



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

January 28, 2022

TO: All DOC Staff
FROM: Sean Murphy, Deputy Secretary
SUBJECT: Updated Phased Return to Work



Last week, the initial versions of the Phased Return to Work documents were sent to all staff. Since then staff have been providing feedback regarding the implementation of this process. Updated documents are now being released based on a number of meetings that have occurred with staff this past week across divisions within the agency. These documents have been updated with clearer language and easier decision points. A summary of the changes are as follows:

- Screening questions are now aligned with the individual phases. Each workplace should only use the screening questions that match their current approved phase.
- Based on the phased guidance, at the time of screen-out, Return to Work dates will be set, written on the appropriate phased Return to Work guidance flyer, and **a copy will be given to the staff member**, if they are physically present.
- It is very important that entry denials and return dates be entered timely into the DOC Outbreak Tracing System (DOTS) by designated staff with access to that system.
- Staff who are screening out due to COVID symptoms no longer need to contact their designated screening nurse. The nurses will call staff upon receipt of Form 03-110 Workplace Denial (link here). It is important that staff give a valid phone number, and answer their phone when called.
- The nurse assigned to the staff's case may supersede the time-driven return date on the flyer. If this occurs, the nurse's return date will take precedence over the one on the flyer.
- If the staff is not contacted by a nurse, staff will return to work on the date previously set.

The following Divisions/areas are in Phase 2:

Community Corrections Division
Headquarters
Satellite Offices
Maple Lane
Mill Creek Performance Center

The following Divisions/areas are in Phase 3:

Prisons Division
Correctional Industries
Health Services
Work Releases
Jimmie Evans Performance Center

Business units will move amongst the phases only after consulting with Health Services clinical staff and receiving the approval of the Emergency Operations Center. Facilities are encouraged to post their current phase at common entry points

WA DOC COVID-19 ACTIVE/PASSIVE SCREENING QUESTIONNAIRE – PHASE 2

This will be updated as the CDC and WA State Health Department's information on COVID-19 continues to change.

Your health and well-being are of the utmost importance. Measures are being taken to keep the facility/office a safe environment for employees as well as the individuals under our charge, and the public.

Therefore, anyone coming into the facility/office will be screened.

The screening process will include taking temperatures and asking the following questions:

1. Do you have any of the symptoms below that are not caused by another health condition?
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. Recent loss of taste or smell
 - h. Sore throat
 - i. Congestion
 - j. Nausea or vomiting
 - k. Diarrhea
2. Within the last 5 days, have you tested positive for COVID-19 **OR** are you awaiting results of a COVID-19 test for symptoms? (*Note: This does NOT include pending routine COVID-19 testing for asymptomatic individuals*)
3. Within the past 5 days, has a public health or medical professional told you to self-isolate, because of concerns about a COVID-19 infection? (*Note: this doesn't include the continued self-monitoring done as a regular part of your duties consistent with CDC guidance*)
4. Have you been in close contact with someone who is currently suspected or confirmed COVID-19 within the past 10 days? (Close contact is being within 6 feet for 15 cumulative minutes or more over a 24-hour period; 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, follow the Phase 2 Return to Work Guidance flyer.**

If the individual answers **YES** to any of the questions above **OR** has a temperature greater than or equal to 100.4°, they will be denied access into the facility/office unless determined otherwise by a designated DOC medical professional. Prior to sending the individual home, provide them with the **Phase 2 Return to Work Guidance flyer** and enter the new case into the Department Outbreak Tracing System (DOTS).

The following questions are for the purposes of testing ONLY and **will not be used for screening individuals in or out** of the workplace.

5. **Any site conducting DOC COVID-19 Staff Serial Testing is expected to ask:**
Have you submitted to a DOC COVID-19 Staff Serial Test within the last seven (7) days?
*If NO, refer to the Serial Testing Protocols outlined in the All Staff [memo](#) (Subject **Update-Staff Serial Testing for those Traveling to Facilities**). with further screening and required testing, if applicable.*
6. **For Prison Facility and/or Work Release sites:**
In the last 7 days, have you traveled for non-essential purposes out of state using public transportation?
If yes, staff expected to complete a rapid antigen test upon return to work after travel.

