students may wait for their class/activity outside if proper distance is maintained;
- Buildings will have access hours set and enforced by the College. Employees should not be on campus outside of the operating hours unless required by their job duties;

In-Person Class Sizes and Gatherings

Currently, there are no size limits for classes or gatherings identified in the [Governor's Proclamation 20-12.5](#) – Higher Education.

On Campus Meetings

Meetings can be conducted in-person or online (or in-person with an online attendance option), via Microsoft Teams or Zoom.

Campus Spaces and Choke Point Mitigation

Campus spaces, choke points, and high-risk locations may be identified with signage and managed as indicated below.

Floor Marking Tape and Decals

Solid Yellow Tape: Indicates walkways. In most hallways, traffic flow is on the right side of the hallway. Students and employees should cross over only when entering a room. In limited areas, walkways will be between yellow lines to guide persons through the space.

Yellow and Black Stripes: This indicates an area to be kept clear or not to be crossed for health and safety reasons. In some hallways, areas that are delineated with yellow and black stripes across the hall indicate a do not cross the barrier, usually in conjunction with one-way traffic. It also is used to indicate areas where only one person may be at a time. If a discrete area is delineated, do not place objects within this area or remain in the area.

Solid Red Tape: Any equipment or seating behind a solid red line is not available for use. It can be considered to be "Red Tagged."

Red and White Stripes: This designates areas that must be kept clear for fire safety (egress, access to fire equipment, alarms, etc.).

Decals: Floor decals have been placed to indicate where people should stand in queues, traffic flow directions, and in areas marking where not to enter a building.

Classrooms and Labs:

- Non-permeable barriers may be set up if necessary;
- Floor markings may be placed on the floor or on desks/tables in classrooms to identify where students should stand or sit;
- Classrooms with two doors may have one designated as an entrance only and one as an exit only;
- Best practices include having the door be opened by the instructor using an approved doorstop at the beginning and end of class periods with the door closed at all other times. If automatic hold opens are installed, they should be used. The doorstops should not be left in the doors to comply with the fire code.

Hallways and Stairwells:

- Hallways and stairwells may be designated as one-way traffic;

- Signage may be placed to encourage movement. Employees, students, and visitors are expected to follow one-way hallway arrows and signage;
- Traffic will keep to the right of the hallway or stairwell; floor lines may be placed to indicate traffic flow as described above;

Offices:

- Floor layouts of office spaces may be changed to provide social distancing;
- Physical barriers may be put in place in areas where social distancing is not possible, or members of the public frequent the area and social distancing is not possible;
- Private office doors should be kept closed.

Conference Rooms:

- Conference rooms must be scheduled through the 25Live room scheduling system and will be kept locked when not in use;

Breakrooms:

- Breakrooms will be open and have been kept on full-service schedule for custodial services throughout the pandemic.
- Breaks should be staggered to avoid too many people in the break areas at the same time. Employees should wipe down microwaves and countertops after they use the area with an approved disinfectant.

Restrooms:

- Restrooms on campus will be open and are monitored daily by Custodial Services;
- If they have been used, they will be cleaned according to custodial services procedure. If no usage has occurred, the toilets are to be flushed and water run in each sink.
- People should be respectful of each other and should step outside until someone vacates the space if all available stalls/urinals are in use;
- Custodial Services will fully clean the restrooms once per day. Increasing cleaning frequency would result in a reduction in service elsewhere. It is recommended that people follow normal hygienic practices in public restrooms, as this has been shown to be effective in preventing disease transmission. These practices include:
 - Do not touch your face or hands while using the facilities;
 - Do not use your phone (Cell phones are some of the most biologically active devices we have on our persons);
 - Wash your hands after using the restrooms;
 - Use a paper towel to shut off the faucets;
 - Use the restroom as needed in an efficient manner;
- Cleaning wipes should not be placed in toilets. They damage the plumbing.

Sanitation and Cleanliness

Locations for Washing Hands

All campus restrooms and handwashing stations will be equipped with handwashing instructions and best practices.

All students and employees are encouraged to wash their hands regularly:

- Before and after using the restroom;
- Before and after eating;
- After coughing, sneezing, or blowing their nose; and
- At every glove/PPE change, if appropriate;

Restrooms

Restrooms are located on each floor in campus buildings will be the primary source and location for handwashing stations. Restrooms that are identified as being used for a work area or instructional activity will be cleaned and refreshed with supplies daily by Custodial Services. All restrooms and handwashing stations will be equipped with handwashing instructions and best practices.

Portable Handwashing Stations

Currently, there is no identified need for-Portable Handwashing Stations at Olympic College. However, if outdoor instructional areas are identified or used, or if porta-potties are placed by the College or a contracted vendor, a portable handwashing station shall be provided as required by WAC 296-155-140 w (a) – (f). The EOC will determine the appropriate type and location for portable handwashing stations if deemed necessary.

Hand Sanitizer

Olympic College has installed hand sanitizer dispensers at building entrances and in public and heavily trafficked areas of buildings. Olympic College will provide in public areas a benzalkonium chloride-based hand sanitizer that offers greater interoperability with different delivery methods. The legacy ethyl or isopropyl alcohol-based sanitizers (with at least 60% alcohol) will continue to be supported as supplies are available. Hand Sanitizers do not substitute the need for proper handwashing, and the use of hand sanitizer will not be required unless it is an industry standard for the activity being performed. Due to the low usage and high failure rates, the College is moving toward no longer equipping individual classrooms with hand sanitizer dispensers.

Note: The use of hand sanitizer is not an acceptable substitution for regular, thorough hand washing.

Areas That Will Have Facilities Supported Hand Sanitizer Dispensers:

- Hallways outside of public restrooms;
- Building main entrance lobbies;
- Mission Critical Areas as identified by Custodial Services;
- All healthcare settings (real and simulated) will have Facilities Supported dispensers using the alcohol-based product as per CDC regulations.

Disinfectants and Supplies

Disinfectants are regulated by the Environmental Protection Agency. Olympic College will provide disinfectants for use in areas and locations where work or instructional activities are occurring. These may include Oxivir Five 16 disinfectant, Oxivir One, or Oxivir TB (requiring 1 to 5-minute dwell time), or legacy quaternary sanitizer products that require 10-minute dwell time and rinsing after use. Each product should be used according to the manufacturer's recommendations. Paper towels or microfiber towels will be provided for use with these disinfectants. No other disinfectants may be used by individual departments or programs unless approved by Facilities. Disinfectants should be listed by the EPA and must be properly labeled.

Cleaning Wipes

Cleaning wipes (Oxivir TB) are provided primarily for use by Information Technology (IT) for use in decontaminating equipment. Other programs also may be supplied wipes as needed and only if available supplies can support their usage. Due to their short supply, not all locations are being provided cleaning wipes. Spray disinfectants should be used whenever possible. Clorox/Lysol wipes may be used if available, but effectiveness requires 10-minute dwell time. These should not be used in conjunction with any other disinfectants.

Cleaning wipes will also be provided for use in college vehicles to disinfect between drivers.

Shared Tools and Equipment

Any tool or equipment used by more than one individual should be sanitized between users. Disinfectants, which may include cleaning wipes, will be supplied by Custodial Services, and should be used as directed. The primary disinfection/sanitization of shared tools or equipment is the responsibility of each department or program to complete. The use of disposable gloves, where safe, is encouraged.

Custodial Services Response and Mitigation

Custodial Primary Priorities

College custodial staff will sanitize high touch surfaces in areas used each day by instructors, students, and public areas used by employees following industry best practices. These spaces include:

- Classrooms;
- Instructional and Computer Labs;
- Public areas;
- Copier areas;
- Shared kitchen areas;
- Break areas; and,
- Restrooms.

Private offices are to be excluded from daily custodial cleaning, and the cleaning of which will be the responsibility of the occupant. These areas will be supplied with disinfectant and microfiber towels for the occupants to perform their own routine disinfection. Employee Personal Workspace Cleaning training is available and will be offered for employees working on campus.

Trash cans should be placed in hallways or areas designated by custodial services as gathering points for service if they need to be emptied.

High touch surfaces have been identified to include, but are not necessarily limited to:

Classrooms and Labs:

- Door handles;
- Light switches;
- Desks or Tables;
- Push plates;
- Phones;
- Keyboards at teaching stations.

Restrooms:

- Door handles;
- Stools;
- Urinals;
- Sinks;
- Counters;
- Stall door hardware.

Shared Areas:

- Door handles;
- Light switches;
- Phones;
- Sinks;
- Food Prep Areas.

Cleaning Frequencies

Unoccupied Buildings: All unoccupied buildings will receive a one-time, detailed deep cleaning and disinfection using [EPA-registered disinfectants](#). Routine custodial cleaning along with the enhanced cleaning frequency will resume once the buildings are occupied again.

Occupied Buildings: In addition to routine custodial cleaning, cleaning frequency has been increased to clean and disinfect common areas and commonly touched surfaces in occupied buildings. Touchpoints such as entrance handles, handrails, elevator buttons, tables, restroom stall handles/doors are being cleaned at least once daily, five days a week, using [EPA-registered disinfectants](#). Some areas of the campus, specific to the operation, clean to the standard of their department or unit's operational needs.

As more employees and students return to campus, increasing the frequency of high touch points in buildings may be necessary. This includes the following:

- Restroom servicing/touch point cleaning;
- Public entry area touch points;
- Other areas determined by Facilities to be in need of additional servicing.

Custodial Training

All custodial employees engaged in cleaning efforts will have completed "Acute Care Facility," "Pandemic Cleaning," and "Post Pandemic Cleaning" modules in the Cleancheck Training System as part of the focused COVID-19 training. Employees will be trained on the chemicals they are using to clean their own areas in accordance with OSHA's requirement for Hazard Communication.

General Protocols

- Custodians will wear facial coverings, as required above;
- Breaks may be staggered so that social distancing can be maintained;
- Custodial staff will wash their hands at every glove change and at the start and end of their shift;
- Custodial staff should not return to work until they meet the return-to-work requirements listed above;
- ATP testing for biofilm may be conducted on cleaned surfaces to help determine cleaning efficacy.

Cleaning when there is not a suspected COVID-19: Normal Procedures

Appropriate PPE shall be worn according to the recommendations of the CDC and Washington Department of Labor and Industries. Custodial Services Standard Operating Guidelines will be followed, along with frequencies set by the Buildings and Grounds Supervisor.

Cleaning when there is a confirmed case of COVID-19 on Campus

Appropriate PPE shall be worn, according to recommendations by the CDC and Washington Department of Labor and Industries. Cleaning procedures will follow Isolation Room cleaning procedures, as shown in the Cleancheck Training System, if the area must be returned to operational status rapidly. If more than 48 hours have passed since the last instance, an infected individual has been on campus and the initial onset of their symptoms, normal cleaning procedures may be followed. Additionally:

- If a person(s) becomes ill while on campus, the areas the ill person or persons occupied may be closed for a period of 24-48 hours from the time that the ill person, or persons, leave the area.
- An assessment will be made to determine all areas on campus that the ill person occupied.
- Door hangers identifying the area awaiting decontamination may be placed on the door;
- Door will be locked, and if present, the electronic lock will be set to card/pin access only;
- Custodial and other staff will be notified, as necessary, that there was a confirmed case of COVID-19 in their area and will, if appropriate, be informed of all suspected areas that the person occupied;
- PPE appropriate for the pathogen shall be worn;
- Decontamination will follow industry best practices, CDC guidelines and any recommendations of the authority having jurisdiction (such as the Washington State Department of Health or the Kitsap Public Health District);
- Decontamination may include a combination of the following means: chemical, mechanical, UV-C radiation, and live steam;
- Decontamination methods shall be used to disinfect as per health care Isolation Room standards;
- Hard to disinfect items may be disposed of as biohazard waste if no effective method exists to decontaminate on-site;
- Outside windows may be opened, and air circulation may be adjusted if appropriate;
- When appropriate and possible, the number of air changes per hour for the room will be increased; 100% outside air should be supplied when possible;
- Blinds and curtains may be directed to be opened;
- When appropriate and possible, the number of air changes per hour for the room will be increased; 100% outside air should be supplied when possible;
- Designated personnel may conduct ATP testing for biofilm after cleaning is completed to indicate (by inference) the level of effectiveness of the cleaning process.

Leave and Benefit Policies

Please contact your supervisor or HR to ensure you understand important details if you have any questions or concerns about:

- Your safe return to work on campus for Fall Quarter 2022.
- Unmet needs for your child or family care due to the pandemic when your return to work on campus is required.
- Any personal or family health medical needs that are affected by your return to work on campus when required.
- Available leave options.
- Any exceptions to allow for continuing remote work will be determined on a case-by-case basis based on college business needs or requests for medically necessary reasonable accommodations.

As early as possible, any employee with personal and/or family health needs that may limit your ability to safely return to work on campus should contact HR via email at hr@olympic.edu and request a confidential discussion with the HR representative who directly supports employee medical and family leave issues.

Olympic College's leave and benefit policies and benefits information can be found on the Human Resources website, located here: <https://www.olympic.edu/staff-faculty/human-resources/policies-procedures>. For any leave or benefit related questions, please contact Jacquie Curry, Deputy Director of Human Resources, at 360-475-7307 or jcurry@olympic.edu. You may also send your inquiries to HR@olympic.edu. A COVID-19 Scenarios & Benefits Available Guide has been produced by the Department of Social and Human Services, partnered with the Washington Attorney General's Office and Office of Financial Management.

Applicable benefit policies that may be applicable include, but are not limited to:

- Vacation Benefits*
- Sick Leave Benefits*
- Family Medical Leave (FMLA)
 - FMLA Expansion & Emergency Paid Sick Leave 2020
- Shared Leave Policy
- Families First Coronavirus Response Act Notice 2020
- Unemployment Benefits

*As detailed in the Employee Handbook.

Departmental and Programmatic Provisions

Athletics

The Athletics Department will meet the requirements of this document and all other requirements specified by the NWAC (Northwest Athletic Conference) return-to-play guidelines (See Appendix F).

Food Services

At this time, in person food service operations have been suspended college wide. If and when the College decides to resume food service, this plan will be updated to reflect the policies, procedures, and protocols for food service.

Residence Hall

See Appendix G for Residence Hall specific information.

Site Access and Visitor/Vendor/Contractor Expectations

Expectations for All

Failure of any employee/student/visitor/contractor to follow the procedures and policies outlined in this document will result in that person or persons being sent home or removed from campus. Repeated violations may result in administrative action, disciplinary action up to and including termination as governed by policy and appropriate bargaining agreement, or Criminal Trespass action to remove the offender[s] from campus.

The set hours of operation for Olympic College facilities (8:00 am – 4:30 pm) will be followed. Employee access outside of the official hours will require the approval of the appropriate Executive Team member (with a notification to Campus Security) and must be for essential work (i.e., Custodial, Security, Instruction, emergency responses by college personnel or contractors, etc.).

Visitors

Generally, visitors to campus are permitted, and masking (regardless of vaccination status) is no longer required for all - as described in the Face Coverings section above. Persons providing or receiving a service related to the operations of the College or participating in any COVID-19 related service open to the community, are permitted to be in buildings or activity spaces. Employees should refrain from bringing their children, spouses, relatives, or friends to their place of work unless that person(s) is receiving services provided by the College or providing a service to the College under a recognized contract or vendor relationship.

Visitor Health Screening

Visitors may be required to participate in a self-certifying health screening (Appendix I) depending on the nature and duration of their visit. Areas instituting a required self-certifying health screening must seek input and have the approval of their upstream Executive Team member prior to implementing their screening requirement. The health screening process would be managed by the particular office/program/service that is requiring visitor screening.

Screening Pass/Fail Criteria

The self-certifying screening form is a "pass"/"fail" document. If an individual answers "yes" to any of the COVID-19 health screening questions, then they "fail" the screening process for the day and are not allowed on campus until they meet the return-to-work requirements listed in this document.

