Safe Back to School Plan

Campus Reopening Guide

January 21, 2022
# Table of Contents

**Executive Summary** .......................................................................................................................... 5

**General Information** .......................................................................................................................... 6

  Management of the Safe Back to School Plan
  Contact Information
  Regular Monitoring and Review of the Safe Back to School Plan

**COVID-19 Vaccination Policy for Students** ......................................................................................... 7

  Policy
  Exemptions

**COVID-19 Vaccination Verification Procedure for Students** ................................................................. 9

  Vaccination Status Verification Procedure for Students
  Acceptable Proof of Vaccination

**COVID-19 Vaccination Policy for Employees** ..................................................................................... 10

  Policy
  Exemptions

**COVID-19 Vaccination Verification Procedure for Employees** ............................................................ 11

  Verification Procedure of Vaccination Status of Employees

**COVID-19 Safety Training** .................................................................................................................. 12

**Employee and Student Health** ........................................................................................................... 13

  Symptoms of COVID-19 Illness
  When to Seek Emergency Medical Attention
  Guidance on When to Get Tested for COVID-19
  Types of COVID-19 Tests
  Daily Health Screening
  Health Expectations
  Quarantine Guidelines – Visual
  Additional Guidance

**Employee, Student, or Visitor Illness** ................................................................................................. 22

  Developing Any Symptoms of Illness While on Campus
  Developing Any Known Symptoms of COVID-19 While Off-Campus
Employee/Student/Visitor with a Suspected or Confirmed Positive COVID-19 Test
Employee/Student Return to Campus Guidance
Confirmation of a COVID-19 Case on Campus
COVID-19 Communications/Operations Decision Tree

**Personal Protective Equipment** ................................................................. 32
  - Custodial Crew PPE
  - Maintenance Crew and Those Who Work in High Traveled Areas
  - Insufficient Supply of PPE

**Face Coverings** ..................................................................................... 33
  - Exceptions to Wearing a Face Covering:
  - People Exempt from the General Face Covering Requirement
  - Additional Masking Requirements for Individuals Granted a Vaccination Exemption
  - Student Masking Requirements Effective Winter Quarter 2022
  - Mask Type Based on Risk Level
  - Refusal to Wear a Mask

**Social Distancing** .................................................................................. 38
  - General
  - In-Person Class Sizes and Gatherings
  - On Campus Meetings

**Campus Spaces and Choke Point Mitigation** ........................................... 39
  - Floor Marking Tape and Decals

**Sanitation and Cleanliness** .................................................................... 42
  - Locations for Washing Hands
  - Disinfectants and Supplies
  - Shared Tools and Equipment

**Custodial Services Response and Mitigation** .......................................... 44
  - Custodial Primary Priorities
  - Cleaning Frequencies
  - Custodial Training
  - General Protocols

**Leave and Benefit Policies** ..................................................................... 47

**Departmental and Programmatic Provisions** .......................................... 49
  - Athletics
  - Food Services
  - Residence Hall
Site Access and Visitor/Vendor/Contractor
Expectations........................................................................................................... 50

Expectations for All
Visitors
Additional Screening Form Guidance

References and Resources......................................................................................... 53

Appendix A: Proclamation 20-12.5 Higher Education ................................................. 54
Appendix B: Secretary of Health Order 20-03.6......................................................... 62
Appendix C: Campus Reopening Guide........................................................................ 68
Appendix D: Washington Ready plan ........................................................................... 76
Appendix E: SBCTC Issue Brief – Oct. 15, 2021......................................................... 79
Appendix F: NWAC Return to Play Guidelines ............................................................. 88
Appendix G: Residence Hall......................................................................................... 97

Cleaning and Sanitizing
Physical Distancing
Staff Health and Personal Hygiene
Resident Expectations
Isolation and Quarantine Rooms
Vaccination Access and Status

Executive Summary

Effective June 30th, 2021, the State of Washington launched Washington Ready, which allowed all industry sectors previously covered under the Healthy Washington – Roadmap to Recovery (with limited exceptions) to return to usual capacity and operations. However, Olympic College is an Institution of Higher Education, which is located in both Kitsap and Mason counties of Washington State. As of August 27th, 2021, 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 21-14.2 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 21-14.2, maintaining proper hygiene (including frequent hand washing), practicing social distancing, and following the protocols in this document to stay home when they develop any symptoms of illness.

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.
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 verify 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 at Olympic College who participate in or attend Olympic College courses, operations, or other activities in person at any Olympic College location are required to verify their vaccination information with the college prior to the start of the quarter. The information verified in the process includes: name, vaccine type/name, and dates when each dose of the COVID-19 vaccine was administered to the student. Self-attestations to vaccination information are no longer sufficient as verification.

Students providing vaccination information are required to do so in one of the following ways:

- **In Person:** Visit the Welcome Center on the Bremerton Campus, Building 4, Room 103;
- **Virtually:** Visit the Virtual Student Services Office using Zoom;
- **Upload Documents:** Using our secure server (please include full name, Student ID number, and a copy of the document providing acceptable proof of vaccination);

Acceptable Proof of Vaccination

Unless exempted, students must provide proof of their vaccination information to the college by December 31st. 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 21-14.2 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. A training video has 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. 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.

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
- Bluish lips or face

*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.

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.

Daily Health Screening

Olympic College is now classified as 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.
Per the [CDC](https://www.cdc.gov), you are **up to date** when:

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<tr>
<td><strong>Ages Recommended</strong></td>
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<tr>
<td>5+ years old</td>
<td>18+ years old</td>
<td>18+ years old</td>
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<tr>
<td><strong>Primary Series</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given 3 weeks (21 days) apart[^2]</td>
<td>Given 4 weeks (28 days) apart[^3]</td>
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<tr>
<td><strong>Fully Vaccinated</strong></td>
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<tr>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after 1st dose</td>
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<tr>
<td><strong>Booster Dose</strong></td>
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<tr>
<td>Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series.</td>
<td>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.</td>
<td>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&amp;J/Janssen COVID-19 Vaccine. You may get J&amp;J/Janssen in some situations.</td>
</tr>
<tr>
<td>- Teens 12–17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster</td>
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</tr>
<tr>
<td>- Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines)</td>
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**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](https):

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 unvaccinated or it has been more than 6 months since your second dose of the Pfizer or Moderna vaccine or more than 2 months since your Johnson & Johnson vaccine and have not received a booster shot, 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 days, and it is strongly recommended to get tested for COVID-19 on the 5th day after exposure. Masks should be worn around others for an additional 5 days (days 6-10) once quarantine is over (NOTE: masking is currently required by all when indoors on campus). If already tested, test again if symptoms develop.