WA DOC COVID-19 ACTIVE/PASSIVE SCREENING QUESTIONNAIRE - PHASE 3

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The screening process will include taking temperatures and asking the following questions.

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 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. Recent loss of taste or smell
 - h. Sore throat
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 - k. Diarrhea
2. Within the last 5 days, have you tested positive for COVID-19 **OR** are you awaiting results of a COVID-19 test for symptoms? (*Note: This does NOT include pending routine COVID-19 testing for asymptomatic individuals*)
3. Within the past 5 days, has a public health or medical professional told you to self-isolate, because of concerns about a COVID-19 infection? (*Note: this doesn't include the continued self-monitoring done as a regular part of your duties consistent with CDC guidance*)
4. Do you have ongoing close contact with someone **within your household** with whom you have ongoing contact who was diagnosed with, or tested positive for, COVID-19 within the past 10 days? (Close contact is being within 6 feet for 15 cumulative minutes or more over a 24-hour period; 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 the individual answers **YES** to any of the questions above OR has a temperature greater than or equal to 100.4°, they will be denied access into the facility/office unless determined otherwise by a designated DOC medical professional. Prior to sending the individual home, **provide them with the Phase 3 Return to Work Guidance flyer** and enter the new case into the Department Outbreak Tracing System (DOTS).

The following questions are for the purposes of testing ONLY and will **not be used for screening individuals in or out** of the workplace.

5. Have you been in close contact with someone who is **not in your household** and who is currently suspected or confirmed COVID-19 positive within the past 10 days?

Close contact is being within 6 feet for 15 cumulative minutes or more over a 24-hour period; 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, follow rapid antigen testing guidance per Phase 3 RTW flyer.
6. **Any site conducting DOC COVID-19 Staff Serial Testing is expected to ask:**

Have you submitted to a DOC COVID-19 Staff Serial Test within the last seven (7) days?

*If NO, refer to the Serial Testing Protocols outlined in the All Staff [memo](#) (Subject **Update-Staff Serial Testing for those Traveling to Facilities**). with further screening and required testing, if applicable.*
7. **For Prison Facility and/or Work Release sites:**

In the last 7 days, have you traveled for non-essential purposes out of state using public transportation?

If yes, staff expected to complete a rapid antigen test upon return to work after travel.

WA COVID-19 Staffing Shortage Return to Work Guidance Phase 2

This phase occurs when local resources are limited. Some positions may not be filled which typically results in program, recreation, or office closures. Internal and external Represented resources may be deployed to maintain adequate operations.

For Staff Who Test Positive for COVID-19 or Have COVID-19 Symptoms

ISOLATION = Positive COVID-19 test or have COVID-19 symptoms	
If you test positive [PCR or Rapid Antigen Test (RAT)] or have COVID symptoms Notify your supervisor/shift office/work location or _____ (fill in, if different), and immediately leave the workplace	
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IF SYMPTOMATIC , and have not yet tested positive, test via PCR, if possible, complete a Workplace Denial Form 03-110, and designated staff enter case into DOTS by designated staff. A nurse will contact you and ask about your close contacts. Not necessary to contact nurse directly.	IF TESTED POSITIVE at work, either PCR or RAT, a nurse will follow up and ask about close contacts. IF TEST IS INCONCLUSIVE (PCR) repeat PCR test curbside at facility. A nurse will contact you. DO NOT need to complete the Workplace Denial Form or to contact nurse directly.
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Isolate* for 5 full days. Calculate a return to work date: <i>Calculate from actual test date, if staff can confirm, or lab received date OR symptom onset date</i> <i>(example: 1/20/22 test date/symptoms first appear + 5 days = return to work on 1/26/22)</i> DAY 6 RETURN DATE IS: _____	
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IF: Your symptoms are improving, AND you have been fever-free for 24 hours without fever-reducing medicine THEN: Return to work on day 6 (or next work shift after day 6). <i>NOTE: If you are still too sick to return to work, follow your facility/work location call-in procedures for absence.</i>	
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DAY 6: Complete Rapid Antigen Test (RAT) prior to facility entry (curbside testing if possible). If negative, return to work. If Day 6 RAT is positive, isolate for 2 more days, no need to contact assigned nurse. Return to work on day 8 (or next work shift after day 8). DAY 8 RETURN DATE IS: _____ (if additional test is necessary)	
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DAY 8: Complete Rapid Antigen Test (RAT) prior to facility entry. If Day 8 RAT is positive, isolate for 2 more days, no need to contact assigned nurse. Return to work on day 10 (or next work shift after day 10). DAY 10 RETURN DATE IS: _____ (if additional test is necessary)	
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DAY 10: Complete Rapid Antigen Test (RAT) prior to facility entry. If Day 10 RAT is positive, contact assigned nurse. The nurse will establish RTW date.	