Guidance for a Failed Screening

The following is the Washington State Department of Health guidance for an individual who responds “yes” to a health/symptom-check question on the daily screening form:

- **Question:** Do you have any of these symptoms that are not caused by another condition?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore Throat
 - Congestion
 - Nausea or vomiting
 - Diarrhea
- **If yes** – you should isolate at home or another site away from others, and call your healthcare provider for further instructions, including information about COVID-19 testing. Additionally, you should follow the guidance for listed above in the Employee and Student Health section of this document.
- **Question:** If you are not fully vaccinated within the last 5 months with the Pfizer or Moderna vaccine series or last 2 months with the Johnson & Johnson series and/or have not been boosted, have you been in close contact with anyone with COVID19 in the past 14 days? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).
 - **If yes** – you should quarantine at home or another site away from others, and it is strongly recommended to get tested for COVID-19. If the exposure date is known, testing should occur 5 days after exposure. If already tested, test again if symptoms develop.
- **Question:** Have you had a positive COVID-19 test for active virus in the past 10 days, or do you have a pending COVID-19 test?
 - **If yes** – because you have a positive COVID-19 test, then isolate at home or other site until you meet the return to campus conditions described in this document.
 - **If yes** – because you have a pending COVID-19 test, then quarantine at home until the results of the test are known at which time follow the return-to-work guidance described in this document based on the test results.

- **Question:** Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
 - o **If yes** – Follow the advice of your healthcare provider on self-monitoring, self-isolating, self-quarantine, prior to returning to work.

Source: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>

Additional Screening Form Guidance

- Visitors are encouraged to conduct regular temperature checks at home and prior to coming to campus.
- Failure of visitors to self-screen or provide accurate and honest information will result in being sent home or further disciplinary actions, if warranted.

References and Resources

Proclamations from the Governor & Campus Reopening Guide

- <https://www.governor.wa.gov/office-governor/official-actions/proclamations>
- https://www.governor.wa.gov/sites/default/files/proclamations/proc_20-12.5.pdf
- https://www.governor.wa.gov/sites/default/files/proclamations/21-14.5%20-%20COVID%20Vax_outdoor%20workers%20%28tmp%29.pdf
- https://www.governor.wa.gov/sites/default/files/2020.06.23%20Campus%20Reopening%20Guide%20FINAL.pdf?utm_medium=email&utm_source=govdelivery

Washington Forward Plan

- <https://doh.wa.gov/sites/default/files/2022-03/WAForward.pdf>

Centers for Disease Control and Prevention (CDC)

- <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>
- <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#print>
- https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

Washington State Department of Health

- https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Secretary_of_Health_Order_20-03_Statewide_Face_Coverings.pdf
- <https://www.doh.wa.gov/Coronavirus/workplace>
- <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthEducation>
- <https://www.doh.wa.gov/Emergencies/COVID19/ResourcesandRecommendations/PersonsWhoareatHigherRiskforSeriousIllness>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDExposed.pdf>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-Factsheet-English.pdf>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Labor & Industries

- <https://www.lni.wa.gov/forms-publications/F414-168-000.pdf>

OSHA Guidance on Preparing Workplace for COVID-19

- <https://www.osha.gov/Publications/OSHA3990.pdf>

COVID-19 Reopening Guidance for Businesses and Workers

- <https://www.governor.wa.gov/issues/issues/covid-19-resources/covid-19-reopening-guidance>

Appendix A: Proclamation 20-12.5 Higher Education



STATE OF WASHINGTON
— OFFICE OF GOVERNOR JAY INSLEE —

PROCLAMATION BY THE GOVERNOR AMENDING PROCLAMATIONS 20-05, 20-12, et seq., AND 20-25, et seq.

20-12.5 Higher Education

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington State as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its persistence in Washington State, and the high risk it continues to pose to our most vulnerable populations, I have subsequently issued several amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person, which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, continues to persist in the state of Washington; and

WHEREAS, despite an increase in infections, hospitalizations, and deaths in the latter half of 2020, Washington State has avoided overwhelming the state's health care systems throughout this pandemic by implementing rigorous safety and prevention measures, such as physical distancing, masking, social and economic prohibitions and, since December 2020, the administration of vaccinations to prevent infection with the coronavirus that causes COVID-19 symptoms; and

WHEREAS, the U.S. Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DOH) have determined that the COVID-19 vaccines that have received emergency approval, or full approval, by the U.S. Food & Drug Administration are safe and effective against infection with the coronavirus that causes COVID-19; and

WHEREAS, everyone age 12 and older is currently eligible to receive a vaccination against the coronavirus causing COVID-19 symptoms, and Washington health care providers, in collaboration with public health and other community partners, have successfully administered millions of vaccine doses, but have millions more doses to administer, and it is necessary to achieve the highest rate of vaccination of the United States population as possible; and

WHEREAS, on March 13, 2020, in recognition of experts' warnings that continued normal operation of public and private universities, colleges, community colleges, and technical colleges could increase the spread of COVID-19 throughout Washington State, I issued Emergency Proclamation 20-12

prohibiting public and private universities, colleges, community colleges, and technical colleges from conducting in-person classroom instruction and lectures related to all educational programs; and

WHEREAS, the prohibitions in Proclamation 20-12 expired on April 24, 2020, but public and private universities, colleges, community colleges, and technical colleges remained in modified operation, which included remote learning and certain programs for essential workers; and

WHEREAS, Washington's public and private universities, colleges, community colleges, and technical colleges are an important part of our economy and are vital to the educational, social, and economic needs of Washingtonians; and

WHEREAS, using remote learning to replace most classroom instruction creates challenges to access for many Washingtonians; and

WHEREAS, the progression of COVID-19 in Washington State shows ethnic disparities in health impacts which are likely to increase ethnic disparities in access and success in post-secondary education, requiring the State and all of our campuses and programs to understand how these challenges affect our students and to work to minimize these impacts; and

WHEREAS, although public and private universities, colleges, community colleges, and technical colleges made tremendous efforts to continue to function through remote learning, in-person learning benefits Washington; and

WHEREAS, the nature of COVID-19 viral transmission, including both asymptomatic and symptomatic spread as well as the relatively high infectious nature, suggests it is appropriate to provide in-person learning at public and private universities, colleges, and technical schools only through a science-based approach that incorporates safety, sanitation, and physical distancing guidelines; and

WHEREAS, during the initial return to campus in the fall of 2020, there were more than 35 COVID-19 outbreaks linked to public and private institutions of higher education, and some higher education institutions have seen a substantial increase in COVID-19 positive cases that are tied to both congregate living arrangements, including fraternities and sororities, and also large social gatherings of students, thereby triggering the need to increase safety measures to address these outbreaks; and

WHEREAS, I issued Proclamations 20-12.1 and 20-12.2 to permit Washington's public and private universities, colleges, community colleges, and technical colleges to resume in-person instruction, lectures and similar educational gatherings, provided that extensive safety requirements were implemented, and to impose certain safety requirements on shared housing; and

WHEREAS, the widespread availability of safe and effective COVID-19 vaccinations makes it appropriate to lift legally-mandated safety requirements for public and private universities, colleges, community colleges, and technical colleges that have committed to implementing vaccination requirements on their campuses; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continue to threaten the life and health of our people as well as the economy of Washington State, and remain a public disaster affecting life, health, property or the public peace, and

WHEREAS, students attending public and private universities, colleges, community colleges, and technical colleges are largely in the age demographic with the highest rate of COVID-19 cases and the lowest rate of vaccinations of those over the age of 18, which, taken with the foregoing, justifies continuing to mandate certain safety measures for public and private universities, colleges, community colleges, and technical colleges that choose not to implement vaccination requirements on their campuses; and

WHEREAS, after months of improving COVID-19 epidemiological conditions in Washington State, the emergence of highly contagious COVID-19 variants, including the “delta” variant that is at least twice as transmissible as the virus that emerged in late 2019, coupled with continued significant numbers of unvaccinated people, have caused COVID-19 cases and hospitalizations to rise sharply among unvaccinated populations, have resulted in breakthrough infections in some fully vaccinated individuals, and continue to rise; and

WHEREAS, we now know that several factors increase the risk for person-to-person COVID-19 transmission; such factors include (1) the more that people and groups interact, (2) the longer those interactions last, (3) the closer the contact between individuals, (4) the denser the occupancy for indoor facilities, and (5) the lack of use of face coverings; and

WHEREAS, COVID-19 vaccines are effective in reducing infection and serious disease, widespread vaccination is the primary means we have as a state to protect everyone, including persons who cannot be vaccinated for medical reasons, youth who are not eligible to receive a vaccine, immunocompromised individuals, and vulnerable persons including persons in health care facilities, long-term care facilities and other congregate care facilities from COVID-19 infections; and

WHEREAS, widespread vaccination is also the primary means we have as a state to protect our health care system, to avoid the return of stringent public health measures, and to put the pandemic behind us; and

WHEREAS, COVID-19 vaccines were first available in Washington State in December 2020, and since April 15, 2021, all Washingtonians over the age of 16 have been eligible to receive free COVID-19 vaccinations from a wide variety of providers at many locations; and

WHEREAS, COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in clinical trials involving tens of thousands of participants and met the U.S. Food & Drug Administration’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization and now even full authorization in some circumstances; and, to date, more than 346 million doses of COVID-19 vaccines have been given in the United States with 8.2 million of those doses administered in Washington, and serious safety problems and long-term side effects are rare; and

WHEREAS, it is the duty of every employer to protect the health and safety of employees by establishing and maintaining a healthy and safe work environment and by requiring all employees to comply with health and safety measures; and

WHEREAS, on August 9, 2021, due, in part, to the above described conditions, I issued Proclamation 21-14, which prohibits, with limited exceptions, certain workers from continuing to engage in their work after October 18, 2021 unless that worker is fully vaccinated, and also prohibits certain employers from continuing to employ any worker from engaging in work for that employer unless the worker is fully vaccinated by October 18, 2021; and

WHEREAS, DOH continues to maintain a Public Health Incident Management Team in coordination with the State Emergency Operations Center and other supporting state agencies to manage the public health aspects of the incident; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to support DOH and local health officials in alleviating the impacts to people, property, and infrastructure, and continues coordinating with DOH in assessing the impacts and long-term effects of the incident on Washington State and its people.

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above-noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim and order that a State of Emergency continues to exist in all counties of Washington State, that Proclamation 20-05 and all amendments thereto remain in effect as amended, and that, to help preserve and maintain life, health, property or the public peace pursuant to RCW 43.06.220(1)(h), Proclamations 20-05 and 20-12, et seq., and 20-25, et seq., continue in effect except as amended herein, to allow for in-person classroom instruction, lectures and similar educational gatherings at public and private universities, colleges, community colleges, and technical colleges (referred to hereafter collectively as institutions of higher education, or IHEs), provided certain requirements are and continue to be satisfied.

FURTHERMORE, IHEs that do not have fully vaccinated campuses are prohibited from providing in-person classroom instruction, lectures and similar educational gatherings, except when they implement, follow, and enforce the requirements specified below. IHEs with fully vaccinated campuses are wholly exempt from this proclamation and encouraged, but not required, to follow DOH's COVID-19 recommendations for higher education.

IHEs WITH FULLY VACCINATED CAMPUSES

An IHE has a fully vaccinated campus and is exempt from this proclamation when it meets all of the following requirements:

- By October 18, 2021, the IHE is in full compliance with Proclamation 21-14.1 et seq. (Vaccination Requirement).
- The IHE implements a policy requiring all of its students who participate in or attend IHE courses, operations, or other activities in person at IHE locations to be fully vaccinated against COVID-19, subject to any medical exemptions required by law and any religious exemptions the IHE provides.
 - For purposes of this proclamation, a person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use by the FDA (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose COVID-19 vaccine authorized for emergency use by the FDA (e.g., Johnson & Johnson (J&J)/Janssen). For purposes of

this proclamation, an IHE may consider a person fully vaccinated against COVID-19 two weeks after they have received all recommended doses of a COVID-19 vaccine that is listed for emergency use by the World Health Organization (WHO).

- The IHE implements a policy and procedure to verify the vaccination status of students who are not exempt from the vaccination requirement:
 - The IHE must verify the vaccination status of all students by obtaining or observing documentary proof of full vaccination, such as a CDC vaccination card, documentation of vaccination from a health care provider, or a state immunization information system record, or obtaining a hard copy or electronically signed self-attestation from the student. Any student self-attestation must include the following information:
 - The dates when each dose of the COVID-19 vaccine was administered to the student;
 - Language stating that the student is attesting to the truthfulness of their self-attestation and will be subject to disciplinary action if their self-attestation is determined to be untruthful in violation of the IHE's code of conduct or equivalent; and
 - Language stating that the IHE and state and local public health officials may require further verification of the student's vaccination status, including observing the student's CDC vaccination card, state immunization information system record, or other documentation.
- The IHE implements a policy requiring every student, staff member, and faculty member who claims an exemption to the vaccination requirements in this Order and Proclamation 21-14.1 et seq. and every volunteer, contractor, and visitor to wear a face covering at IHE locations in accordance with the Secretary of Health's [face covering order](#) and to comply with any applicable L&I workplace safety requirements. For people claiming exemptions to the Secretary of Health's [face covering order](#), the IHE's policy must include putting in place other safety measures to protect the safety of the exempt people and others.

REQUIREMENTS FOR IHEs WITHOUT FULLY VACCINATED CAMPUSES

An IHE without a fully vaccinated campus must meet all of the following requirements:

Campus Safety

- By October 18, 2021, be in full compliance with Proclamation 21-14.1 et seq. (Vaccination Requirement).
- Adhere to all federal, state and local public health and workplace safety requirements;
- Develop a comprehensive COVID-19 infection control plan incorporating the requirements below, applicable workplace safety requirements, and best practices in [CDC](#) and [DOH](#) guidance for IHEs, and make available a copy of the plan at each location on campus;
- Implement a policy and procedure requiring all fully vaccinated students who participate in or attend IHE courses, operations, or other activities in person at IHE locations to provide documentary proof of full vaccination. The IHE must obtain or observe documentary proof of full vaccination, such as a CDC vaccination card, documentation of vaccination from a health care provider, or a state immunization information system record, or obtain a hard copy or electronically signed self-attestation from the student. Any student self-attestation must include the following information:
 - The dates when each dose of the COVID-19 vaccine was administered to the student;

- Language stating that the student is attesting to the truthfulness of their self-attestation and will be subject to disciplinary action if their self-attestation is determined to be untruthful in violation of the IHE's code of conduct or equivalent; and
- Language stating that the IHE and state and local public health officials may require further verification of the student's vaccination status, including viewing the student's CDC vaccination card, state immunization information system record, or other documentation;
- The IHE must presume all persons on campus are unvaccinated until proof of vaccination is provided.
- Enforce compliance with the Secretary of Health's [face covering order](#) and L&I's requirements inside IHE facilities;
- To the extent permitted by law, require all students, regardless of vaccination status, to wear face coverings when meeting with a faculty member for office hours or similar purposes, if requested by the faculty member;
- Maintain minimum physical distancing, whenever possible, of three feet between all non-household members indoors on campus, including students, faculty, staff, volunteers, contractors, and visitors, and where physical distancing cannot be maintained, implement administrative or engineering controls to minimize exposure;
- Implement and maintain hand washing policies to ensure frequent and adequate hand washing and maintain adequate supplies;
- Implement and maintain adequate sanitization protocols consistent with CDC's [Cleaning and Disinfecting Your Facility](#) guidance and [Guidance for Institutions of Higher Education \(IHEs\)](#) and the U.S. Environmental Protection Agency's [list](#) of disinfectants for COVID-19;
- Implement and maintain a self-certification COVID-19 screening program for students and personnel consistent with DOH's [Guidance for Daily COVID-19 Symptom Screening of Staff and Guests](#);
- Develop response protocols for students, personnel, and visitors reporting symptoms and/or confirmed to have COVID-19;
- If students or personnel are experiencing any known COVID-19 symptoms, are confirmed to have COVID-19, or have been exposed to a confirmed case of COVID-19, require them to follow the direction of the local health jurisdiction and, to the extent not inconsistent with that direction, DOH's [Evaluation and Management of Persons with New Unexplained Symptoms of COVID-19](#), [What to do if you were potentially exposed to someone with COVID-19](#), and [What to do if you have confirmed or suspected COVID-19](#) and CDC's [What to Do If You Are Sick](#) guidance;
- Make diligent efforts to monitor and enforce compliance with the requirements of this proclamation by students and personnel within the institution's disciplinary authority and procedures and any other applicable authority;
- Develop a plan with the relevant local health jurisdiction to address the isolation and quarantine needs of any personnel and students who have confirmed or suspected COVID-19 or exposure to an individual confirmed to have COVID-19 and are unable to isolate or quarantine in their usual place of residence; and
- Assess recognized hazards, including COVID-19, as part of the ongoing requirement to provide a safe and healthy workplace and, where appropriate, take additional steps to protect unvaccinated employees. Appropriate steps could include but are not limited to maximizing

fresh air and providing a mask that is more protective than a cloth face covering. These should be considered as part of the IHE's comprehensive infection control plan.