If you are fully vaccinated and you completed the Pfizer or Moderna series within the last 6 months or the Johnson & Johnson series within the last 2 months, and/or have been boosted (i.e. up to date), you do not need to quarantine following an exposure as long as you have not symptoms. You should get tested for COVID-19 on the 5th day after exposure and wear a mask around others for 10 days (NOTE: masking is currently required by all when indoors on campus).

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 (NOTE: masking is currently required by all when indoors on campus).

The following page 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

**IF YOU Were exposed to COVID-19 and are NOT up-to-date on COVID-19 vaccinations**

- **Quarantine for at least 5 days**
  - Stay home
  - Stay home and quarantine for at least 5 full days.
  - Wear a well-fitted mask if you must be around others in your home.

- **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.

**After quarantine**

- **Watch for symptoms**
  - Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

- **If you develop symptoms**
  - Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

- **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.

- **Avoid travel**
  - Avoid being around people who are at high risk

**IF YOU Were exposed to COVID-19 and are up-to-date on COVID-19 vaccinations**

- **No quarantine**
  - You do not need to stay home unless you develop symptoms.

- **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.

**Watch for symptoms**

- Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

- **If you develop symptoms**
  - Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

- **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.

- **Avoid travel**
  - Avoid being around people who are at high risk

**IF YOU were exposed to COVID-19 and had confirmed COVID-19 within the past 90 days (you tested positive using a viral test)**

- **No quarantine**
  - You do not need to stay home unless you develop symptoms.

- **Watch for symptoms**
  - Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

- **If you develop symptoms**
  - Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

- **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.

- **Avoid travel**
  - Avoid being around people who are at high risk
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.
  - 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 Lung Diseases
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Asthma (moderate to severe)
  - Interstitial Lung Disease
  - Cystic Fibrosis
  - Pulmonary Hypertension
- Dementia or other Neurological Conditions
- Diabetes (Type 1 or Type 2)
- Down Syndrome
- Heart Conditions
  - Heart Failure
  - Coronary Artery Disease
  - Cardiomyopathies
  - Hypertension
- HIV Infection
- Immunocompromised (Weakened Immune System)
- Liver Disease
- Overweight and Obesity
- Pregnancy
- Sickle Cell Disease or Thalassemia
- Smoking (Current or Former)
- Solid Organ or Blood Stem Cell Transplant
- Stroke or Cerebrovascular Disease
- Substance Use Disorders

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);
  o Before seeking care, call your healthcare provider;
  o 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 contractor) 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 contract 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**,  
   - 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.

<table>
<thead>
<tr>
<th><strong>IF YOU Tested positive for COVID-19 or have symptoms, regardless of vaccination status</strong></th>
<th><strong>Ending Isolation if you had symptoms</strong></th>
<th><strong>Take precautions until day 10</strong></th>
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</table>
| Stay home for at least 5 days | End isolation after 5 full days | 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. |
| Stay home for 5 days and isolate from others in your home. | 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
Take precautions until day 10 | Avoid travel
Avoid being around people who are at high risk |
| Wear a well-fitted mask if you must be around others in your home. | End isolation if you did NOT have symptoms
End isolation after at least 5 full days after your positive test. | |
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**,
   - You no longer have symptoms.

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**,
   - At least 5 days have gone by since your symptoms first appeared.
   - **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.

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.