Student Worker and Personnel Support

- Provide student workers and personnel with PPE such as gloves, goggles, face shields, and/or masks as appropriate or required for student workers/personnel not working alone (e.g. any public-facing job and/or those whose responsibility includes operating within physical distancing limits), and shut down or suspend any activity if PPE cannot be provided;
- Comply and require compliance with L&I requirements for face coverings and the Secretary of Health's [face covering order](#) as applicable to the workplace except where this order is more stringent;
- Comply with all applicable laws providing protections for high risk workers, including, but not limited to, the [Health Emergency Labor Standards Act](#); and
- Educate students and personnel on symptom detection, sources of high risk to COVID-19, prevention measures, and leave benefits/policies.

Visitor Expectations

- Post visible entry point signage for students, personnel, and visitors describing shared on-campus responsibilities and requirements, including those regarding proper hygiene and sanitization, physical distancing and face coverings, staying home if feeling sick, information on how and when to report concerns, and other information as appropriate or required.

Food Services

- Implement floor markings to promote physical distancing;
- Post signs to remind patrons of physical distancing and face covering requirements and to use hand sanitizer;
- Complete routine sanitization of high-touch surfaces and shared resources (e.g., door handles, points of sales); and
- Enforce compliance with the Secretary of Health's [face covering order](#) and L&I's requirements inside IHE food service facilities

FURTHERMORE, if a conflict exists between this proclamation (20-12.5) and proclamation 21-14.1 et seq., the provisions of proclamation 21-14.1 et seq., shall control.

I again direct that the plans and procedures of the *Washington State Comprehensive Emergency Management Plan* be implemented throughout state government. State agencies and departments are directed to continue utilizing state resources and doing everything reasonably possible to support implementation of the *Washington State Comprehensive Emergency Management Plan* and to assist affected political subdivisions in an effort to respond to and recover from the COVID-19 pandemic.

I continue to order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the outbreak.

Additionally, I continue to direct the Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

This Proclamation, and the prohibitions and orders contained herein are effective immediately and will remain in effect until rescinded or otherwise amended. Violators of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5).

Signed and sealed with the official seal of the state of Washington on this 27th day of August, A.D.,
Two Thousand and Twenty-One at Olympia, Washington.

By:

/s/
Jay Inslee, Governor

BY THE GOVERNOR:

/s/

Secretary of State

Appendix B: Secretary of Health Order 20-03.8



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

*PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service*

ORDER OF THE SECRETARY OF HEALTH AMENDING ORDER 20-03

20-03.8

Face Coverings - Statewide

WHEREAS, Washington State Governor Jay Inslee has issued Proclamation 20-05, subsequently amended and extended, proclaiming a statewide State of Emergency due to an outbreak of coronavirus disease 2019 (COVID-19) in the United States and community spread of COVID-19 in Washington State; and

WHEREAS, COVID-19 spreads mainly from person to person through respiratory droplets and aerosols when infected people, many of whom do not exhibit COVID-19 symptoms, cough, sneeze, or talk, and evidence shows that wearing a mask or face covering reduces an infected person's chance of spreading the infection to others and may protect uninfected persons from infected people around them; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continue to constitute an emergency threatening the safety of the public health, demanding action by the Secretary of Health; and

WHEREAS, on June 24, 2020, Order of the Secretary of Health 20-03 was issued, directing every person in Washington State to wear a face covering when in any indoor or outdoor public setting, subject to certain exceptions; and

WHEREAS, on July 24, 2020, Order of the Secretary of Health 20-03.1 was issued, directing every person in Washington State to wear a face covering when outside of their dwelling unit, subject to certain exception; and

WHEREAS, on May 17, 2021, Order of the Secretary of Health 20-03.2 was issued, exempting fully vaccinated people in Washington state from the requirement to wear face coverings in public, except in certain limited settings; and

WHEREAS, on June 29, 2021, Order of the Secretary of Health 20-03.3 was issued, permitting people to be outdoors without face coverings and without maintaining physical distancing, while encouraging masks for the unvaccinated in crowded outdoor settings, such as at sporting events, fairs, parades, concerts, and similar settings where it's harder to maintain physical distance; and

WHEREAS, on August 19, 2021, Order of the Secretary of Health 20-03.4 was issued, reinstituting a requirement for people to wear face coverings, regardless of their vaccination status, when in a place where any person from outside their household is present or in a public place, with limited exceptions; and

WHEREAS, on September 13, 2021, Order of the Secretary of Health 20-03.5 was issued, requiring people to wear face coverings at outdoor events or gatherings attended by 500 or more people; and

WHEREAS, on September 24, 2021, Order of the Secretary of Health 20-03.6 was issued, permitting non-spectators to not wear face coverings on the field of play, on the sidelines, or in similar areas at outdoor sports settings; and

WHEREAS, on February 16, 2022, Order of the Secretary of Health 20-03.7 was issued, lifting the requirement for people to wear face coverings at outdoor events or gatherings attended by 500 or more people; and

WHEREAS, according to the CDC, with current high levels of vaccination and high levels of population immunity from both vaccination and infections, the risk of severe disease, hospitalization, and death from COVID-19 is greatly reduced for most people; and

WHEREAS, the CDC modified its COVID-19 community level metrics to incorporate measures of the impact of COVID-19 in terms of hospitalizations and healthcare system strain, in addition to accounting for transmission in the community; and

WHEREAS, using the CDC's metrics and according to statewide data, as of March 9, Washington would be at the "medium" level with a 7-day case rate of 92 cases per 100,000 people, a hospital admission rate of 6.7 per 100,000 and 12% of staffed beds occupied by people who have COVID-19; and

WHEREAS, as of March 7, 81% of people five years and older have initiated COVID-19 vaccination and 73.4% are fully vaccinated, and more than 58% of people eligible for a COVID-19 booster have received one; and

WHEREAS, modeling from DOH and other organizations shows expected further declines in case rates and hospital admissions; and

WHEREAS, the CDC modified its guidance which, in general, recommends that people consistently and correctly wear a well-fitting mask indoors in public when communities are at a high level, and that at a medium level, people who are immunocompromised or at increased risk for severe disease should talk to their healthcare provider about whether they need to wear a well-fitting mask, and that at low levels, individual decisions to wear a mask should be informed by individual risk; and

WHEREAS, requiring the general public throughout Washington to wear masks or face coverings indoors in public places or where others outside their household are present is no longer necessary based on the above-noted data and guidance; and

WHEREAS, the CDC continues to recommend wearing masks in certain settings occupied by people at greater risk for adverse consequences from COVID-19, including health care settings, long-term care settings, and correctional facilities.

NOW, THEREFORE, I, Umair A. Shah, MD, MPH, Washington State Secretary of Health, as a result of the above-noted situation, and under RCW 43.70.130, RCW 70.05.070, WAC 246-100-036, and any other applicable authority, do hereby amend Order 20-03, et seq., and order as follows:

Face Covering Requirement

Every person in Washington State must wear a face covering that covers their nose and mouth when they are indoors in any of the following settings, subject to the exceptions and exemptions below:

- Health care settings;
- Long-term care settings; and
- Correctional and jail facilities.

Exceptions to Face Covering Requirement

People are not required to wear a face covering in the settings above in any of the following situations:

- While working in areas not generally accessible to the public when only employees are present, but only if the employee is fully vaccinated against COVID-19;
- While working alone isolated from interactions with others with little or no expectation of in-person interruptions;
- While swimming or engaged in other water sports or recreation;
- While engaged in the act of eating or drinking;
- While showering, bathing, or engaging in other personal hygiene or grooming activities that require the removal of the face covering;
- When any party to a communication is deaf or hard of hearing and not wearing a face covering is essential to communication;
- While obtaining a service or engaged in a transient activity that requires temporary and very brief removal of the face covering;
- While sleeping;
- When necessary to confirm the person's identity;
- When federal or state law prohibits wearing a face covering or requires the removal of a face covering;
- When unable to put on a face covering due to an emergency.

People Exempt from Face Covering Requirement

The following are exempt from the requirement to wear a face covering in the settings above:

- Children younger than five years old are exempt from the requirement to wear a face covering.
 - Children who are younger than two years old should never wear face coverings due to the risk of suffocation.
 - Children who are two, three, or four years old, with the assistance and close supervision of an adult, are strongly recommended to wear a face covering at all times in public settings when around non-household members;

- People with a medical condition, mental health condition, developmental or cognitive condition, or disability that prevents wearing a face covering are exempt from the requirement to wear a face covering. This includes, but is not limited to, people with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance; and
- If a health care setting or long-term care setting is in a private residence, people who are not paid to provide health care, long-term care, or personal care services are exempt from the requirement to wear a face covering in that setting.

Additional Provisions

- Any frequently asked questions or other guidance explaining or interpreting this order issued by DOH is automatically incorporated herein.
- Types of face coverings permitted.
 - For purposes of this order, a face covering must:
 - Fit snugly against the sides of the face;
 - Completely cover the nose and mouth;
 - Be secured with ties, ear loops, elastic bands, or other equally effective method; and
 - Include at least one layer of tightly woven fabric without visible holes, although multiple layers are strongly recommended.
 - A face covering may also be a mask or face covering that provides a higher level of protection than a cloth face covering, such as a medical procedure/surgical mask, a KN95 mask, a KF94 mask, or an N95 mask.
 - Clear masks or cloth masks with a clear plastic panel may be used when interacting with people who are deaf or hard of hearing, young children or students learning to read, students learning a new language, people with disabilities, and people who need to see the proper shape of the mouth for making appropriate vowel sounds.
- A person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose vaccine (e.g., Johnson and Johnson (J&J)/Janssen).
- Face covering requirements imposed by other public agencies or officials.
 - Face covering requirements lawfully imposed by another public agency or official are to be followed if they are more protective than the requirements in this order. If they are less protective, then this order must be followed.
 - Notwithstanding the foregoing, any face covering requirements imposed pursuant to an order of the Governor take precedence over this order.

This order shall take effect on March 12, 2022, and remain in effect until rescinded or superseded by a subsequent order of the Secretary of Health or until the Governor issues a proclamation declaring the termination of the State of Emergency declared by Proclamation 20-05, as amended and extended by subsequent amendatory proclamations, whichever is earlier.

Members of the public are required by law to comply with this order, and violators may be subject to enforcement action pursuant to RCW 43.70.130(7), RCW 70.05.120(4), and WAC 246-100-070(3).

Signed this 11th day of March, 2022.



Umair A. Shah, MD, MPH
Secretary of Health

Appendix C: Campus Reopening Guide



Principles and Guidance

Washington is home to some of the best colleges and universities in the nation. In these challenging times, we have found partnership and great strength in collaboration across levels and sectors of higher education. The Higher Education Leaders Re-Opening Work Group represents that partnership, and together we speak for 50 higher education institutions across the state of Washington, educating more than 550,000 students.

June 17, 2020

To: Governor Jay Inslee

From: Higher Education Re-Opening Work Group

Allan Belton, President, Pacific Lutheran University
Ana Mari Cauce, President, University of Washington
Kathi Hiyane-Brown, President, Whatcom Community College
Kevin McCarthy, President, Renton Technical College
Kirk Schulz, President, Washington State University
Steve Sundborg, S.J., President, Seattle University
Beck A. Taylor, President, Whitworth University
Rebekah Woods, President, Columbia Basin College

Subject: Principles and Guidance for Re-Opening Higher education Institutions

We know that you believe, as we do, that Washington is home to some of the best colleges and universities in the nation. In these challenging times, we have found partnership and great strength in collaboration across levels and sectors of higher education. The Higher Education Leaders Re-Opening Work Group represents that partnership, and together we speak for 50 higher education institutions across the state of Washington, educating more than 550,000 students.

From the earliest days of the COVID-19 pandemic, we have been grateful for your leadership and your support for the significance of higher education as an essential industry enabling us to remain “open” while teaching and supporting students within public health guidelines. The state’s social, economic and cultural well-being, and its recovery depends upon the education, research, and public service we provide.

Following on good and consultative discussions with your policy team, and the briefing we made on May 21, we partnered with Challenge Seattle and the Washington Roundtable to engage the Boston Consulting Group to build out our initial re-opening framework. Attached is a set of slides designed to serve as a set of principles and guidance for higher education institutions. It is our desire to instill confidence in students, families, staff, faculty, communities, and public sector leaders in back-to-school planning.

Each day, our higher education institutions fulfill our missions to prepare students of all ages and backgrounds for better livelihoods, emphasizing the benefits that completing postsecondary education brings for individuals and society, particularly in fields critical to our state’s recovery.

Higher education institutions in Washington are also a key economic driver of communities across the state. The reopening of higher education institutions will play a crucial part in the economic recovery of the state of Washington as a whole both in terms of economic impact on the state and providing Washington employers with the highly trained talent they need to recover and thrive. It is critical to ensure equitable outcomes and mitigate any disproportionate impacts on a given population.

In a COVID-19 environment, we as the higher education institutions in the state of Washington seek to:

- Promote safe and healthy environments both for the people in our surrounding communities and on-campus for our students, staff, and faculty.

Principles and Guidance

- Partner with public health officials to ensure we are guided by what keeps our communities safe, building on prior work in partnership with our local health departments to help us effectively plan and implement health and safety protocols.
- Use data-and science-driven decision-making to make informed choices and prepare in the face of uncertainty.
- Develop detailed implementation plans that meet the needs of each school's relevant community environments and that can flexibly adapt to changing circumstances.

We recognize that each campus is different—varying by size, geographic location, mission, mix of academic programs—and those specifics are driving the best decisions of individual colleges. Still, across all higher education institutions in the state of Washington, we are working together to share our thinking on our decision-making process and contingency planning as we prepare for different possible scenarios going forward, taking into account:

- Government requirements to ensure we are following health and safety protocols
- Healthcare capacity measures in terms of testing, personal protective equipment, case and contact investigations
- Ways to protect the at-risk and vulnerable among our students, staff, faculty, and community
- Operational and financial feasibility to ensure we are able to flexibly action on plans should conditions shift
- Effective use of resources for students and the state while delivering on the mission of higher education
- Support for social and emotional needs across all student populations
- Equitable impact on student outcomes

We further pledge to continue working together to flesh out any outstanding items that require further collaboration and partnership. Getting our colleges and universities safely reopened and back to the hallmark of face-to-face and hands-on instruction – even if six feet apart and wearing masks– is important to the students who stay here for higher education, and to the thousands of students who come to Washington for their undergraduate and graduate education.

We look forward to your feedback, and seek your endorsement of the approach we have outlined.

Thank you for your leadership and consideration.