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<td>- Notify Instructor or Supervisor, Human Resources, and/or <a href="mailto:COVID-19-questions@olympic.edu">COVID-19-questions@olympic.edu</a>.</td>
<td>- Notify Instructor or Supervisor, Human Resources, and/or <a href="mailto:COVID-19-questions@olympic.edu">COVID-19-questions@olympic.edu</a>, 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.</td>
<td>- Notify Instructor or Supervisor, Human Resources, and/or <a href="mailto:COVID-19-questions@olympic.edu">COVID-19-questions@olympic.edu</a>.</td>
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<td>- Facilities to implement response protocols as documented in Safe Back to School Plan.</td>
<td>- Facilities to implement response protocols as documented in Safe Back to School Plan.</td>
<td>- The individual should contact their healthcare provider to determine if a COVID-19 test is needed.</td>
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<td>- College will contact Kitsap Public Health Department to report the positive case.</td>
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<td>- Facilities to implement response protocols as documented in Safe Back to School Plan.</td>
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<td>For more information, see: Employee/Student/Visitor with a Confirmed Positive COVID-19 Test.</td>
<td>For more information, see: Developing Any Symptoms of Illness While on Campus.</td>
<td>For more information, see: Close Contact with an Individual Who Tests Positive for COVID-19.</td>
</tr>
<tr>
<td><strong>Communications Guidance</strong></td>
<td><strong>Return to work/school Guidance</strong></td>
<td><strong>Individual Tested Positive for COVID-19</strong></td>
<td><strong>COVID-19 Symptoms, No Positive test</strong></td>
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| • Message to students and employees directly affected. | • You have been fever-free for at least 24 hours without the use of fever-reducing medication; | **Off-Campus:**  
| • Message to all students and employees. | • AND Your symptoms have gotten better; | - 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 for additional guidance.  
| • Do not share confidential information, i.e., names. | • AND at least 5 full days have gone by since your symptoms | For more information, see: Developing Any Known Symptoms of COVID-19 While Off-Campus | • Message to students and employees directly affected only. | • Message to students and employees directly affected only. |
| | | | • Do not share confidential information, i.e., names. | • Do not share confidential information, i.e., names. |
| | • If you have symptoms consistent with COVID-19 but have not been tested (molecular/PCR), you can end your home isolation when: | If you had confirmed COVID-19 within the past 90 days (using a PCR test):  
| | - You have been fever-free for at least 24 hours without the use | - You do not need to quarantine and can return to in-person activities immediately;  
<p>| | of fever-reducing medication; | • Continue to watch for symptoms until |</p>
<table>
<thead>
<tr>
<th><strong>Individual Tested Positive for COVID-19</strong></th>
<th><strong>COVID-19 Symptoms, No Positive test</strong></th>
<th><strong>Close Contact with COVID-19 Positive Case</strong></th>
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<td>first appeared,</td>
<td>of fever-reducing medication;</td>
<td>10 days after you last had close contact with someone with COVID-19, and isolate if you develop any symptoms.</td>
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<tr>
<td>• <strong>NOTE:</strong> 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.</td>
<td><strong>AND</strong> - Your symptoms have gotten better; <strong>AND</strong> - At least 5 full days have gone by since your symptoms first appeared;</td>
<td>• 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</td>
</tr>
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<td></td>
<td><strong>NOTE:</strong> 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.</td>
<td>For anyone who is unvaccinated or those who have completed their Pfizer or Moderna series more than 6 months ago or the Johnson &amp; Johnson series more than 2 months ago and are not yet boosted (i.e., not “up-to-date”), you can return to campus when:</td>
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<tr>
<td>Note: if you have symptoms consistent with COVID-19 you should contact your healthcare provider about getting tested for SARS-CoV-2. <strong>If you do get tested</strong>, then you will follow the guidance based on the results of the test.</td>
<td><strong>AND</strong> - Your symptoms have gotten better; <strong>AND</strong> - At least 5 full days have gone by since your symptoms first appeared;</td>
<td>• It has been at least 5 full days since you have been exposed, and you have not developed any symptoms.</td>
</tr>
<tr>
<td>• 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:</td>
<td><strong>NOTE:</strong> The date of</td>
<td><strong>NOTE:</strong> The date of</td>
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*Safe Back to School Plan • January 2022*
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<td>- You have been fever-free for at least 24 hours without the use of fever-reducing medication; <strong>AND</strong>, - You no longer have symptoms.</td>
<td>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 <strong>NOTE:</strong> Even if you don’t develop symptoms, get tested 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 COVID positive individual. <strong>For individuals who are “up to date” on their vaccines, which would be those who have completed the Pfizer or</strong></td>
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<td>Moderna series within the last 6 months or the Johnson &amp; Johnson series within the last 2 months or have been boosted:</td>
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<td>• You do not need to quarantine and can return to in-person activities immediately.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<td>• 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.</td>
</tr>
<tr>
<td>Missed work/school</td>
<td>Individual Tested Positive for COVID-19</td>
<td>COVID-19 Symptoms, No Positive test</td>
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<td><strong>Students</strong>: See Student Handbook and contact professors for additional information.</td>
<td><strong>Students</strong>: See Student Handbook and contact professors for additional information.</td>
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<td><strong>Employees</strong>: See <a href="#">Leave &amp; Benefit Policies</a> section of Safe Back to School plan; contact HR for additional information.</td>
<td><strong>Employees</strong>: See <a href="#">Leave &amp; Benefit Policies</a> section of Safe Back to School plan; contact HR for additional information.</td>
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</table>
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](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 when they are not working within 3 feet of another individual. When working within 3 feet of another individual, they will be required to wear a cloth mask, or one that offers better protection, if they have not completed the vaccination verification process with HR. See the below section on face coverings for further information.

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 would need one. Per Secretary of Health Order 20-03.6 every employee, student, and visitor must wear a face covering that covers their nose and mouth when they are in a place where any person from outside their household is present or in a place that is generally accessible to any person from outside their household, subject to the exemptions and exceptions listed below.

Per the Washington State Secretary of Health Order 20-3.6, 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.

Employees working with deaf or hard of hearing peers or students/visitors may temporarily remove masks while communicating to accommodate facial expression and lip reading. If masks are removed in these instances, physical distancing should be maintained. 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.

Exceptions to Wearing a Face Covering:
- When Outdoors, except that face coverings are required at outdoor events or gatherings attended by 500 or more people. DOH Strongly recommends that all people, regardless of vaccination status, wear face coverings in any crowded outdoor setting when it is not feasible to keep adequate distance from others outside of one’s household;
- 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 indoors. A person is working alone if they are isolated from interactions with others and have little or no expectation of in-person interruptions;
  - Examples include a sole occupant in an office with a closed door who is unlikely to be visited, or a lone custodian in a building;
- At a small indoor gathering in a private residence;
- While on the field of play or on the sidelines or in a similar area at an outdoor sports setting, unless present as a spectator.
- While actively playing or training for, coaching, or officiating indoor sports in a K-12, recreational, major junior hockey, part-time professional, collegiate, or professional sports setting. This exception does not apply while the athlete, coach, or official is not actively engaged in the sporting, coaching, or officiating activity or to indoor gyms and other fitness facilities, such as dance, yoga, and martial arts facilities;
- While swimming or engaged in other water sports or recreation;
- While actively engaged in a performing arts performance, leading religious services, or engaged in other similar activities, subject to the authorization and requirements of the Department of Health, including vaccination requirements;
- 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 20-3.6, 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.

Additional Masking Requirements for Individuals Granted a Vaccination Exemption
Every student, staff member, and faculty member who is granted an exemption to the vaccination requirement outlined above, as well as every volunteer, contractor, and visitor, are required to wear a face covering while indoors at Olympic College 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 granted exemptions to the Secretary of Health’s face covering order, Olympic College may impose additional safety measures to protect the safety of those exempt people, and others, as part of the accommodations process.

Student Masking Requirements Effective Winter Quarter 2022
Olympic College is requiring all students to wear a surgical-style mask when indoors at all college campuses, including the West Sound Technical Skills Center. Students may also use a face covering that provides a higher level of protection than a surgical-style mask, such as a KN94, KN95 or N95 mask. Cloth face coverings, including the common OC-branded masks, may also be worn over surgical masks, but are no longer sufficient on their own.

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 workaround 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 Wear a Mask

Any employee, student, or visitor to Olympic College Campuses who refuses to wear a mask (or the correct type) 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 Mask 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 now classified as a “Fully Vaccinated Campus” under the Proclamation of the Governor 20-12.5. As such, there are no longer any social distancing requirements for employees, students, or visitors. However, Olympic College is encouraging social distancing of at least 3 feet, or more, wherever possible.

Recommended Social Distancing Practices
- While not required by the proclamation, at least three feet of separation should be maintained between individuals, whenever possible, while on campus. Six feet, or greater is recommended;
- 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 class size limits identified in the Governor's Proclamation 20-12.5 – Higher Education. Room capacities will be determined by Facilities, so that Instruction is able to set appropriate class sizes. Where possible, the college will try to provide for 3 feet of distancing in instructional spaces. Facility Services is working on re-analyzing instructional spaces to determine the room capacity based on 3 feet of social distancing and will update 25Live accordingly.