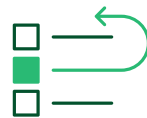
Context setting

Aligned statement & checklists



Why | Reason for development

- Instill confidence in key stakeholders about the development of higher education institutions' back-to-school plans in Washington
- Align how higher education institutions in Washington are approaching and developing back-to-school plans



How | Process for development

- Developed based on interviews with public health and university leaders in addition to incorporating effective practices seen globally
- Built off prior work including:
 - Higher education institution work preparing for and executing reopening under the Governor's "Safe Start" measures
 - WA Private Sector Employer Checklists
 - CDC and WA Labor & Industries guidelines

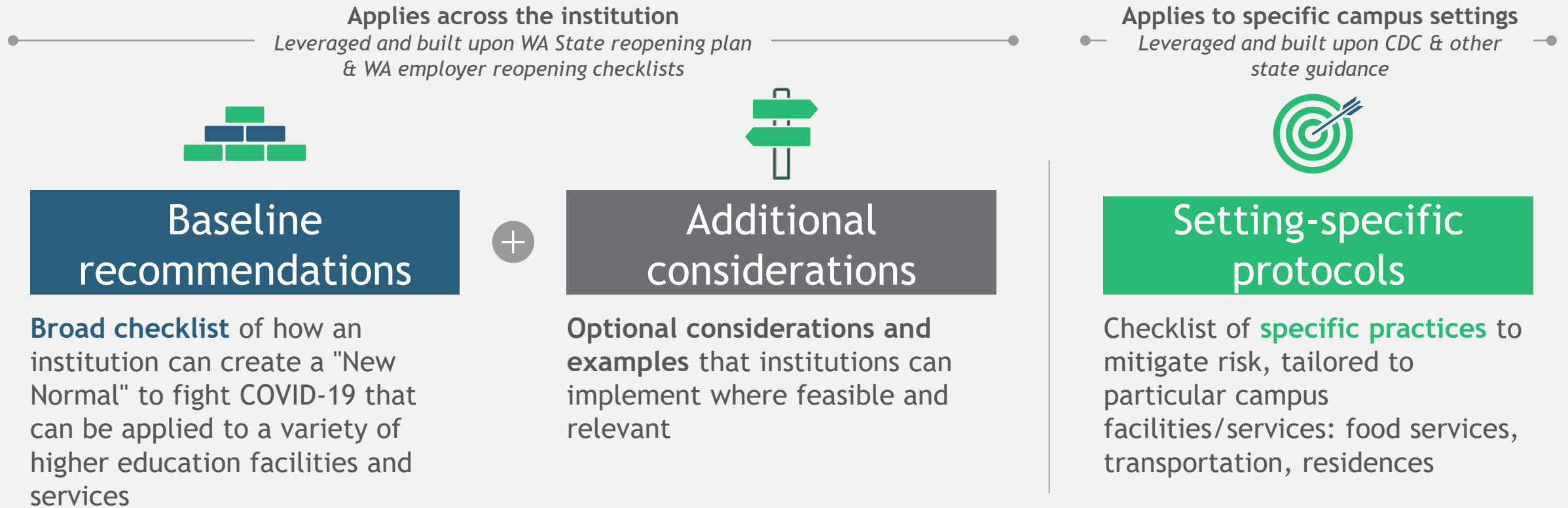


Who | People engaged for development

We spoke with individuals from the organizations below and incorporated their input:

- | | |
|---|--------------------------------------|
| • Washington Council of Presidents | • King County Public Health reps. |
| • Independent Colleges of Washington | • Spokane County Public Health reps. |
| • Washington State Community and Technical Colleges | • Whitman County Public Health reps. |
| • University of Washington reps. | • WA Department of Health |
| • Washington State University reps. | • WA Labor & Industries |
| • WA Student Achievement Council | • WA Roundtable |
| | • Challenge Seattle |

Three forms of checklists to serve as guidance for higher education institutions in Washington state



Higher education administrators have a strong incentive to meet (and exceed where/when appropriate) baseline recommendations as adverse public health outcomes could result in more stringent restrictions

For reference: Checklists developed using multiple sources



Baseline/Additional considerations

- Adjusted Washington Roundtable / Challenge Seattle "two tiered checklists for employer Safe Work Plans" for higher education context



Food services protocol

- Synthesized National Restaurant Association restaurant recommendations and Cushman and Wakefield food hall guidance



Campus transportation protocol

- Synthesized CDC and US Department of Transportation recommendations



Residences protocol

- Synthesized CDC recommendations for Shared or Congregate Housing and Correctional/Detention Facilities

Baseline recommendations for higher education institutions reopening plans

Institutions are developing Safe Back-to-School plans to resume operations with consideration of these critical elements



Supporting a common
"New Normal"
foundation
to mitigate COVID-19

The following checklist provides proposals for institutions of higher education in Washington State to reopen operations.

These actions will run in parallel to public health efforts.

Protecting Washingtonians through a safe reopening and acting as good stewards of our local communities is our priority.

Subject to change based on public health guidance.

Campus Safety

- ☐ **Adhere to federal, state and local public health and safety guidelines;** develop comprehensive plans for reopening on or after August 1, 2020 in accordance with WA State guidelines and local health guidelines, including, but not limited to, the [Safe Start Guide](#), guidance on classroom capacity and the [WA Secretary of Health's Order 20-03](#) regarding face coverings; make available a copy of these plans at each location on campus
- ☐ **Work from home** for operations able to be performed remotely and institutions will follow WA State returning to work guidance for its personnel
- ☐ **Maintain minimum physical distancing whenever possible** of 6 feet between all on-campus personnel, including with visitors; where physical distancing cannot be maintained, implement administrative or engineering controls to minimize exposure
- ☐ **Follow WA State phased reopening guidelines for social gathering sizes**
- ☐ **Ensure frequent and adequate hand washing** policies and include adequate maintenance of supplies; use disposable gloves where safe/applicable to prevent transmission on shared items
- ☐ **Routine sanitization** of high-touch surfaces and shared resources (e.g., doorknobs, elevators, vending machines, points of sales)
- ☐ **Ask students/personnel to self-certify** that they have experienced no CV-19 symptoms since last visit to campus facility
- ☐ **Ask students/personnel to stay home and seek medical guidance if they are experiencing any known symptoms;** remain isolated until diagnosis and next steps are clear
- ☐ **Ask students/personnel to self-quarantine per local public health guidelines if confirmed to have COVID-19 or exposed to confirmed case**
 - Please see supporting guidance from the WA State Department of Health: [Click for link](#)
- ☐ **Develop response protocols** for students, personnel, and visitors reporting symptoms and/or are confirmed to have COVID-19
- ☐ **Avoid non-essential travel** by school personnel and propose self-quarantine per local public health and worker safety guidelines after any high-risk travel as defined by the CDC (e.g., international travel); follow WA State reopening guidelines for travel
- ☐ **If feasible, log students, personnel (and visitors where possible);** follow WA State guidelines for logging onsite personnel
- ☐ **Available contact** for all students/personnel to report concerns and/or potential violations of the Safe Back-to-School Plan
- ☐ **Regular self-monitoring and updates** of the Safe Back-to-School Plan
- ☐ **Communication of Safe Back-to-School Plan** to all students and personnel including any future modifications
- ☐ **Designate specific spaces** for isolating campus personnel and/or students on-campus as needed (e.g. specific building campus personnel and/or students can quarantine in)

Student/Personnel Support

- ☐ **Adhere to state and federal law for health and safety during COVID-19** including WA State's "Safe Start" guidelines and [WA Labor & Industries guidelines](#)
- ☐ **Provide students/personnel with PPE such as gloves, goggles, face shields, and face coverings** as appropriate or required for students/personnel not working alone (e.g. any public-facing job and/or those whose responsibility includes operating within physical distancing limits of 6 feet; if PPE cannot be provided as appropriate shut down activity)
 - Note: Follow [WA Labor and Industries guidelines for masks](#)
- ☐ **Identify available alternative arrangements** for students/personnel upon requests or refusals to work due to concerns related to campus safety. Priority should be given for students/personnel who are considered high-risk/vulnerable as defined by public health officials; Follow WA State guidelines for COVID-19 scenarios & benefits
- ☐ **Educate students/personnel** on symptom detection, sources of high risk to COVID-19, prevention measures, and leave benefits/policies (e.g., UI for personnel that need to self-quarantine); follow any education requirements for employers per WA COVID-19 safety plan

Visitor Expectations

- ☐ **Limit or prohibit visitors**
- ☐ **Visible entry point signage for students, personnel, and visitors on shared on-campus responsibilities** (including proper hygiene & sanitization, physical distancing/PPE guidance and information for reporting concerns, staying home if feeling sick)

Additional considerations: Campus safety

Elements for institutions to consider & implement where feasible/relevant



Helping develop individualized, flexible Safe Back-to-School Plans

Each individual institution will develop and implement a Safe Back-to-School Plan.

The following lists are considerations and examples to aid in the development of individual plans.

Note: Institutions are not recommended to implement all listed examples. These are provided as known practices being utilized to-date and are subject to change.

Encouraging proper hygiene & health practices

- Encourage students/personnel to do regular temperature checks at home before coming to work
- Avoid non-essential person-to-person contact (e.g., handshakes)

Health screenings and testing

- Routine temperature checks & screens on-premise
- Work with Institutions within the same county to coordinate testing efforts

Enabling tracking and tracing

- Notify and isolate all students/personnel in contact with an individual that develops symptoms while maintaining confidentiality of those who are sick
- Disinfect areas where students/personnel who was sick touched
- Have the ability to log visitors that come on-campus

Sanitation procedures

- Provide hand sanitizer at entrances/exits
- Encourage personnel to wash hands regularly (after bathroom breaks, after eating, etc.)
- Provide disinfectant wipes
- Ensure frequent cleaning of high touch or shared equipment
- Sanitize/quarantine deliveries/packages
- Perform regular deep cleaning
- Provide soap and running water, when running water not available provide portable washing stations

Limiting shared resources

- Limit shared desks/workspaces
- Reduce use of shared office supplies/resources
- Limit shared food
- Limit cafeteria capacity and services
- Limit public kitchens/vending

Methods to enact distancing procedures

- Implement reduced maximum capacity limits
- Stagger arrivals into campus spaces to avoid congestion
- Limit ingress/egress points in campus buildings/facilities while maintaining fire exits
- Stagger entry into buildings/facilities
- One-way facility aisles
- Use distance markings at places of congregation
- Enact plexiglass protection between workstations
- Virtual meetings even when on campus
- Re-organize floor layouts to permit physical distancing
- Stagger usage of common areas
- Avoid sitting face-to-face
- Create isolated work cells/teams for on-campus personnel where possible
- Identify choke point and high risk areas where personnel typically congregate where distancing will need more control/monitoring
- To the extent practical, allow only one group/class at a time at the same location/lab/classroom.

Ensuring governance & accountable roles over plan

- Appoint team/lead to manage ongoing Safe Back-to-School Plan and monitor ongoing health of personnel at on-campus locations
- Designate a hygiene leader for facility who is responsible for protocol audits
- Regular reporting of student and personnel sentiment and tracking of public health trends

On-going training to meet health guidelines

- Host pre-return training and track attendance/completion
- Educate students/personnel in the language they understand best about coronavirus and how to prevent transmission and the institution's COVID-19 policies.

Additional considerations: Campus support

Elements for Institutions to consider & implement where feasible/relevant



Helping develop individualized, flexible Safe Back-to-School Plans

Each individual institution will develop and implement a Safe Back-to-School Plan.

The following lists are considerations and examples to aid in the development of individual plans.

Note: Institutions are not recommended to implement all listed examples. These are provided as known practices being utilized to-date and are subject to change.

Ongoing communication to workforce

- Provide content for vulnerable students/personnel to help navigate back-to-school (e.g. aggregate helpful materials, explain evolving gov't benefits)

Enacting modified working models for personnel

- Job shares that allow for reduced hours
- Offer partial workforce or alternate day of week operating model
- Different in-office working hours (e.g. two shifts: 6:30a-12:30p and 1p-7p with time between shifts)

Expanded / extended work from home & leave policies

- Provide one-time home office supply voucher
- Tiered PTO (e.g. FTEs get additional 80 hours; PTE get additional 40 hours; all paid out at year end if not used)
- Create workforce relief/aid fund and adopt policy on how funds will be distributed
- Create policies to encourage students/personnel to stay home when feeling sick or came into contact with positive case

Decreasing commute risks & pressure on public transport

- Promote and enable individual commutes (e.g., subsidized biking/parking)
- Institution-sponsored buses/transit options
- Alternative hours to limit transportation during high public traffic hours

Providing additional training and resources

- Provide guidance on virtual and in-person teams
- Provide career planning and resources
- Train staff to support new back-to-school model
- Post, in areas visible, required hygienic practices

Enabling access to education and childcare

- On-site day care or study rooms for limited number of children per day
- Voucher for online education tools
- Access to apps to match caregivers with need (including recently displaced workers)
- Priority for childcare for workers and students not able to WFH

Building morale and virtual culture

- Create virtual HR office hours and/or HR hotline
- Virtual companywide meetings
- Create networks for workers to connect/share remote working best practices
- Sponsor well-being challenges geared to staying physically and mentally healthy

Supporting mental health needs

- Access to reduced cost and/or free counseling
- Access to reduced cost and/or telemedicine consultations
- Benefit extensions for household members
- Access to meditation/mindfulness content
- Digital support groups to decrease isolation and share ideas
- Virtual play dates for families with children of similar ages
- Expand virtual health and counseling and continue to provide virtual options after reopening

Ensuring equitable outcomes

- Consider and mitigate any disproportionate impacts on a given population (e.g., due to instructional decisions)

Recommended protocols for food services to resume operations (1/2)

Supporting a common “new normal” foundation to mitigate COVID-19

The following checklist provides recommendations for campus food services to reopen operations

These actions will run in parallel to public health efforts

Our priority is protecting campus communities in Washington by acting as good stewards

Subject to change based on public health guidance

Note: Must consider that food services on a campus will have regular visits and thus may be higher risk than a restaurant



Cleaning and sanitizing

- ☐ Complete thorough and detailed cleaning of entire facility, with focus on high-contact areas that would be touched by both students/personnel
- ☐ If relevant, consider single-use menus only or sanitize reusable menus after each use
- ☐ Make hand sanitizer readily available to workers and visitors at counters, tables and stations and consider touchless solutions
- ☐ Complete routine sanitization of high-touch surfaces and shared resources (e.g., door handles, points of sales)
- ☐ Use [EPA-registered disinfectant products](#) and avoid all food contact surfaces when using disinfectants
- ☐ Consider reducing facility hours for extra deep cleaning
- ☐ Cleaning staff wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash
- ☐ When dining reopens, sanitize tabletops, booths, etc. between seatings
- ☐ Clean and sanitize restrooms regularly based on frequency of use once dining reopens



Physical distancing and PPE

- ☐ Maintain physical distancing of 6 feet (e.g., students waiting in-line to enter facility, customers waiting for takeaway); PPE to be provided for all workers
- ☐ Require dining staff to wear face coverings; follow WA State reopening guidelines and [WA Labor and Industries guidelines for face coverings](#)
- ☐ Implement floor markings to promote physical distancing
- ☐ Post signs to remind students/personnel of physical distancing, PPE requirements and to use hand sanitizer
- ☐ Enforce capacity limits (e.g., enforced at point of entry with clickers); follow WA State reopening guidelines for restaurants
- ☐ Consider an exit from the facility separate from the entrance
- ☐ Manage employee schedules to allow for physical distancing whenever possible
- ☐ Where possible, workstations to be staggered so employees can avoid standing direct next to one another
- ☐ Limit the number of employees allowed simultaneously in any break rooms
- ☐ Update floor plans for common dining areas, redesigning seating arrangements to ensure to ensure physical distancing may be maintained between tables while visitors are eating once dining reopens
- ☐ Limit amount of time each patron is allowed to remain in order to reduce exposure

Recommended protocols for food services to resume operations (2/2)

Supporting a common “new normal” foundation to mitigate COVID-19

The following checklist provides recommendations for campus food services to reopen operations

These actions will run in parallel to public health efforts

Our priority is protecting campus communities in Washington by acting as good stewards

Subject to change based on public health guidance

Note: Must consider that food services on a campus will have regular visits and thus may be higher risk than a restaurant