On Campus Meetings
Meetings are still encouraged to be conducted online, via Microsoft Teams or Zoom, whenever possible. If an in-person meeting is to be held, it should be scheduled in advance and in coordination with the Supervisor or Executive Team member responsible for the team/employees needing to meet to ensure all safety measures are being followed.
Campus Spaces and Choke Point Mitigation

Campus spaces, choke points, and high-risk locations will 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:**

- Classrooms will have seating spaced at least three feet apart, where possible;
- 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;
- Facilities Services will set up the classrooms and re-arrangement of furniture shall be prohibited unless confirmed with Facilities;
- 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 will 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;
- Other measures to provide for social distancing may be enacted as needed;

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. This provides a physical barrier to allow hallway traffic;

Conference Rooms:
- Conference room utilization should be limited. Meetings that can take place remotely, are encouraged to be done remotely. Conference rooms must be scheduled through the 25Live room scheduling system and will be kept locked when not in use;

Breakrooms:
- Breakrooms will not be closed 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.
- Masks/facial coverings are to be worn in all public areas, including the restrooms;
- 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 Winter or Spring 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 Jacque 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. Please see Appendix H below.

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.

Additionally, Congress recently passed HR 6201, the Families First Coronavirus Response Act (FFCRA or Act). The two sections of the Act that impact retirement reporting are:

- Section 3101 - Emergency Family and Medical Leave Expansion Act
- Section 5101 - Emergency Paid Sick Leave Act
The Act requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The U.S. Department of Labor's Wage and Hour Division administers and enforces the new law's paid leave requirements.

The FFCRA provisions were originally scheduled to expire March 31st, 2021. However, as part of the American Rescue Plan Act (ARPA), the federal government extended the FFCRA tax credit through September 30th, 2021. Olympic College will continue offering these benefits through September 30th, 2021.

Generally, the Act provides that employees of covered employers are eligible for:

- Two weeks (up to 80 hours) of paid sick leave at the normal rate of pay – when the employee is quarantined and unable to work because of COVID-19.
- Two weeks (up to 80 hours) of paid sick leave at 2/3 rate of pay – when the employee is caring for someone else because of COVID-19.
- Up to an additional 10 weeks of paid expanded FMLA at 2/3 rate of pay – when the employee must care for child who is home because of COVID-19.
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, 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, but must wear a face mask (regardless of vaccination status) 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

Additionally, visitors may be required to participate in a self-certifying health screening 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 6 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?
  - **If yes** – Follow the advice of your healthcare provider on self-monitoring, self-isolating, self-quarantine, prior to returning to work.


**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

Health Washington – Roadmap to Recovery

Centers for Disease Control and Prevention (CDC)

Washington State Department of Health
- https://www.doh.wa.gov/Coronavirus/workplace
- https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthEducation
- https://www.doh.wa.gov/Emergencies/COVID19/ResourcesandRecommendations/PersonsWhoAreaAtHigherRiskforSeriousIllness

Labor & Industries

OSHA Guidance on Preparing Workplace for COVID-19

COVID-19 Reopening Guidance for Businesses and Workers
Appendix A: Proclamation 20-12.5 Higher Education

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 20-03.6

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

ORDER OF THE SECRETARY OF HEALTH
AMENDING ORDER 20-03

20-03.6

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

WHEREAS, the Washington State Department of Health (DOH), the United States Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) recommend that people wear cloth face coverings when they are gathered with non-household members or in public settings, given the substantial number of cases of COVID-19 infection, these precautions must be mandatory; and

WHEREAS, although many Washingtonians wear face coverings voluntarily when in public, requiring all Washingtonians to wear cloth face coverings in public, subject to certain exceptions, helps control and prevent the spread of COVID-19 in Washington State; 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 only a small number of Washington’s local health officers have issued orders requiring the general public in their jurisdictions to wear cloth face coverings in public; 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, 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 the continued significant numbers of unvaccinated people, have caused COVID-19 cases and hospitalizations to rise sharply among unvaccinated populations and have resulted in breakthrough infections in some fully vaccinated individuals; and

WHEREAS, the CDC modified its guidance to recommend that people in areas of substantial or high transmission, which currently include every county in Washington State, wear a mask indoors in public regardless of their vaccination status to maximize protection from the Delta variant and prevent possibly spreading it to others; and

WHEREAS, all 35 local health officers in the state of Washington recently recommended all residents wear facial coverings when in indoor public settings where the vaccination status of those around you is unknown; and

WHEREAS, the same 35 local health officers urged decisive and effective action to implement a statewide mandate consistent with the CDC and state recommendations on August 15, 2021, for all residents to wear facial coverings when in indoor public settings or outdoor settings when physical distancing is not possible; and

WHEREAS, for the reasons stated above, requiring people, to wear face coverings when in a place where non-household members are present or generally accessible to non-household members will help control and prevent the spread of COVID-19 in Washington State; and

WHEREAS, on August 19, 2021, Order of the Secretary of Health 20-03.4 was issued, reinstating 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, it is appropriate to amend the face covering order to clarify that people are not required to wear face coverings on the field of play or the sidelines or similar areas at outdoor sports settings unless they are spectators; and

WHEREAS, given that hospitalization and infection rates remain at concerning levels, the CDC recommends that people wear face coverings, regardless of their vaccination status, in crowded outdoor settings, and multiple local jurisdictions have issued orders implementing the CDC’s
guidance, it is appropriate to amend the face covering order to require statewide that people wear face coverings, regardless of their vaccination status, when attending large outdoor gatherings.

**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 Orders 20-03, 20-03.1, 20-03.2, 20-03.3, and 20-03.4 and order as follows:**

**General Face Covering Requirement**

*Every person in Washington State must wear a face covering that covers their nose and mouth when they are in a place where any person from outside their household is present or in a place that is generally accessible to any person from outside their household, subject to the exceptions and exemptions below.*

- If a person lives in a congregate living setting where they share living facilities with other residents, their household includes only the people who regularly reside in their bedroom. They must wear a face covering when they are outside their bedroom in any common area inside the building, subject to the exceptions and exemptions below.

**Exceptions to General Face Covering Requirement**

*People are not required to wear face coverings in any of the following situations:*  

- When outdoors, except that face coverings are required at outdoor events or gatherings attended by 500 or more people. DOH strongly recommends that all people, regardless of vaccination status, wear face coverings in any crowded outdoor setting when it is not feasible to keep adequate distance from others outside of one’s household;
- 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 indoors. A person is working alone if they are isolated from interactions with others and have little or no expectation of in-person interruptions. Examples include a sole occupant in an office with a closed door who is unlikely to be visited, a crane operator isolated in an enclosed cab, delivery drivers with no face-to-face interaction with others when picking up or dropping off packages, or a lone janitor in a building;
- At a small indoor gathering in a private residence;
- While on the field of play or on the sidelines or in a similar area at an outdoor sports setting, unless present as a spectator;
- While actively playing or training for, coaching, or officiating indoor sports in a K-12, recreational, major junior hockey, part-time professional, collegiate, or professional sports setting. This exception does not apply while the athlete, coach, or official is not actively engaged in the sporting, coaching, or officiating activity or to indoor gyms and other fitness facilities, such as dance, yoga, and martial arts facilities;
- While swimming or engaged in other water sports or recreation;
- While actively engaged in a performing arts performance, leading religious services, or engaged in other similar activities, subject to the authorization and requirements of the Department of Health, including any vaccination requirements;
- 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 General Face Covering Requirement**

The following people are exempt from the requirement to wear a face covering:

• Children younger than five years old;
  o Children who are younger than two years old should never wear face coverings due to the risk of suffocation.
  o 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; and

• 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 whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

**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.
  o 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.
  o 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, or an N95 mask.
  o 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 (Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).
• Face covering requirements imposed by other public agencies or officials.
  o 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.
  o 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 immediately 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 24th day of September, 2021.

[Signature]

Umair A. Shah, MD, MPH
Secretary of Health
Appendix C: Campus Reopening Guide

Campus Reopening Guide

Higher Education Re-Opening Workgroup

Commended by:
State Board for Community and Technical Colleges
Council of Presidents
Independent Colleges of Washington

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 our partnership, and together we will plan for higher education institutions across the state of Washington, educating more than 550,000 students.

June 23, 2020
Te’Evermore Joy Noble
Leader Higher Education Re-Opening Work Group
Allen Best, President, Pacific Lutheran University
First Tina Cato, President, University of Washington
Keith Wayne Brown, President, Whitman Community College
Karen McCollum, President, Everett Technical College
Erin Schulte, President, Washington State University
Sara Gunlding, UI, President, Seattle University
Scott D. Beauchamp, President, Whitman College
Kemuel Hopp, President, Central Washington University
Katalin 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 our partnership, and together we will plan for 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 educational well-being, and its recover depends upon the education, research, and public service we provide.

Following our good and constructive discussions with your policy teams, and the briefing we made on May 11, in partnership with Challenge Seattle and the Washington Roundtable, we engaged the Bank Consulting Group to build on our initial re-opening framework. That framework is a set of tasks designed to serve as a set of principles and guidance for higher education institutions. It is our desire to credit confidence in students, families, staff, faculty, community, and public sector leaders in basic back-to-school planning.

Each day, our higher education institutions fulfill our mission to prepare students of all ages and backgrounds for better lives, and by doing so, bring for individuals and society, particularly in fields critical to our state’s recovery.

Higher education institutions across the state are leading on economic recovery. They work to support students, communities, and the state's workforce and businesses, including those in tourism, health care, and agriculture. By working together as a team, Washington employers and the higher education community are able to respond to this crisis.

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

- Promote safe and healthy environments for the people in our surrounding communities and campuses for our students, staff, and faculty.
Principles and Guidance

- Partner with public health officials to ensure we are guided by data.
- Build on prior work for pandemic and our school health measures to help create a comprehensive plan.
- Use data and science-driven decision-making to make informed choices and prepare in the face of uncertainty.
- Ensure detailed implementation plans that meet the needs of each school’s unique community, environment, and that can flexibly adapt to changing circumstances.

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

- Health and safety plans, including health accountability processes.
- Healthcare capacity measures in terms of testing, personal protective equipment, case and contact investigations.
- Plans to prevent the air and ventilation among students, staff, faculty, and community.
- Operational and financial flexibility to ensure we are able to flexibly adapt on the condition of conditions.
- 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.
- Equity, inclusivity, and student success.

We will continue to work together to flesh out any outstanding items that require further collaboration and partnership. Testing our colleges and universities’ safety protocols and back to the knowledge of Washington communities on how we can best support our students and faculty.

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 on 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.
- Independent Colleges of Washington.
- Washington State Community and Technical Colleges.
- University of Washington reps.
- Washington State University reps.
- WA Student Achievement Council.
- King County Public Health reps.
- Spokane County Public Health reps.
- Whitman County Public Health reps.
- WA Department of Health.
- WA Labor & Industries.
- WA Roundtable.
- Challenge Seattle.
Three forms of checklists to serve as guidance for higher education institutions in Washington state

- **Baseline recommendations**
  
  Broad checklist of how an institution can create a "New Normal" to fight COVID-19 that can be applied to a variety of higher education facilities and services

- **Additional considerations**
  
  Optional considerations and examples that institutions can implement where feasible and relevant

- **Setting-specific protocols**
  
  Checklist of specific practices to mitigate risk, tailored to particular campus facilities/services: food services, transportation, residences

*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*

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**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.

Campus Safety

- Adhere to federal, state and local public health and safety guidelines; develop comprehensive plans for reopening or after August 1, 2020 to align 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 SB-20.
- Work from home for operations that can 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., door knobs, elevators, vending machines, points of sale).
- Ask students/employees to stay home and seek medical guidance if they are experiencing any known symptoms; remain isolated until diagnosed and next steps are clear.
- Ask students/employees to self-quarantine per local public health guidelines if confirmed to have COVID-19 or exposed to confirmed case.
- Have a plan to support and continue education/employment for personnel.
- Communicate about the possible role of non-healthcare workers in preventing COVID-19 including support for the delivery of food services, child care, and cleaning.