Employee health and personal hygiene

- ☐ Require employees with COVID-19 symptoms to remain home until they are symptom-free for ten days and three days without medication (whichever longer)
- ☐ Ask employees to self-quarantine for 14-days from symptom onset or test positivity of the case per Washington public health guidelines if confirmed to have COVID-19 or exposed
- ☐ Provide employees with face coverings and keep face coverings clean and ask employees to follow 6 ft distancing guidelines; follow WA State reopening guidelines and [WA Labor and Industries guidelines for face coverings](#)
- ☐ Train all employees on the importance of frequent handwashing, the use of hand sanitizers with at least 60% alcohol content, and give them clear instruction to avoid touching hands to face
- ☐ Educate workers in the language they understand best about coronavirus and how to prevent transmission, and the institution's COVID-19 policies



Facility safety

- ☐ Have the ability to log all workers that come on premise for purposes of supporting public health contact tracing by the WA DOH
- ☐ Check appropriate functioning of HVAC
- ☐ Ask workers resuming on-premise work to confirm they have not experienced symptoms for 14 days from symptom onset or test positivity of the case prior to return
- ☐ Restrict cash payments; allow payments only by card or contactless
- ☐ Consider use of pre-rolled, disposable silverware if possible
- ☐ Ensure adequate storage of necessary materials to meet PPE and cleaning requirements
- ☐ Communicate safety protocols to all workers and dining visitors, including available contact to report violations of protocols
- ☐ If offering delivery options, ensure coolers and transport containers are sanitized and encourage customers to use "no touch" deliveries



Customer expectations

- ☐ Visible entry point signage for workers, volunteers and visitors on shared responsibilities (including proper hygiene and sanitization, physical distancing, PPE guidance and information for reporting concerns,)
- ☐ Require all patrons to wear face coverings except while eating or drinking in accordance with state guidance
- ☐ Make visitor safety guidelines publicly available
- ☐ Consider using social media or website to educate students/personnel on food service protocols and what to expect in dining halls



Student/personnel support

- ☐ Adhere to state and federal law for health and safety during COVID-19 including WA State's "Safe Start" guidelines and [WA Labor & Industries guidelines](#)
- ☐ Mitigate anxiety by recognizing fear in returning, communicating transparently, listening and surveying students/personnel regularly
- ☐ Provide early reopening communication by keeping workforce informed as soon as appropriate
- ☐ Reinforce training after Day One by providing ongoing methods of additional training to reinforce messaging and changes
- ☐ Ensure any student/employee can follow on-campus student health specific guidelines before returning to work and while working

Recommended protocols for campus transportation to resume operations (1/2)

Supporting a common “new normal” foundation to mitigate COVID-19

The following checklist provides adaptations for campus transportation, if applicable, to resume operations

These actions will run in parallel to public health efforts

Our priority is protecting campus communities in Washington by acting as good stewards

Subject to change based on public health guidance



Cleaning and sanitizing

- ☐ After each journey, complete thorough and detailed cleaning of all surfaces, with focus on high-contact areas that would be touched by both employees and passengers (e.g., handles, metal bars)
- ☐ Make hand sanitizer readily available and create frequent opportunities for employees to wash their hands
- ☐ Provide disposable disinfectant wipes on buses, etc. and train employees on how to regularly clean the area
- ☐ Use EPA-registered disinfectant products. Refer to safer cleaning, sanitizing and disinfecting strategies to reduce and prevent COVID-19 transmission
- ☐ Consider reducing operating hours for extra deep cleaning
- ☐ Cleaning staff wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash
- ☐ Clean and sanitize restrooms regularly based on frequency of use



Physical distancing and PPE

- ☐ Institute measures to physically separate employees from passengers by a distance of 6 feet or greater (e.g., physical partitions for drivers)
- ☐ Consider limiting capacity based on size of vehicle (e.g., 50%)
- ☐ Ask passengers to maintain physical distancing of 6 feet and wear face coverings in accordance with state guidance; Follow WA Labor and Industries guidelines for face coverings for employees
- ☐ Implement floor markings to promote physical distancing on board
- ☐ Post signs for passengers to remind them of physical distancing, face covering requirements and to use hand sanitizer
- ☐ Limit contact between employees and passengers as much as possible
- ☐ Consider designating specific doors for entry only and others for exit only to minimize passenger contact
- ☐ Manage employee schedules to allow for physical distancing whenever possible
- ☐ Consider closing off every other seat on board with tape or signs to promote physical distancing
- ☐ Encourage employees and passengers to avoid congregating in waiting areas and design a process to ensure all stay separate while waiting to board (e.g., outdoor distancing)

Recommended protocols for campus transportation to resume operations (2/2)

Supporting a common “new normal” foundation to mitigate COVID-19

The following checklist provides adaptations for campus transportation, if applicable, to resume operations

These actions will run in parallel to public health efforts

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Subject to change based on public health guidance



Employee health and personal hygiene

- ☐ Require employees with any COVID-19 symptoms to remain home until they are symptom-free for ten days and three days without medication (whichever longer)
- ☐ Require employees to self-quarantine for 14-days from symptom onset or test positivity of the case per Washington public health guidelines if they have been exposed to COVID-19
- ☐ Provide employees with face coverings and keep face coverings clean; Follow [WA Labor and Industries guidelines for face coverings](#)
- ☐ Train all employees on the importance of frequent handwashing, the use of hand sanitizers with at least 60% alcohol content, and give them clear instruction to avoid touching hands to face
- ☐ Train all employees on symptom detection, sources of high risk to COVID-19, prevention measures and leave benefits/policies



Vehicle safety

- ☐ Have the ability to log all employees that come on board for purposes of supporting public health contact tracing by the Washington Department of Health
- ☐ Check appropriate functioning of HVAC
- ☐ Ask workers resuming work to confirm they have not experienced symptoms for 14 days from symptom onset or test positivity of the case prior to return
- ☐ Ensure adequate storage of necessary materials to meet PPE (face coverings, gloves, etc.) and cleaning requirements
- ☐ Communicate safety protocols to all employees and passengers, including available contact to report violations of protocols
- ☐ Consider using no-touch trash receptacles if possible



Passenger expectations

- ☐ Implement signs on board for employees and passengers on shared responsibilities (including proper hygiene and sanitization, physical distancing, face coverings and information for reporting concerns)
- ☐ Make passenger safety guidelines publicly available and post signs to strongly encourage passengers to wear face coverings in accordance with state guidance
- ☐ Consider using social media or website to educate passengers on safety protocols and what to expect when on board
- ☐ Place signs at the entrance stating how passengers and employees can prepare to be on board



Employee support

- ☐ Adhere to state and federal law for health and safety during COVID-19 including WA State's "Safe Start" guidelines and [WA Labor & Industries guidelines](#)
- ☐ Mitigate anxiety by recognizing fear in returning, communicating transparently, listening and surveying employees regularly
- ☐ Provide early reopening communication by keeping workforce informed as soon as appropriate
- ☐ Reinforce training after Day One by providing ongoing methods of additional training to reinforce messaging and changes
- ☐ If employees have children, provide support in navigating childcare options when returning to work
- ☐ Ensure any employees can follow on-campus student specific health guidelines before returning to work and while working
- ☐ If employees refuse to work due to COVID-19 related safety concerns, provide high risk individuals with benefits per WA Proclamation 20-46

Recommended protocols for campus residences to resume operations (1/2)

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“new normal” foundation
to mitigate COVID-19

The following checklist
provides adaptations for
campus residences to
resume operations

These actions will run
in parallel to public
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Subject to change based
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Cleaning and sanitizing

- ☐ Complete thorough and detailed cleaning of entire facilities, with focus on high-contact areas
- ☐ Make hand sanitizer readily available to residents/personnel throughout property; consider touchless hand sanitizing solutions
- ☐ Complete routine sanitization of high-touch surfaces (e.g., door handles, elevators, counters, etc.)
- ☐ Provide residents with their own sanitation solutions or wipes to instill confidence
- ☐ Disinfect all hard surfaces with an EPA registered chemical disinfectant
- ☐ If a student or residential staff member tests positive, close off areas used by sick person and wait 24 hours before cleaning and disinfecting; remove staff members who test positive and quarantine
- ☐ Conduct frequent cleaning of shared facilities (e.g., lounges)
- ☐ For shared bathrooms, create a cleaning schedule to clean facilities regularly; provide and maintain adequate handwashing supplies and hand sanitizer
- ☐ For shared showers, encourage sanitizing between users and/or increasing frequency of cleaning



Physical distancing

- ☐ Maintain signage to remind groups to stand at least 6 feet apart and avoid congregating in common areas
- ☐ Note: Follow [WA Labor and Industries guidelines for face coverings](#) in common areas
- ☐ Roommates and suitemates treated as a household; assign students with pre-existing health conditions to singles
- ☐ Consider installing plexiglass partitions in areas where residential staff and residents come into close contact (e.g., mail desks)
- ☐ Implement floor markings to promote physical distancing (e.g., where to stand in line, where to walk)
- ☐ Manage staff schedules to allow for physical distancing whenever possible in staff spaces
- ☐ For shared bathrooms, create a staggered bathroom schedule to reduce the amount of people using the facilities at the same time
- ☐ For shared showers, consider assigning residents to specific showers or limiting use of showers to every other stall
- ☐ Designate specific residence halls or buildings to isolate students/staff for quarantine or isolation periods as needed



Staff health and personal hygiene

- ☐ Require staff with COVID-19 symptoms to remain home until they are symptom-free for ten days and three days without medication (whichever longer)
- ☐ Ask staff to self-quarantine for 14-days from symptom onset or test positivity of the case per Washington public health guidelines if confirmed to have COVID-19 or exposed
- ☐ Provide employees with face coverings and keep face coverings clean - follow WA reopening guidelines and [WA Labor and Industries guidelines for face coverings](#)
- ☐ Train all staff on the importance of frequent handwashing, the use of hand sanitizers with at least 60% alcohol content, and give them clear instruction to avoid touching hands to face
- ☐ Educate workers in the language they understand best about coronavirus and how to prevent transmission, and the institution's COVID-19 policies.

Recommended protocols for campus residences to resume operations (2/2)

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The following checklist
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Facility safety

- ☐ All staff and residents must wear face coverings throughout the building (exception for residents within their own rooms)
- ☐ When possible, rooms should remain vacant for 48 hours after check-out and prior to cleaning
- ☐ Have the ability to log all staff and residents that come on-premise for purposes of supporting public health contact tracing
- ☐ Ask workers resuming on-premise work to confirm they have not experienced symptoms for 14 days from symptom onset or test positivity of the case prior to return
- ☐ Communication of Safe Back-to-School Plan to all staff and residents, including available contact to report violations
- ☐ Use no-touch trash cans where possible on the property
- ☐ Check appropriate functioning of HVAC
- ☐ Symptomatic residents should avoid contact with other - follow DOH guidelines for individuals with symptoms
- ☐ Develop plan for how suspected COVID-19 cases will be isolated, evaluated, tested, and provided necessary wraparound services (e.g., medical care, food)
- ☐ Ensure that physical locations have been identified to isolate confirmed COVID-19 cases, and consider designating one staff member to attend to sick residents
- ☐ Create and test communications plans to disseminate critical information to residents/staff



Resident expectations

- ☐ Visible entry point signage for all staff and residents on shared responsibilities (including proper hygiene & sanitization, physical distancing, PPE guidance and information for reporting concerns)
- ☐ Make safety guidelines publicly available
- ☐ Consider using social media and website to educate residents on protocols and what to expect when entering on-campus housing facilities (e.g., digital check-in requirements)
- ☐ Remind residents of any quarantine requirements as defined by the local health jurisdiction and instruct them that compliance will be monitored



Employee support

- ☐ Adhere to state and federal law for health and safety during COVID-19 including WA State's "Safe Start" guidelines and [WA Labor & Industries guidelines](#)
- ☐ Mitigate anxiety by recognizing fear in returning, communicating transparently, listening and surveying staff regularly
- ☐ Provide early reopening communication by keeping workforce informed as soon as appropriate
- ☐ Reinforce training after Day One by providing ongoing methods of additional training to reinforce messaging and changes
- ☐ Ensure staff that live in residence halls can follow all resident health/safety protocols (e.g. quarantining upon arrival)

Appendix D: WA Forward Plan



Over the last two years, the world has been shaken by the COVID-19 pandemic and sadly, countless lives have been lost. Wide-scale orders for sheltering in place, business closures or occupancy limits, distance learning, social distancing for people of all ages and many other hardships were a source of stress and adversity to individuals, families and businesses across Washington.

Despite the trauma an ever-changing novel virus had on the lives of Washingtonians, our communities came together showing incredible resilience in adapting to changing guidance and interventions as the science evolved surrounding COVID-19. Though each of our human experiences dealing with COVID-19 varied, neighbors and community members across our state showed concern for one another — inspired by hope and fueled by action.

The Washington State Department of Health, guided by its pillars of **Equity**, **Innovation** and **Engagement** (EIE), recognized that community was going to be essential to achieving vaccine equity and increasing vaccine confidence. At the height of the COVID-19 battle, DOH launched the [Care Connect program](#) to help support individuals and families during isolation and quarantine so they could remain home to take care of their health and protect their communities. To date, Care Connect has provided supports like food and care kits or housing assistance to more than approximately **100,000** residents.

During the crucial campaign to vaccinate as many residents as quickly and equitably as possible, DOH launched a grassroots community-led vaccination effort called [‘Care-a-Van’](#). Though there have been over 13 million total doses of COVID-19 vaccine administered across the state, partnering with communities in vaccination efforts has been key.

Through Care-a-Van, community organizations across the state continue to have the ability to request and lead a COVID vaccination event. In a short time, this effort has supported over 700 community-led events, with over 70% of vaccines delivered to communities with a [Social Vulnerability Index](#) of 7 or higher. By engaging and partnering with Tribes, Washington State agencies, community and faith-based organizations, etc., we can meet communities where they are, in locations they are familiar with and supported by individuals they trust.





Engagement across the state ecosystem was central; each system was and still is doing what it can to help reduce the spread of the virus. While fighting on the frontlines against this virus, healthcare workers continue to be as essential as ever – not only in their effort to care for those battling COVID-19, but to educate and communicate. DOH recognized that healthcare providers are trusted sources of medical information and play a critical role in increasing vaccinations, thus launching the [POP Initiative](#) – Power of Providers (POP).

Through POP, we asked providers to reach out to patients, educate them, provide them with a vaccine or referral and empower patients to share vaccination status with their respective communities. Over 65,000 Washington healthcare providers committed to do so and that number continues to grow.

We all came together to support each other during trying times, following guidance for masking, social distancing and the promise of a better tomorrow through vaccinations. The incredible work done by public health, the healthcare system, community partners and individual Washingtonians led to our state having one of the lowest cumulative case and death rates, and highest state vaccination rates, in the country. However, there is still much work that remains. COVID-19 has exacerbated many health inequities — both physical and mental health-related. We know we can overcome all these if we unite as one.



While the virus remains with us and is expected to circulate for the foreseeable future, individual Washingtonians, families, businesses, the fabric of our social support system continue to deal with the toll of COVID-19 and will take years to recover. Now is the time we move forward as a community with a long-term sustainable framework to co-exist with COVID-19 as part of our foreseeable future, while continuing to keep each other safe and as we continue to prepare and monitor for any future COVID-19 variants.

Guided by science, we will move **ForWARD** together as a state to the next phase of the pandemic with attention to both hope and healing — for families, for communities, for businesses, for WA. As we embark on the road ahead together, DOH commits to leading the following **three** priority areas with **seven** commitments, to help Washington families, businesses and communities move forward safely and with the tools to protect their health.



WASHINGTON continues to have one of the lowest cumulative COVID-19 death rates among states over the duration of the pandemic.

10 states with lowest cumulative death rates per 100K since the start of the pandemic:

- 1. VERMONT**
- 2. HAWAII**
- 3. UTAH**
- 4. ALASKA**
- 5. MAINE/WASHINGTON**
- 7. OREGON**
- 8. NEW HAMPSHIRE**
- 9. COLORADO**
- 10. NEBRASKA**

Priority Areas Moving

FORWARD

1. ENGAGEMENT AND EMPOWERMENT

2. PREVENTION, TOOLS AND ACCESS

***3. SYSTEM READINESS,
SUPPORT AND CAPACITY***



ENGAGEMENT AND EMPOWERMENT



Engage, Educate and Empower:

We will engage with a variety of partners, stakeholders and most importantly Washingtonians in a community-first approach to provide health information, guidance and resources to individuals, schools, childcare centers, businesses and a myriad of organizations. Using these tools, they can take the necessary steps to stay healthy and safe. We will further increase the resilience of organizations and communities across the state, solicit community input through engagement and continue the process of recovering from the impact of the COVID-19 pandemic. Washingtonians have come together to protect the health of their families, neighbors, and communities over the past two years. By continuing to work together, we can both stay safer and support healing and recovery.

Commitment:

We will continue to monitor science, the latest information and key data, to inform our ongoing COVID-19 health guidance and communications. We commit to releasing updated information quickly and in an equitable and culturally responsive way in our fight against COVID-19 regardless of how things progress over time. Our main priority continues to be the health and safety of Washingtonians.



PREVENTION, TOOLS, AND ACCESS



Vaccines:

Vaccines are the most powerful tools available to prevent serious illness, hospitalization and death from COVID-19. They are safe and effective. Both primary vaccinations and boosters for adults and children alike afford protections against COVID-19 and new variants of concern.

The goal will remain to make COVID-19 vaccines available and accessible to all Washingtonians no matter where they live or who they are, with a particular focus on addressing any equity gaps that may be present. DOH adopted [8 vaccine equity strategies](#) that have served as the foundation for all COVID-19 vaccine implementation efforts to ensure equitable access for Washingtonians most impacted by COVID-19. We will continue our community-driven initiatives, outreach and education, training and support for health care providers and our mobile vaccination efforts. We will continue to monitor overall vaccination coverage rates as well as rates among people at increased risk for severe illness.



As of March, over 13.1 million doses of vaccine have been administered to over 5.8 million Washington residents.

Commitment:

We will support vaccination efforts throughout the state and maintain the system-wide capacity to administer 30,000 doses of COVID-19 vaccine per day and the ability to surge to 60,000 doses daily within seven days as needed.



PREVENTION, TOOLS, AND ACCESS



Testing:

DOH has already delivered over **8 million** at-home tests across the state to schools, local public health partners, Tribes, community-based organizations, and individual households. The availability and accessibility of community testing, as well as at-home testing, is a critical component of our path forward. Our goal will be to assure continued equitable access to tests (whether PCR or rapid) for Washingtonians through a variety of channels in partnership with local public health, healthcare, Tribes, and community-based organizations. This will include continuing to leverage the state's [Say Yes! To COVID Test](#) initiative. The main strategies for testing will include a focus on individuals who may otherwise not be able to access tests, while making tests more broadly available so people can protect themselves and those around them as they thrive in their daily lives beyond the pandemic. We aim to empower Washingtonians to know when to test and what to do with the test results.

Commitment:

We will monitor testing accessibility across the state and expand testing availability when testing appointments are unavailable and/or delayed. We will be prepared, if necessary, to surge to a COVID-19 testing capacity that allows us to provide over 50,000 tests per day over the next six months.



PREVENTION, TOOLS, AND ACCESS



Masks:

We will ensure there is an adequate supply of personal protective equipment (PPE) on hand for distribution to health care, local public health and Tribes. Our state inventory of masks and other medical PPE will be there to augment community needs, including distribution to local governments for frontline workers in high-risk settings, schools and the public, as well as ensure readiness of the healthcare system. We will be ready to make masks and other materials available to those most at risk for severe disease and/or to those responding to COVID-19 to protect Washingtonians.

Commitment:

We will monitor ongoing supply chain constraints and have a ready supply of at least 7.5 million high-quality masks available for expedited distribution to support communities and partners should the need arise at any time. We will also maintain a 60-day supply of PPE to support the healthcare system in case of a surge and/or supply chain constraints.



**Total
high-quality
masks
distributed
in WA:
109,822,675**



SYSTEM READINESS, SUPPORT, AND CAPACITY



Data Monitoring and Disease Detection:

Washington State's genomic sequencing for COVID-19 is one of the most robust in the nation. In an effort to prepare communities for any changes in our current response, we will monitor necessary data and use available tools to detect any changes in conditions that may signal a need for a different level of response to COVID-19. This shall include data for monitoring outbreaks, community transmission, and health care system capacity. This will be complemented by robust laboratory genotyping and disease detection efforts in ongoing monitoring for new variants of concern as well as the use of emerging strategies such as wastewater surveillance. The tireless efforts made by those in labs will undoubtedly lead to a stronger community defense in the future as we continue to learn and grow together. We will work with partners at the local, state and federal levels to maintain a comprehensive view of disease transmission trends in the state.

Commitment:

We will support genotyping of up to 10% of COVID-19 cases and employ key disease detection efforts, such as wastewater surveillance, to gauge ongoing COVID-19 transmission trends in the community across Washington as necessary.



SYSTEM READINESS, SUPPORT, AND CAPACITY

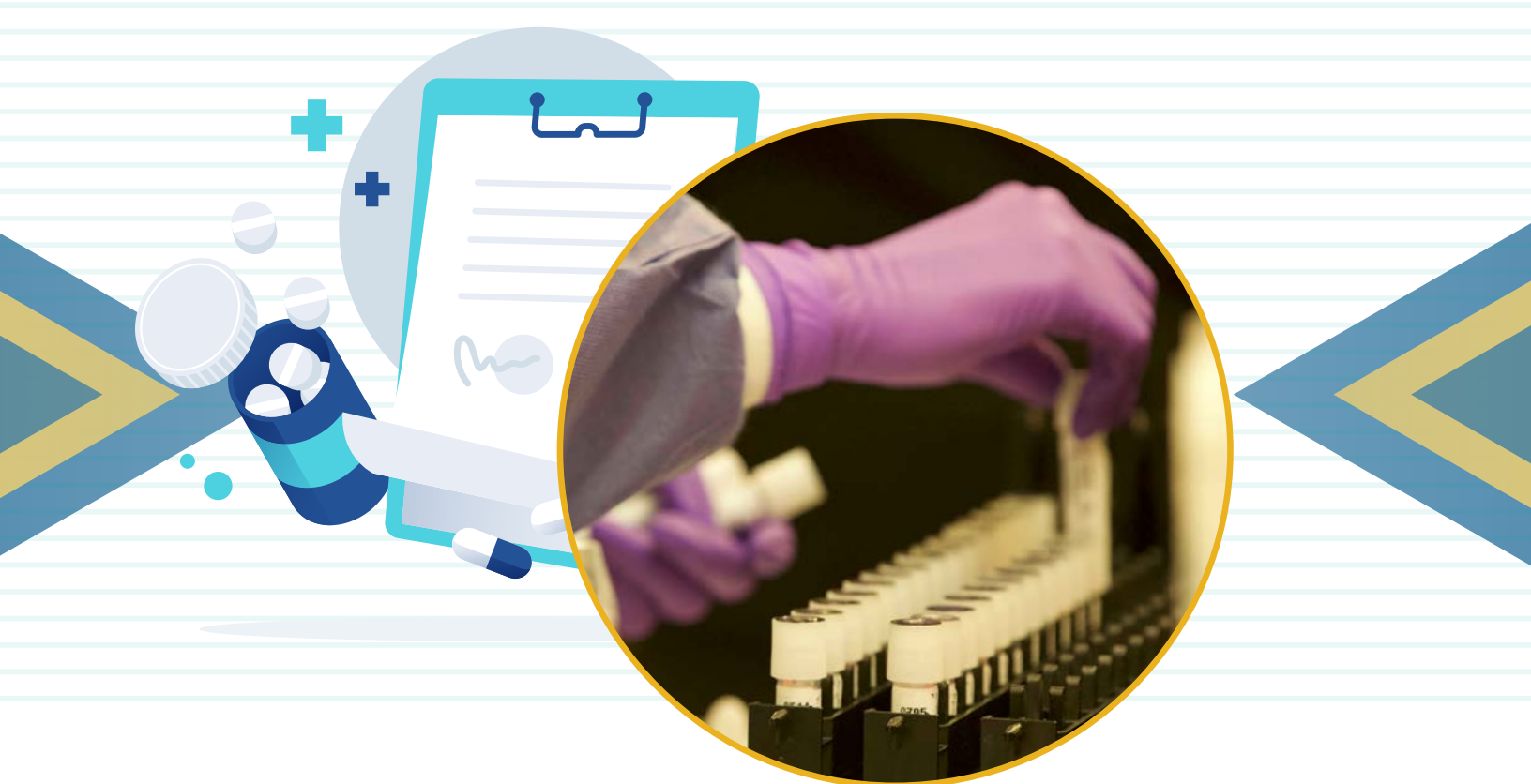


Health System Capacity:

We will use a variety of tools to monitor the impact of COVID-19 on the health system throughout the state. Understanding the strain on the system helps us also better understand the strain on the workforce, which has worked tirelessly during this pandemic to ensure the care of patients. Our ongoing efforts will include supporting response and workforce resiliency efforts across the public health and health care systems through multi-agency coordination at the local, state and federal levels. We will maintain our ability to provide medical materials such as ventilators, hospital beds and other medical equipment during times of need in conjunction with the federal strategic national stockpile and other initiatives as necessary. Keeping our healthcare workers safe and prepared unlocks a greater capacity to care for all Washingtonians, through COVID-19 response and other health needs of the community.

Commitment:

We will maintain visibility for health care capacity in the state in partnership with the *Washington Medical Coordination Center (WMCC)* and other health care coalitions to understand ongoing system needs and to provide needed support across Washington as necessary.



SYSTEM READINESS, SUPPORT, AND CAPACITY



Treatments and therapeutics:

We will monitor the supply of current and new COVID-19 therapeutics including antivirals and monoclonal antibodies to advance Washington's ongoing strategy for preventing and treating COVID-19. We will ensure Washingtonians have access to the therapeutics shown to be effective against current and emerging variants based on the latest science and availability of FDA-authorized therapeutics, and that healthcare providers have the knowledge and resources to prescribe them effectively. We will embrace emerging models for the delivery of therapeutics that hold promise for improving access across Washington state.

Commitment:

We will take an equitable approach to the distribution of COVID-19 treatments and, during supply constraints, give a higher priority to areas and/or groups with higher disease burden and/or reduced access. Reaching community members where they are located is of utmost importance to DOH.

MOVING FORWARD

As we forge on a path of coexisting with COVID-19, we must remember it is difficult to predict when the pandemic will truly end. We will continue with a path of recovery, resilience and hope for the future while encouraging people to do what they can to keep themselves and their communities safe. We will persist in our efforts to empower organizations and businesses to set the standards they need to keep their staff and customers safe, ensuring collectively we protect those who are most vulnerable and each other. We must leverage our newer strategies to be as strong as possible in the future

Under the leadership of Governor Inslee, following the known science and data, we saved tens of thousands of lives throughout the pandemic. Washington State led the way through creativity, teamwork and constant pivots. **Over 80%** of the eligible population in our state have initiated vaccination, meaning that they have received at least the first dose of a COVID-19 vaccine. The [“Say Yes! COVID Test”](#) portal led to the distribution of almost **3 million** at-home test kits across Washington, often delivered overnight, in partnership with Amazon and Care Evolution.

In this same vein, we will continue to adapt to modern and innovative ways to monitor disease, promote new technologies and to deliver information, such as [WA Notify](#) and our education campaign. Through WA Notify, over **3.1 million** Washington mobile phone users activated the exposure notification app. Our COVID-19 health education campaign had over **1 billion** touchpoints, with information delivered in up to **42 different languages**. We will also sustain and build upon the unique public-private partnerships that developed over the course of the pandemic, which includes the nationally recognized [Vaccine Action Command and Coordination System](#) (VACCS).

VACCS Center created public-private partnerships infusing the talent and resources of the private sector in support of the state in achieving the initial goal of administering 45,000 COVID-19 vaccine doses a day in the safest, fastest and most equitable manner. VACCS partners also helped support our vaccine call center, modernize our [data dashboard](#), deliver masks and so much more.



We will strengthen and expand community initiatives that have helped better serve Washingtonians while simultaneously addressing equity gaps. The [Vaccine Implementation Collaborative](#) was formed to help support effective and equitable vaccine access strategies that centered on the voices of people and communities most impacted by COVID-19. This ongoing effort involved a collaboration between **over 600 community organizations** seeking to address equitable vaccine distribution and access as well as advances in pandemic recovery efforts in communities most disproportionately impacted by COVID-19.

We will continue to invest in communities and to incorporate health equity within our community engagement COVID-19 funding initiatives. Through the Community-Driven Outreach Program, we will continue to support community organizations to ensure that Washington communities that have been disproportionately impacted by COVID-19 have equitable access to information, vaccines, and services. Community-rooted organizations are better positioned to respond to community needs and have a unique understanding of the importance of a trauma-informed approach, cultural beliefs, risk perceptions, and norms that impact vaccine confidence in their communities.

MOVING FORWARD➤

We have learned during this pandemic that community organizations are a critical component of the larger public health ecosystem and that investing in sustainable community infrastructure to address structural and systemic inequities amplified by the pandemic is key to an equitable preparedness response and recovery. The mental, behavioral and emotional tolls from this pandemic are real. Looking ahead, we are committed to leading and backing initiatives that support not just physical health but optimize mental health and overall well-being as well.

We acknowledge no plan would be complete without mentioning the numerous additional elements that go into achieving success moving ahead.

This includes supporting ongoing strategies for fighting misinformation, supporting the connection between global and domestic health work especially for vaccine equity, advocating for healthier environments including ventilation, incorporating newer strategies for response from elsewhere, investing in public health and the well-being of communities - and the list goes on.

As we release this plan, we continue to pay attention to these other elements as well to help assure our state's success as we move forward together.

We will continue to honor our responsibility to Tribes and Urban Indian Health organizations across the state through our commitment to formal consultation and collaboration for all future response decisions and opportunities that may impact Tribal and Urban Indian populations.

Critical to a brighter future will be infusing our core values of equity, innovation and engagement into how we transform and deliver services, go about our activities and strengthen our ongoing work. In the process, strongly and resolutely, we believe this is how we move forward together as a state – WA Forward.

This plan will be updated and revisited as needed.

Published March 17, 2022



DOH 820-238 March 2022

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FOR**WARD**➤



AUGUST 22, 2022

COVID-19 SAFETY PROTOCOLS FOR HIGHER EDUCATION INSTITUTIONS

Are colleges still required to follow the higher education proclamation and DOH guidance for higher education?

Yes, at the time this publication was written, the [higher education proclamation](#) and [Department of Health higher education guidance](#) were still in effect.

The higher education proclamation outlines requirements for all colleges, regardless of whether the colleges require students to be vaccinated. The DOH guidance document is just that — guidance — and, for the most part, it applies only to colleges that require vaccination. However, the Department of Health in August amended its guidance to remove a 3-foot distancing requirement for colleges that do not require vaccination. Please see page 6 for details.

Will the higher education proclamation be revoked?

The proclamation remains in effect. The Governor's Office and Department of Health continue to periodically meet with higher education leaders to discuss COVID-related issues. SBCTC will update this fact sheet if announcements are made.

Are any mask mandates still in effect?

Statewide mask mandates were lifted for most places on March 12. Masks are [still required](#) in health care settings — such as hospitals, dental offices and long-term care facilities — and in correctional facilities.

May colleges still require masks if they choose to do so?

Like K-12 school districts, community and technical college districts may still require masks indoors.

Are employees required to wear masks?

Statewide mask mandates for employees were lifted on March 12, but individual employers may still require masks if they choose to do so.

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CONTACT INFORMATION

Carli Schiffner
Deputy Executive Director
Education Division
360-704-4353
cschiffner@sbctc.edu

What rules must colleges follow to help protect employees from COVID?

As employers, colleges must comply with COVID-related requirements established by the [Washington State Department of Labor and Industries](#).