Students/Personnel Support

- Ensure adherence to state and federal guidance for health and safety during COVID-19 including WA State’s “Safe Start” guidelines and WA Labor & Industries guidance.
- Provide students/employees with PPE such as gloves, gogglies, face shields, and face coverings as appropriate or required for students/employees not working alone (e.g., public-facing job and/or those whose responsibilities include operating within physical distancing limits of 6 feet); if PPE cannot be provided as appropriate, shut down activity.
- Adhere to staff and federal labor law for health and safety during COVID-19 including WA State’s “Safe Start” guidelines and WA Labor & Industries guidelines.
- Communicate and provide support to students/employees 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 visit person.
- Ensure contact for all students/employees to report concerns and/or potential violations of the Safe Back-to-School Plan.

Regular self-monitoring guidelines of the Safe Back-to-School Plan

- Communication of Safe Back-to-School Plan to all students and personnel including any future modifications.
- Develop specific plans for locating campus personnel and/or students on campus as needed. (e.g., specific building campus personnel and/or students can quarantine in.

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.

- 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, peer-to-peer contact (e.g., handshakes).

Health screenings and testing

- Routine temperature checks & screening on campus.
- 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 who tests positive and maintain confidentiality of those who are sick.
- Isolate areas where students/personnel who are sick will be able to practice isolation.
- 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/sterilize delivered/purchased.
- Perform regular deep cleaning.
- Provide sanitizing solution and paper towel, 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/rendering.

Methods to enact distancing procedures

- Implement reduced capacity limits.
- Stagger arrivals into campus spaces to avoid congestion.
- Limit ingress/egress points on campus buildings/facilities.
- While maintaining safety.
- Stagger entry into buildings/facilities.
- One-way facility aisles.
- Use distance markings at places of congregate.
- Enact physical distancing between workstations.
- Virtual meetings when on campus.
- Re-organize flow systems to permit physical distancing.
- Stagger usage of common area.
- Avoid high-touch/mass gatherings.
- Create isolated work cells/teams off campus personnel where possible.
- Identify choke point and high risk areas where personnel are typically congregate where distancing will need more control/monitoring.
- To the extent practical, allow only one group/class at a time.

Ensuring governance & accountability over plan

- Appoint team/task to manage ensuring 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.
- Keep a record 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 coronarvirus and how to prevent transmission and the institution’s COVID-19 policies.

Safe Back to School Plan • January 2022
71
### 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 today 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 go-to-benefits)
- **Enacting modified working models for personnel**
  - Job shares that allow for reduced hours
  - Offer partial workforce or alternate day of work operating model
  - Different, in-office working hours (e.g., two shifts: 6:30a-12:30p and 1-7p with time between shifts)
- **Expanded / extended work from home & leave policies**
  - Provide one-time home office supply voucher
  - Tied FTE’s with additional workday hours: PTE get additional 40 hours; all paid out at year end if not used
  - Create workload relief fund and adopt policy on how funds will be distributed
  - Create policies to encourage students/personnel to stay home when feeling sick or come 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/train 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 hygiene 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 company-wide 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 institutional decisions)

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### 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

**Source:** National Restaurant Association COVID-19 Reopening Guidance, Cushman and Wakefield Recovery Readiness
Recommended protocols for food services to resume operations (2/2)

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 covering.
- Teach all employees the importance of frequent handwashing, the use of hand sanitizers with at least 50% alcohol content, and give them clear instructions 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

- Permit the ability to tag all workers that come on premise for purposes of supporting public health contact tracing by the WA DOH.
- Check appropriate functioning of HVAC.
- Ask employees reentering premise to self-screen for lack of symptoms and post拿 positivity of the case prior to return.
- Restrict, restrict, restrict payments: Allow payments only by card or contactless.
- Consider use of pre-coded, disposable silverware if possible.
- Ensure adequate storage of necessary materials to meet PPE and cleaning requirements.
- Communicate safety protocols to all workers and dining patrons, including available contact to report violations of protocols.
- Change delivery options; ensure colors and transport containers are sanitized and encourage customers to use "to go" delivery.

Customer expectations

- View entry points for signage for workers, volunteers, and visitors on shared responsibilities (including proper hygiene and sanitation, physical distancing, PPE guidance, and information and reporting concerns).
- Require all patrons to wear face coverings, except while eating or drinking in accordance with state guidance.
- Make visit, safety guidelines publicly available.
- Consider using social media or website to educate students, personnel, or 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 and Industries guidelines.
- Submerge anxiety by recognizing fear in returning, communicating transparently, listening, and surveying students’/personnel’ health status.
- Provide early, retraining communication by keeping workforce informed as soon as appropriate.
- Reintroduce training after Day 1 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.

Source: National Restaurant Association COVID-19 Reopening Guidelines, Cushman and Wakefield Recovery Readiness

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

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, railings, seat backs).
- 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 at least 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 reminded 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).

Source: CDC, US Department of Transportation

Safe Back to School Plan • January 2022
**TRANSPORTATION**

**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 for covering 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 instructions to avoid touching hands to face.
- Train all employees on symptom detection, sources of high-risk to COVID-19, prevention measures and leave policies.

**Vehicle safety**
- Have the ability to tag all employees that come on board for purposes of supporting public health contact tracing by the Washington Department of Health.
- Check appropriate functioning of PHM.
- Ask workers returning to 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 PHM (face coverings, gloves, etc.) and cleaning requirements.
- Communicate safety protocols to all employees and passengers. Including washing/sanitizing 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.
- Manage all shared and common areas, including passenger and employee areas, to prepare for an on-site.

**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 and Industries guidelines.
- Mitigate anxiety by recognizing fear in returning, communicating transparently, listening and surveying employees regularly.
- Provide early responding 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 10-46.

**RESIDENCES**

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

**Cleaning and sanitizing**
- Conduct thorough and detailed cleaning of extra 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, countertops, etc.).
- Provide residents with own sanitation solutions or wipes to clean confidence.
- Clean all hard surfaces with anti-microbial disinfectant.
- If a student or residential staff member tests positive, close off areas used by that person and wait 24 hours before cleaning and disinfecting; remove staff member who tests positive and quarantine.
- Conduct frequent cleaning of shared facilities (e.g., lobbies).
- For shared bathrooms, create a cleaning schedule for 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.
- Maintain and sanitize facilities as household groups with pre-existing health conditions to single.
- Consider morning/afternoon shifts 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 bathrooms at the same time.
- For shared kitchens, consider assigning residents to specific showers or limiting use of showers to every other day.
- Designate specific residence halls or buildings to isolate students/staff for quarantine or isolation period 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 for covering clean. Follow 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 instructions to avoid touching hands to face.
- Educate workers in the language they understand best about coronavirus and how to prevent transmitters, and the institution’s COVID-19 policies.

Source: CDC, US Department of Transportation

Source: CDC, US Shared or Congregate Housing; CDC, US Correctional and Detention Facilities, Association of College & University Housing Officers-International, Other State’s Guidance

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Safe Back to School Plan • January 2022
Recommended protocols for campus residences to resume operations (2/2)

**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 tag all staff and residents that come-on-premise for purposes of supporting public health contact tracing.
- Ask workers returning on-premises 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 touch-free tech care where possible on the property.
- Check appropriate functioning of HVAC.
- Symptomatic residents should avoid contact with others - 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 returning 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).

Source: CDC, US Shared or Congregate Housing; CDC, US Correctional and Detention Facilities.
Appendix D: Washington Ready plan
Beginning June 30 all industry sectors previously covered by the Roadmap to Recovery or the Safe Start plan (with the limited exceptions noted below for large indoor events) may return to usual capacity and operations. This does not include masking, which will continue under current guidance.

<table>
<thead>
<tr>
<th>Restrictions Applying to Indoor &amp; Outdoor Settings</th>
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</thead>
<tbody>
<tr>
<td><strong>Vaccine Verification / Negative Testing</strong></td>
</tr>
<tr>
<td><strong>Capacity Limitations</strong></td>
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<tr>
<td><strong>Physical Distancing</strong></td>
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<tr>
<td><strong>Facial Coverings</strong></td>
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<tr>
<td><strong>Travelers</strong></td>
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</tbody>
</table>

Large indoor events are defined as any event with more than 10,000 simultaneous participants located in an indoors enclosed space. Large indoor events are restricted to 75% capacity, unless vaccination verification is occurring. If vaccination verification is occurring prior to entry, and the venue requires all attendees be vaccinated, there are no capacity restrictions. However, we will not allow vaccinated sections as a way to go above 75% capacity unless all attendees are vaccinated. No physical distancing requirements apply and attendees must follow the current masking requirements. We will reevaluate the restrictions on large indoor events on July 31, 2021.
COVID-19 SAFETY PROTOCOLS FOR HIGHER EDUCATION INSTITUTIONS

Which COVID-19 safety protocols must colleges follow?

Colleges must follow several proclamations and rules around COVID-19 health and safety. The following chart indicates the key document for each issue, but there may be crossover language in the other documents listed on this chart or elsewhere. We’ve described most of those crossover effects later in this issue brief.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Higher education proclamation 20-12.5</th>
<th>Vaccination proclamation 21-14.1 for employees at agencies, K-12 and higher ed, and health care institutions</th>
<th>Statewide mask order 20-03.6 from the state Department of Health</th>
<th>Labor &amp; Industry requirements and guidance for employers</th>
<th>Higher ed guidance from the Department of Health</th>
<th>Health Emergency Labor Standards Act protects high-risk employees from discrimination during public health emergencies</th>
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</thead>
<tbody>
<tr>
<td>Student vaccinations (a local college decision)</td>
<td>X</td>
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<tr>
<td>Student vaccinations – in clinical placements</td>
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<tr>
<td>College employee vaccinations</td>
<td>X</td>
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<tr>
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<td>College employee masks</td>
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<td>Overall health and safety protocols for colleges requiring vaccination</td>
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<td>Overall health and safety protocols for colleges that are not requiring vaccination</td>
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<tr>
<td>Health and safety guidance and rules for all employees in Washington state, including private businesses</td>
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Does everyone on campus need to wear a mask indoors? What about faculty giving lectures?

Yes, according to a statewide mask order, masks are required for everyone who is in an indoor public space, regardless of vaccination status. For employees, there are limited exceptions when face coverings aren’t required:

- When the employee is vaccinated and in an office space that is not easily accessible to the public.
- When an employee — vaccinated or unvaccinated — is working alone indoors or in a vehicle with no interactions with others and no expectation of in-person interruptions.

According to the Secretary of Health’s Mask Order FAQ, faculty may remove masks while they lecture, provided they:

- Work at a college that requires vaccination.
- Are able to maintain physical distance from all observers, like in a large lecture hall, for example.

The Department of Health recommends faculty consider all other alternatives before unmasking, such as wearing a mask but using a microphone.

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 will make 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, everyone on campus needs to maintain 3 feet of physical distancing, and the college needs to 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. There are two reasons for this requirement, found in the higher education proclamation:
  1. It allows the college and the state to see vaccination trends among college students
  2. If the statewide mask mandate is ever lifted in the future, the attestation form will help colleges identify students who can go without a mask.

- SBCTC anticipates that vaccination status will be part of a student’s record like other demographic characteristics and should not have to be collected each quarter. The information could be updated when an unvaccinated student becomes vaccinated.

Employees

- According to the vaccination proclamation, all state employees must be vaccinated, or have a medical or religious exemption, by Oct. 18. (Philosophical exemptions are not allowed.) This requirement applies even if the employee is working entirely online.

- 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 – i.e., 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, but the college must enforce 3-foot social distancing and follow additional comprehensive health and safety protocols.

Contractors

The vaccination proclamation requires 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.

According to a vaccine mandate FAQ by the Governor’s Office, vaccinations are not required of contractors who are at a site for a short period of time and have a fleeting physical presence with others.

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.

When do employees have to get their vaccine doses in order to comply with the Oct. 18 deadline?

All employees must be fully vaccinated or have an exemption by Oct. 18, 2021.

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.
Must colleges located in King County comply with both state mandates and local county mandates?

Colleges located in King County must follow all the state mandates plus the additional mandates required by the county. Beginning Oct. 25, 2021 people ages 12 and older will be required to show proof of full COVID-19 vaccination or a negative test result to enter certain indoor and outdoor events and establishments in King County. For colleges, this requirement applies to:

- **Culinary program restaurants** that are used for student training and serve members of the public. If the restaurant serves 12 or fewer diners, the deadline is Dec 6 instead of Oct. 25, 2021.
- **Outdoor events with 500 people or more**, such as college sports events and entertainment events.
- **Indoor recreational events or establishments**, such as indoor sports events, performing arts and live music venues, gyms/fitness centers, conferences and conventions.

These requirements apply only to members of the public who are entering these locations on campus, not to college employees or students. College employees are already required to be vaccinated, or have an exemption, by Oct. 18, 2021 under the vaccination proclamation. Students (including athletes) must follow their own college’s policies, which will vary depending on whether or not the college requires vaccinations or exemptions.