Are vaccination requirements for employees still in effect?

Yes, Governor Inslee's [vaccine requirement](#) for state employees remains in effect. This requirement applies to current and future employees.

The Governor's latest revision to the state employee vaccine requirement does not require boosters, but it does [direct the Office of Financial Management to develop incentive programs](#) to promote boosters for employees. At this time, higher education institutions are not required to participate in the booster incentive program.

Who is required to be vaccinated on campus, and how do they report their vaccination status?

Students

There is no state mandate for students to be vaccinated; it's a local college decision. The higher education proclamation spells out rules for colleges that choose to require students to be vaccinated, and those that do not.

At colleges requiring vaccination

- Students who come to campus for in-person classes or services (including Running Start students) must be fully vaccinated or have a medical or religious exemption from the college. According to the [higher education proclamation](#), proof of full vaccination can be in the form of:
 - A signed attestation.
 - A CDC Covid-19 vaccination card or photo of the card.
 - Documentation of vaccination from a health care provider or electronic health record.
 - State immunization information record.
- Medical and religious exemptions are granted on a case-by-case basis by the college. Philosophical exemptions are not allowed.
- Each college makes its own decision on who can see a student's vaccination status. The fewer people who see the student's information, the better.

At colleges not requiring vaccination

- Students don't have to be vaccinated, or have an exemption, in order to attend in-person classes or services at colleges that do not require vaccination. However, the college must enact comprehensive health and safety protocols that are specified in the [higher education proclamation](#).
- Vaccinated students who attend in-person classes or services still have to supply vaccination-status information to the college.

Employees

- According to the [vaccination proclamation](#), all state employees must be vaccinated, or have a medical or religious exemption. (Philosophical exemptions are not allowed.) This requirement applies even if the employee is working entirely online. State employees are not required to have booster shots as a condition of employment, but OFM is developing incentive programs to promote boosters for state employees. Higher Education Institutions are not required to participate in the booster incentive program.
- The vaccination requirement applies to all cabinet-level state agencies, as well as employees in K-12 and higher education, and in health care settings. The vaccination requirement also applies to:
 - Student workers.
 - College boards of trustees, who are considered workers under the proclamation.
- Health care students who have clinical rotations must follow the vaccination requirements of the health care institution where they will be working – e.g., they must be fully vaccinated or have an exemption before their clinical experience.
- According to the vaccination proclamation, proof of full vaccination for employees can be in the form of:
 - A CDC COVID-19 vaccination card or photo of the card.
 - Documentation of vaccination from a health care provider or electronic health record.
 - State immunization information record.
 - Employees vaccinated outside the U.S. may show a reasonable equivalent of these documents.
- Attestations alone do not qualify as evidence of vaccination for employees (unlike for students).

Visitors and volunteers

For visitors and volunteers, the vaccination requirements depend on whether a college has decided to become a “fully vaccinated” campus.

At colleges requiring vaccination

- Volunteers must be vaccinated or have an exemption, but only if they are coming to campus (per the [vaccination proclamation](#)).
- Visitors don't have to be vaccinated (per the higher education proclamation and the [vaccination proclamation](#)).

At colleges not requiring vaccination

Visitors and volunteers do not need to be vaccinated.

Contractors

The [vaccination proclamation](#) requires indoor contractors to be vaccinated under certain circumstances, as shown on the chart to the right.

The proclamation gives agencies/colleges the option of having the contractor verify vaccination or doing it themselves. If the contractor does the verification, it must do so in a method similar to how the colleges would do it for their own employees. The contractor can't allow self-attestation, and they must have some process in place for medical/religious exemptions.

		Contractor
Type of Facility	State Facility	Vaccinated
	Other Facility	Follow Employer Policy

According to [a vaccine mandate FAQ](#) by the Governor's Office, vaccinations are not required of outdoor contractors or contractors who are at a site for a short period of time and have a fleeting physical presence with others.

Boosters, and booster incentives, are not required for contractors. Contractors are not included in [Governor's Directive 22-13.1](#), which directs the Office of Financial Management to establish booster incentive programs for certain state employees.

Do campus vaccination requirements apply to all students, even those learning 100% online?

The higher education proclamation requires "fully vaccinated" campuses to require vaccinations or exemptions from students who are coming to campus for in-person classes or student services. This includes online students who come to campus for in-person services.

The Governor's Office and the state Department of Health advised SBCTC that the best practice is for fully vaccinated campuses to require all students — even those learning entirely online — to be vaccinated or have a medical or religious exemption because there is a chance they could come to campus. Even students taking 100% online classes may come to campus, whether to visit a library or pick up financial aid.

What's the difference between an exemption and an accommodation?

People can seek an exemption from vaccine requirements for medical reasons or sincerely held religious beliefs. If colleges decide to grant an exemption, the colleges then have to determine if they can provide a reasonable accommodation.

How can I meet the vaccine requirement if I work for a public or private university or college in an ECEAP/Early ECEAP or Head Start/Early Head Start program?

According to the Governor's Office and the Washington State Department of Children, Youth & Families (DCYF), the university or college will assume the responsibility of verifying documents for their employees that are providing ECEAP/Early ECEAP or Head Start/Early Head Start services. Staff working in ECEAP/Early ECEAP or Head Start/Early Head Start programs also will need to document in DCYF's MERIT system that they have met the vaccine mandate as verified by their university or college employer.

What other health and safety protocols must colleges follow?

In addition to the vaccination and documentation requirements listed above, colleges must follow other health and safety protocols found in the [higher ed proclamation](#). The proclamation makes a distinction between campuses that require vaccination and those that do not.

Campuses that require vaccination as a condition of learning and working on campus are exempt from many of the proclamation's mandates. Instead, they may voluntarily follow [guidance published by the state Department of Health](#).

Campuses that **do not** require vaccination must follow a more comprehensive set of directives in [the proclamation](#). These include:

Campus safety

- Require health attestations from students, faculty and staff coming to campus, consistent with [DOH's Guidance for Daily COVID-19 System of Screening of Staff and Guests](#). Although the title of this DOH document refers to "daily" screening, the body of the document appears to recommend screening only when people plan to be on campus.
- Have a comprehensive COVID-19 plan in each building. College plans must incorporate current best practices by the [CDC](#), [DOH](#), and [L&I](#). Copies of the plan must be available at each location on campus.
- Implement and maintain handwashing policies.
- Sanitize facilities. Colleges need to implement and maintain adequate sanitation protocols consistent with CDC's [Cleaning and Disinfecting Your Facility](#) guidance and [Guidance for Institutions of Higher Education](#) and the U.S. Environmental Protection Agency's [list of disinfectants for COVID-19](#).
 - Note this comment in the [CDC guidance](#): "If no one with confirmed or suspected COVID-19 has been in a space cleaning once a day is usually enough to remove virus that may be on surfaces. This also helps maintain a healthy facility."
- Develop response protocols for students, personnel and visitors with symptoms or confirmed to have COVID-19.

- Require students or personnel to follow local health jurisdiction directions if they have symptoms of, have been exposed to, or have, COVID-19. They should also follow any DOH or CDC directions — provided those directions don't contradict local guidance:
 - [Evaluation and Management of Persons with New Unexplained Symptoms of COVID-19](#)
 - [What to do if you were potentially exposed to someone with COVID-19](#)
 - [What to do if you have confirmed or suspected COVID-19](#)
 - [What to Do If You Are Sick](#)
- Make a plan with local health jurisdictions to address isolation and quarantining needs of any students or personnel who are unable to do so in their usual place of residence.
- Post COVID-19 safety signs.

Student workers and personnel

- Comply and require compliance with [L&I requirements for employers](#).
- Educate students and personnel on COVID-19.
- Protect high-risk employees from discrimination according to the [Health Emergency Labor Standards Act](#) and other applicable laws.

Visitors

- Post visible COVID-19 entry signs for students, staff and visitors.

Is 3-foot physical distancing still required at colleges that do not require vaccination?

Technically, [the higher ed proclamation](#) still requires 3-foot physical distancing. However, on Aug. 11 the [CDC issued new guidelines](#) that deemphasize physical distancing at this stage of the pandemic. In response, the state Department of Health issued [new guidance for higher education institutions](#). The new guidance states:

“All non-fully vaccinated campuses must continue to follow the requirements of proclamation 20-12.5. Physical distancing requirements for non-fully vaccinated campuses, however, may align with [current CDC guidance](#).”

Although the proclamation still contains language about 3-foot distancing, it is clear that — through the Department of Health's new guidance — the intent of the Governor's Office is to remove this mandate and align with the CDC instead.

Given this change in guidance, it is SBCTC's interpretation that colleges that do not require vaccination are no longer mandated to maintain 3-foot social distancing or to mark dining hall floors for distancing.

Whom should I call at SBCTC if I have questions?

- Choi Halladay, deputy executive director of business operations, challaday@sbctc.edu | 360-704-4303
- Julie Huss, human resources director, jhuss@sbctc.edu | 360-704-4350
- Carli Schiffner, deputy executive director of education, cschiffner@sbctc.edu | 360-704-4353
- Laura McDowell, communications director, lmcdowell@sbctc.edu | 360-280-0670 (cell)

Appendix F: NWAC Return to Play Guidelines



What will Fall look like?



Plan A

- WA and OR fully reopen (including mask mandates) as expected in June/July OR
- CDC no longer recommends mask usage for non-vaccinated individuals
- Covid manual is not standard operating procedure.
 - Precautions should remain in place for non-vaccinated individuals, as variants of the virus continue to mutate and cause high rates of infection in non-vaccinated individuals.

Plan B

- WA and/or OR do not fully reopen by Fall OR
- Mask utilization is still **required** for non-vaccinated individuals



Incentives for vaccinated teams (>70%) & individuals

- No disruption of game schedules if 70% of team is vaccinated
- No quarantine for vaccinated individuals (*unless symptomatic*)
- No phased in protocol
- No surveillance or pregame testing (*unless symptomatic*)
- No mask requirements
- No travel restrictions

Fully Vaccinated is defined as

- 14 days after your final dose
 - 2 Shots for Pfizer and Moderna
 - 1 Shot for Johnson and Johnson
- Prior history of COVID-19 Infection does not count as vaccinated or inoculated. Evidence shows a much more robust immune response after vaccination, even with prior history of COVID.

Plan B Continued

Non- Vaccinated Individuals



Will continue to wear masks during practices



Maintain testing schedule,

- Recommended to increase frequency (all sports) to ensure no infection.



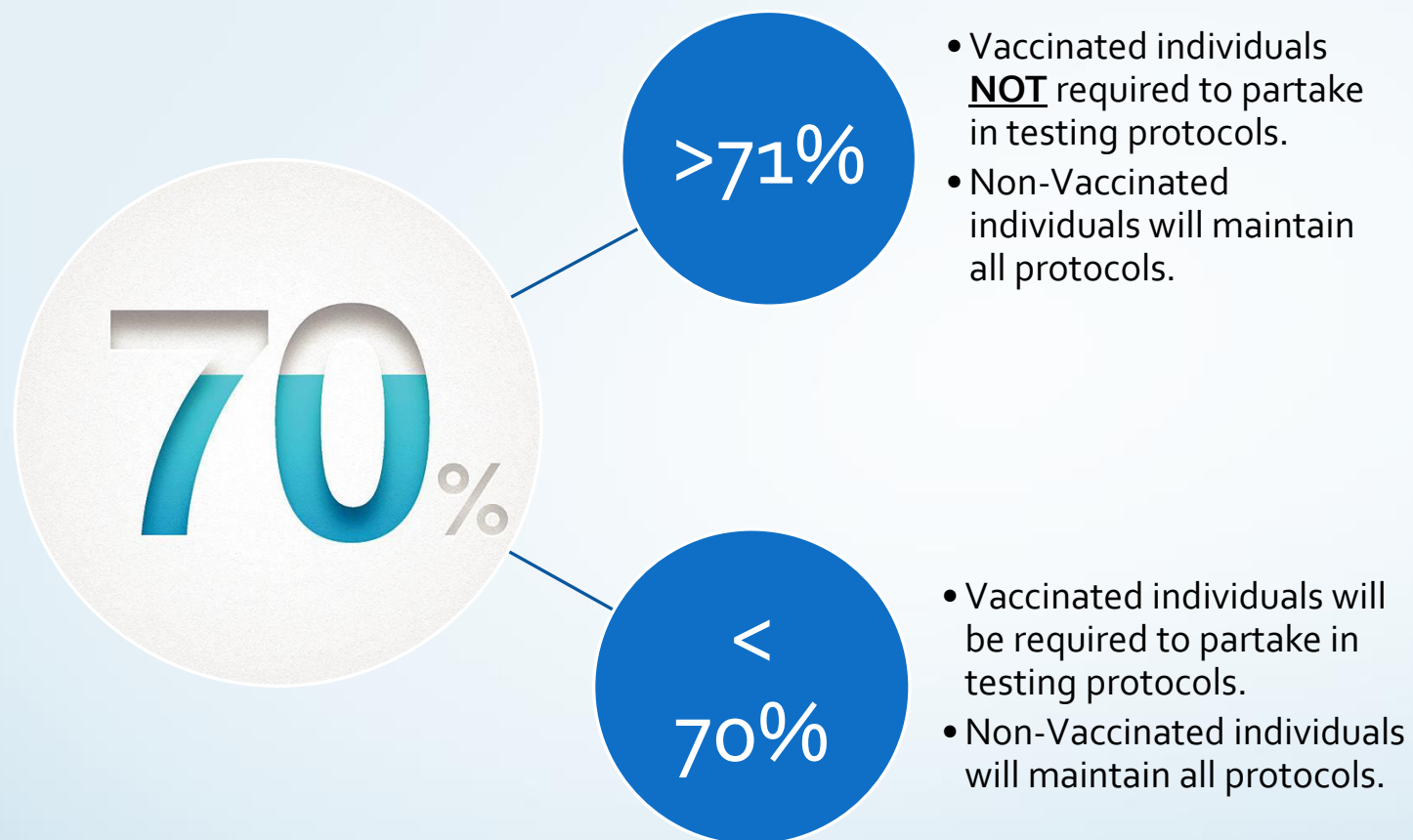
Will quarantine after known exposure

- Including games
- Cannot travel until after 14 days since infection
- No Personal Travel
- (Section 7 Covid Manual)

Shortened Phasing In

- 7 Day Grey Phase
- PCR test day 5 Release after results come back
- Antigen Day 8





- If a team cannot reach threshold because individuals are “exempt” from vaccination,
 - Vaccinated individuals do not have to test.
 - Non-vaccinated individuals will maintain all protocols.

Exemptions

- Exemption precludes individuals from the vaccine, but not covid-19 protocols.
 - Exemptions include religious or medical (*there should be no others*).
- Exemption process should be managed by your **institution**, not the NWAC.
 - Page 2/5/6 of the NWAC Physical includes COVID-19 Questions and will help identify vaccination status of incoming freshman.

Physicals

- It's recommended that your sophomores get an annual physical as well, as things may have changed within the academic year.
- You should require anyone previously positive from COVID-19 to have a physical to have their heart and lung function tested.
 - This was part of the return to play process outlined in Section 6 of the covid manual.

Appendix G: Residence Hall

Cleaning and Sanitizing

- The College will complete a thorough and detailed cleaning of entire facilities, with focus on high contact areas. Resident Advisors (RA's) will clean the community room and sanitize all doorknobs, and other identified high touch points daily.
- Posted signs and white boards are used to educate and remind students to wash their hands frequently. Hand sanitizer stations will be installed in common areas as supplies permit. Hand sanitizer does not replace the need for proper hand washing.
- Residents will be provided with their own sanitation solutions or wipes to clean and sanitize their own areas.
- All hard surfaces will be disinfected using an EPA registered chemical disinfectant.
- If a student or residential staff member tests positive for COVID-19, areas used by sick person will be closed off for a period of 48 hours before cleaning and disinfecting; Staff members and students who test positive for COVID-19 will be quarantined in a space designated for that purpose.