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, beyond masking and vaccinations?

In addition to the masking, 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

- Enforce 3-foot physical distancing. Where physical distancing cannot be maintained, colleges must implement administrative or engineering controls to minimize exposure.

- Require health attestations from students, faculty and staff coming to campus, according to 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 and 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.
  
  o Note this comment in the CDC guidance: “When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.”

- 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:
  
  o Evaluation and Management of Persons with New Unexplained Symptoms of COVID-19
  
  o What to do if you were potentially exposed to someone with COVID-19
  
  o What to do if you have confirmed or suspected COVID-19
  
  o 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.

  Note from SBCTC: The Department of Health created a useful Covid isolation and quarantine calculator.

Student workers and personnel

- Provide PPE as appropriate or required for those who are not working alone or who can’t maintain physical distancing requirements.

- 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.

Dining halls
• For dining halls, mark floors for physical distancing, post COVID-19 safety signs, routinely sanitize high-touch surfaces, and enforce compliance with the DOH face covering order and L&I requirements for employers. The proclamation does not identify the required distance between markers. SBCTC recommends setting that distance at 3 feet to align with the distancing requirements in the higher education proclamation.

What are some of the best practices recommended by the CDC and state Department of Health — as referenced in the higher education proclamation?
The CDC and Department of Health recommend physical distancing, masking, handwashing, cleaning, health screening and adherence to isolation and quarantine protocols. Both agencies also recommend colleges:
• Promote vaccinations — Offer and promote COVID-19 vaccination by providing on-site clinics, using trusted messengers (including students, faculty and staff), and facilitating off-site vaccination services in the community.
• Conduct contact tracing — When a confirmed or probable case of COVID-19 is identified, notify your local health department and everyone who has been in close contact with the individual. Close contact is defined as someone who has been within 6 feet of the infected person for 15 minutes or more over a 24-hour period.
• Improve ventilation — Improve building ventilation by, for example, introducing and circulating outdoor air, ensuring ventilation systems are operating properly, and increasing filtration.

What rules should we follow for college activities that have parallel functions out in the community?
For activities that have parallel functions out in the general community — personal services, fitness centers, libraries, performing arts, venues and culinary-program restaurants, for example — our colleges have always followed the Healthy Washington protocols rather than the higher education proclamation.

The Healthy Washington requirements went away on June 30, 2021 along with many restrictive protocols. That said, SBCTC believes the intent of the Governor’s Office is for campuses that do not require vaccination to maintain, whenever possible, 3-foot physical distancing even if distancing restrictions have been lifted at counterpart services/functions out in the local community. Colleges that are unable to maintain physical distancing should implement administrative or engineering controls to minimize exposure.

In King County, new rules taking effect Oct. 25, 2021 will affect members of the public who enter certain places. Please see page 6.
Whom should I call at SBCTC if I have questions?

- Carli Schiffner, deputy executive director of education, cschiffner@sbctc.edu | 360-704-4353
- Choi Halladay, deputy executive director of business operations, cholladay@sbctc.edu | 360-704-4303
- Julie Huss, human resources director, jhuss@sbctc.edu | 360-704-4350
- Laura McDowell, communications director, lmcdowell@sbctc.edu | 360-280-0670 (cell)
Appendix F: NWAC Return to Play Guidelines

NWAC 2021-2022
Return to Play Plan

NWAC Sports Medicine Advisory Committee

July 23, 2021
What will Fall look like?

Plan A

Plan B

Return of Normal Seasons
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.

>71%

- Vaccinated individuals NOT required to partake in testing protocols.
- Non-Vaccinated individuals will maintain all protocols.

< 70%

- Vaccinated individuals will be required to partake in testing protocols.
- 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 spaced 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.
- Physical distancing of 3 feet should be maintained, wherever possible.

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. Masks are required in the community room except when actively eating or drinking. If/when occupants in the community room are eating or drinking they must still have a mask with them.
- RAs, the Residence Hall Manager, Security, and Olympic College Student Services Administrators are responsible for enforcing the community room mask policy.
- Students found without a mask in the community room will be issued two warnings before being issued mandatory community service with the Residence Hall Manager of two hours. Community Service must be completed within one week of incident or a $50 fine will be issued.
- For repeated violations of the community room mask policy, students will be reported to the Student Conduct Office.
- 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 or 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

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

<table>
<thead>
<tr>
<th>Sample Scenarios</th>
<th>Sick Leave</th>
<th>Emergency Paid Sick Leave</th>
<th>Family and Medical Leave Act</th>
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<th>Washington Paid Family and Medical Leave</th>
<th>Vacation Leave</th>
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<th>No Loss of Pay for up to 16 Days</th>
<th>Governor's Proclamation 20-05</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
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<tr>
<td>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)</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td>May qualify, work with HR consultant</td>
<td>✖</td>
<td>Refer to ESD</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>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)</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td>May qualify, work with HR consultant</td>
<td>✖</td>
<td>Refer to ESD</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Employee is subject to a Stay at Home order and the employee does not have any work for them to do</td>
<td>✖</td>
<td>✅</td>
<td>✖</td>
<td>✖</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>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 category; leave still applies if no telework is available</td>
<td>✅</td>
<td>✅</td>
<td>✖</td>
<td>✖</td>
<td>✖</td>
<td>✖</td>
<td>✓</td>
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#### Sample scenarios

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#### Scenario 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).

#### Scenario 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.

#### Scenario 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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<th>Leave Without Pay</th>
<th>No Loss in Pay for up to 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Employee leaves congress areas and refuses to work</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>May qualify, work with your HR consultant</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>9 Employee is either age 65 or older, or in a category of those at increased risk of severe illness and death as listed in CDC guidelines, and no telework is available</td>
<td>✓</td>
<td>Documentation may be required, but cannot be a pre-emptive to taking leave</td>
<td>May qualify, work with your HR consultant</td>
<td>✗</td>
<td>Refer to ISD</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
</tbody>
</table>

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<table>
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<tr>
<th>Sample scenarios</th>
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</thead>
<tbody>
<tr>
<td>Employee is subject to a governmental stay home order and the employee has telework for them, but the employee cannot perform it due to the order (i.e., such as lack of internet)</td>
<td>✗</td>
<td>✗</td>
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