Physical Distancing

- The community room restroom will be closed due to limitations on Resident Advisors capacity for cleaning responsibilities and to minimize risk to residents. Restrooms are available for students in their rooms or suites.

Staff Health and Personal Hygiene

- All employees will adhere to the policies contained in the Olympic College Safe Back to School Plan.
- Employees and residents will be provided with face coverings, should they not have one.
- All staff will be trained on the importance of frequent handwashing, the use of hand sanitizers with at least 60% alcohol content, and clear instructions to avoid touching hands to face.

Resident Expectations

- Visible entry point signage will be used to remind all staff and residents on shared responsibilities, including: proper hygiene & sanitization, physical distancing, and PPE guidance.
- Masks are required at all times in the Residence Life Van.
- RAs, the Residence Hall Manager, Security, and Olympic College Student Services Administrators are responsible for enforcing college safety protocols.
- The Olympic College Safe Back to School Plan is publicly available online for students to review at any time, and a physical copy is available in the community room.
- Per the Guest Policy in the Residence Life Handbook, residents are responsible for the actions and behavior of their guests. Residents are also responsible for informing their visitors of all relevant safety expectations and will be responsible for their visitor's compliance with this plan.
- If you wish to report any concerning behavior or conduct issues related to these requirements but for any reason(s) feel uncomfortable reporting to Residence Life Staff, please fill out an OC ReportIT! Form: <https://www.olympic.edu/reporting-concerns-olympic-college>

Isolation and Quarantine Rooms

In the Residence Hall, individual rooms have their own ventilation systems and do not share ventilation passageways between rooms. The following rooms have been designated as isolation and quarantine rooms, if needed, in the Residence Hall:

- Isolation/Quarantine Room: 111

Vaccination Access and Status

- Students who wish to receive a COVID vaccine but lack the transportation can speak with the Residence Hall Manager or an RA and transportation will be provided.
- Please report any needs, questions or concerns related to this plan to the Residence Hall Manager at: kdarland@olympic.edu or to Olympic College directly at: COVID-19-Questions@olympic.edu

Appendix H: COVID-19 Scenarios & Benefits Available Guide

COVID-19 Scenarios & Benefits Available <i>The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.</i>									
Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
1 Employee tests positive for COVID-19 and has indicated they are unable to work (availability of telework does not preclude the employee from taking the leave)	✓	✓	May qualify, work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗
2 Employee has symptoms of COVID-19 and is seeking a medical diagnosis and has indicated they are unable to work (availability of telework does not preclude the employee from taking the leave)	✓	✓	May qualify, work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗

Created by Department of Social and Human Services, partnered
With the Attorney General's Office and OFM State Human Resources

Last Updated: August 27, 2020

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COVID-19 Scenarios & Benefits Available <i>The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.</i>									
Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
3 Employee is subject to a Stay at Home order and the employer does not have any work for them to do	✗	✓	✗	✗	✗	✓	✗	✓	✗
4 Employee is not sick but has been advised by a health care provider not to be in the workplace due to increased risk of COVID-19 but does not fall into the CDC high risk/might be at risk categories (leave <u>only</u> applies if no telework is available)	✓	✓	May qualify, work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗

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COVID-19 Scenarios & Benefits Available

The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.

Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
5 Employee has been in close contact (as defined by Washington State DOH) with a person who has tested positive for COVID-19, but employee is otherwise healthy, not showing symptoms (leave only applies if no telework is available)	✗	✗	✗	✗	✗	✗	✗	✗	✓

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COVID-19 Scenarios & Benefits Available

The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.

Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
6 Employee cannot work because they are caring for an individual who is subject to a government quarantine or isolation order or have been advised by a health care provider to self-quarantine (availability of telework does not preclude the employee from taking the leave)	May qualify; work with your HR consultant	✓	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗
7 Employee cannot work because their child's school is closed/in remote learning mode and/or their child care provider is unavailable due to COVID-19	✓	✓	✗	✓	✗	✓	✓	✓	✗

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COVID-19 Scenarios & Benefits Available

The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.

Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
8 Employee fears congregate areas and refuses to come to work	✗	✗	✗	✗	✗	May qualify; work with your HR consultant	✗	✓	✗
9 Employee is either age 65 or older, or is in a category of those at increased risk of severe illness and death as listed in CDC guidelines, and no telework is available	✓	✓ Documentation may be required, but cannot be a pre-requisite to taking leave	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗

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COVID-19 Scenarios & Benefits Available

The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.

Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
10 Employee is in a category of those who "might be at increased risk" of severe illness and death as listed in CDC guidelines, and no telework is available (Employers may request reasonable medical documentation if it is unclear whether or not the employee has a condition covered under the "might be at risk" category)	✓	✓ Documentation may be required, but cannot be a pre-requisite to taking leave	May qualify; work with your HR consultant	✗	May qualify; work with your HR consultant	✓	✓	✓	✗

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COVID-19 Scenarios & Benefits Available

The information shared on this chart does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.

Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
11 Employee is subject to a governmental stay home order and the employer has telework for them, but the employee cannot perform it due to the order (i.e., such as lack of internet)	✗	✓	✗	✗	✗	✓	✓	✓	✗

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Appendix I: COVID-19 Health Screening Form

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COVID-19 Health Screening and Attestation for Visitors

Name: _____ Activity: _____

Phone: _____ Location(s): _____

Email: _____

Please answer the following questions:

1. Do you have any of these symptoms that are not caused by another condition?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion
 - Nausea or vomiting
 - Diarrhea

☐ YES ☐ NO
2. If you are not fully vaccinated, have you been in close contact with anyone with COVID19 in the past 14 days? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).

☐ YES ☐ NO
3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?

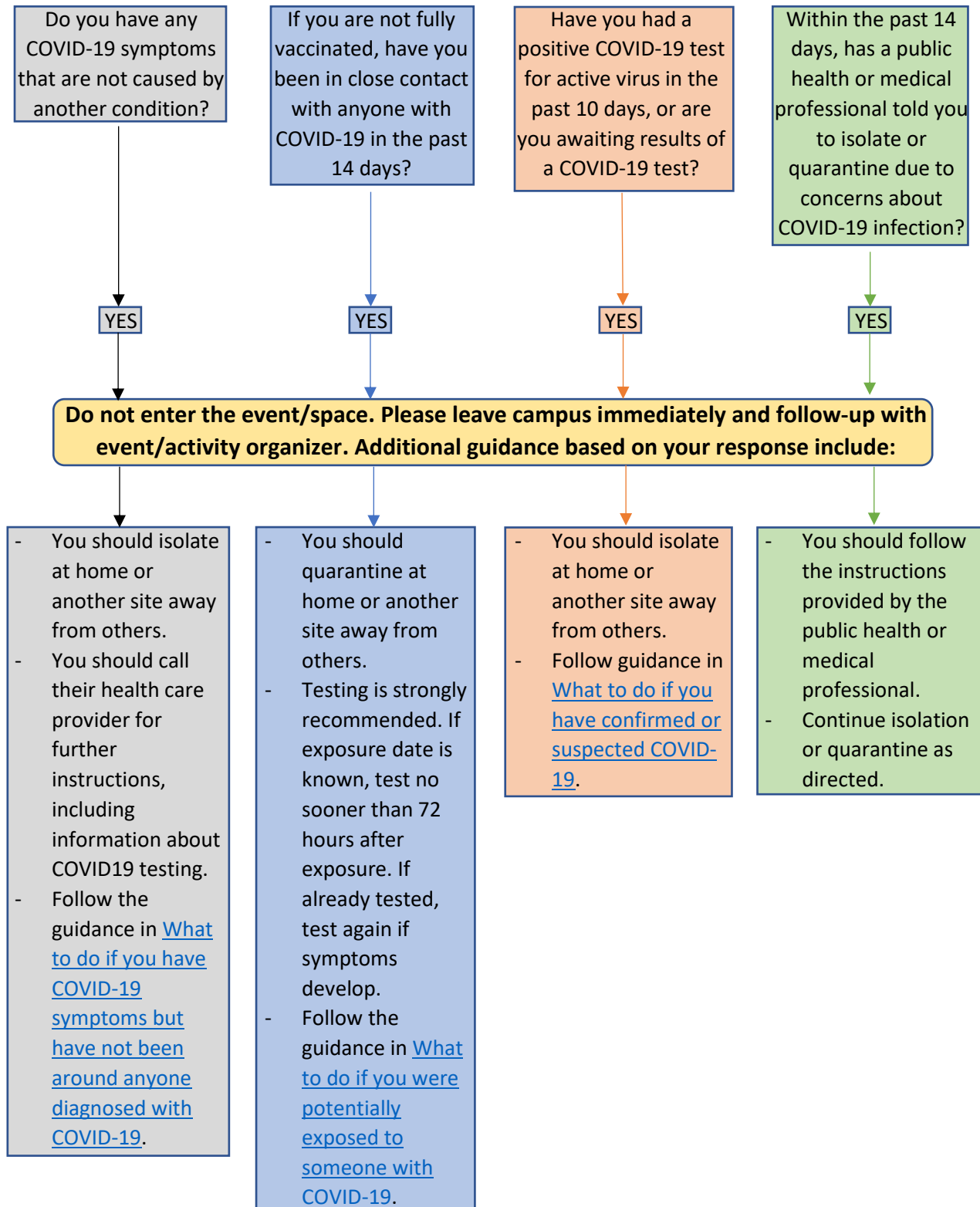
☐ YES ☐ NO
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

☐ YES ☐ NO

By signing your name below you confirm that you are attesting to the truthfulness of the self-attestation above and understand that Olympic College requires the wearing of facial coverings by all employees, students, visitors who come to campus.

Signature: _____ Date: _____

What To Do If You Answered “Yes” To Any of The Screening Questions



Appendix J: WA DOH Guidance for Institutions of Higher Education During COVID-19 – August 18, 2022



Guidance for Institutions of Higher Education during COVID-19

In higher education settings, students, staff, faculty, and other members of a campus community are at risk for COVID-19 infections during community spread of COVID-19. COVID-19 outbreaks on campus and in residential housing may impact the learning, engagement, and well-being for all members of a campus community throughout the academic year. All institutions of higher education (IHEs) should have prepared and implemented a COVID-19 response plan.

Governor Inslee issued proclamation [20-12.5 "Higher Education"](#) to outline requirements for institutions of higher education during the COVID-19 state of emergency (proclamation 20-25, currently [20-25.19 "Washington Ready"](#)).

- **All non-fully vaccinated campuses must continue to follow the requirements of proclamation 20-12.5.** Physical distancing requirements for non-fully vaccinated campuses, however, may align with [current CDC guidance](#).
- **Fully vaccinated campuses are exempt from the requirements of proclamation 20-12.5 but must follow any local orders or institutional policies that may be in place.** Local orders and institutional policies may be more protective, but cannot be less protective, than those set forth by proclamation or mandate.

IHEs should maintain awareness of local health authority (often the [local health jurisdiction](#)) COVID-19 guidance and consult their local health authority for questions about preventing or responding to COVID-19 outbreaks, providing vaccination, offering testing, or other issues.

Follow all [Department of Labor and Industries \(L&I\) requirements](#) for workplaces as outlined.

Fully Vaccinated Campuses

A fully vaccinated campus is an IHE where all students and employees have completed their primary vaccination series to protect against COVID-19, except those people who are unable to get the COVID-19 vaccine due to medical or religious exemption reasons. Please refer to the conditions outlined in [proclamation 20-12.5](#) for full description of a fully vaccinated campus.

Please also refer to [L&I requirements](#) for information on vaccination status verification requirements for employees in the workplace setting.

Students or employees may have received a COVID-19 vaccine that is not currently authorized by the FDA for use in the United States. Institutions should reference the CDC for more information on [different COVID-19 vaccines](#) and [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#). Students can work with their health care provider or on-campus student health services to consider their individual vaccination status and options.

DOH and the CDC recommend everyone stay [up to date](#) on their COVID-19 vaccines.

Reporting Requirements

Workplaces are required to notify their local health jurisdiction within 24 hours if the employer suspects COVID-19 is spreading in the workplace or if the employer is aware of 2 or more employees who develop confirmed or suspected COVID-19 within a 14-day period (proclamation [20-25.19](#)). **Institutions of higher education, and the general public, must cooperate with public health authorities** in the investigation of cases and outbreaks that may be associated with their institution ([WAC 246-101](#)).

L&I must be notified of outbreaks involving 10 or more workers ([WAC 296-62-600](#)). The report can be made by calling 1-800-423-7233 and using option 1.

Isolation and Exposure Notification

Any student or employee, regardless of vaccination status, who reports or exhibits [COVID-19-like symptoms](#) should be immediately isolated. If a student or employee tests positive for COVID-19, [isolate](#) and follow guidance in DOH's [What to do if you test positive for COVID-19](#).

IHEs should have a process in place to inform all students and employees when there are cases or outbreaks on campus. **Employers are required to notify employees of exposure** following the requirements in [WAC 296-62-600](#). See also the L&I guidance document [Questions and Answers: Reporting and Notification Requirements of HELSA and PPE Usage](#). Refer students and employees to DOH's [What to do if you were potentially exposed to COVID-19](#) guidance and the [COVID-19 Symptom Decision Trees](#) for general information. Regardless of vaccination status, if exposed and symptoms develop, immediately isolate and seek evaluation.

IHEs with residential facilities should provide isolation and quarantine support for students.

General Guidance on Prevention and Response Strategies for COVID-19

All prevention strategies provide some level of protection against COVID-19 and layered strategies implemented at the same time provide the greatest level of protection – especially when [community levels of COVID-19](#) are elevated. All campuses, fully vaccinated and non-fully vaccinated, are recommended to consider the general guidance below.

Topic	Guidance Document
COVID-19 guidance for businesses, organizations, and other non-health care workplaces	Guidance for Non-Healthcare Businesses and Organizations during COVID-19 Washington State Department of Health
Mask recommendations and requirements for preventing and responding to COVID-19	Mask/Face Covering Guidance During COVID-19 Washington State Department of Health
Guidance for what to do if someone tests positive for COVID-19	What to do if you test positive for COVID-19 Washington State Department of Health

Guidance for what to do if someone is exposed to COVID-19	What to do if you were potentially exposed to someone with COVID-19 Washington State Department of Health
Information on WA Notify – the free and confidential exposure notification tool	Washington Exposure Notifications - WA Notify Washington State Department of Health
Ventilation guidance including how to increase effective air filtration and the intake of outdoor air	Ventilation and Air Quality for Reducing Transmission of Airborne Illnesses Washington State Department of Health
Guidance on providing cooling for building occupants when air conditioning and HVAC systems are not available	Cooling Indoor Spaces Without Air Conditioning Washington State Department of Health
Guidance on cleaning and disinfecting to prevent COVID-19 infection	Cleaning and Disinfecting Guidance for Public Spaces Washington State Department of Health

Additional Resources

Below are additional resources that IHEs may find useful.

Topic	Link
CDC guidance on different types of masks and respirators, including choosing a mask or respirator for different situations	Masks and Respirators CDC
American College Health Association guidance	Considerations for Reopening Institutions of Higher Education in the COVID-19 Era ACHA
DOH vaccination resources	COVID-19 Vaccine Washington State Department of Health
WA toolkit for employers interested in helping their staff and others get vaccinated against COVID-19	COVID-19 Vaccines Toolkit for Businesses and Employers Washington State Coronavirus Response (COVID-19)
DOH testing resources	Resources and Recommendations Washington State Department of Health
DOH self-testing guidance for establishments, including use of self-tests with and without a medical test site license	Interim SARS-CoV-2 Self-Testing Guidance for Employers Washington State Department of Health
DOH information on reporting point of care test results	Reporting COVID-19 Test Results for Point-of-Care Testing Facilities Washington State Department of Health
DOH information on COVID-19 therapeutics (pre-exposure prophylaxis and treatment)	COVID-19 Therapeutics Washington State Department of Health

Resources and guides for supporting the emotional well-being of students and employees	Behavioral Health Resources and Recommendations Washington State Department of Health
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More COVID-19 Information and Resources

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

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, 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.