*** Notes:** Nurse advice supersedes this protocol, but is not required for Return to Work.
If you are hospitalized for COVID, contact assigned nurse within 8 hours.

WA COVID-19 Staffing Shortage Return to Work Guidance Phase 2

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For Staff Who Are Identified as Close Contacts

QUARANTINE = Exposed to someone with COVID-19	
Close contact at work or in the community outside the home	
<p>Quarantine 3 full days Calculate a return to work date: Return to work on day 4 <i>from date of last contact or if not known, from date of notification.</i> <i>(example: 1/20/22 last contact date + 3 days = return to work on 1/24/22)</i></p> <p>DAY 4 RETURN DATE IS: _____</p> <p>Facility completes a Workplace Denial Form 03-110 and designated staff enter case into DOTS (Not necessary for staff to contact nurse.)</p>	
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DAY 4	
<p>Rapid Antigen Test daily for next 3 work days upon return, in addition to PCR serial testing (if serial testing at work location).</p>	
<p style="text-align: center;">IF NEGATIVE:</p> <ul style="list-style-type: none"> • Remain at work • Strict masking adherence, in addition to the PPE matrix, including wearing a mask for 10 calendar days at ALL times when around others. <i>(surgical mask or voluntary N95)</i> • No eating or drinking around others within 6 ft. • If symptoms develop, follow the isolation protocol, leave the workplace immediately, if on shift 	<p style="text-align: center;">IF POSITIVE:</p> <ul style="list-style-type: none"> • Immediately leave work • Follow isolation protocol on other side of this flyer
Ongoing close contact within your household	
<p>Quarantine 5 full days Return to work on Day 6 <i>from date of diagnosis of initial household contact OR if not known, date of notification.</i> <i>(example: 1/20/22 household member's test date + 5 days = return to work on 1/26/22)</i> Not necessary for staff to contact nurse. Facility completes a Workplace Denial Form 03-110 and case needs entry into DOTS by designated staff.</p> <p>DAY 6 RETURN DATE IS: _____</p>	
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DAY 6	
<p>Rapid Antigen Test daily on scheduled workdays for 14 calendar day period upon return, in addition to PCR serial testing (if serial testing is conducted at work location).</p>	
<p style="text-align: center;">IF NEGATIVE:</p> <ul style="list-style-type: none"> • Remain at work • Strict masking adherence, in addition to the PPE matrix, including wearing a mask for 10 calendar days at ALL times when around others. <i>(surgical mask or voluntary N95)</i> • No eating or drinking around others within 6 ft. • If symptoms develop, follow the isolation protocol, leave the workplace, if on shift 	<p style="text-align: center;">IF POSITIVE:</p> <ul style="list-style-type: none"> • Immediately leave work • Follow isolation protocol on other side of this flyer

WA COVID-19 Staffing Shortage Return to Work Guidance Phase 3

This phase occurs when local resources are inadequate and requires more significant operational modifications to allow for the maximization of available local resources. Outside resources are requested and some employees may be asked to work out of job class. Use of DOC resources statewide, regardless of representation, may be utilized to maintain core correctional operations (custody, health services, food service, laundry, ferry services, and other business areas as determined by the EOC).

For Staff Who Test Positive for COVID-19 or have COVID-19 Symptoms

ISOLATION = Positive/Inconclusive COVID-19 test or have COVID-19 symptoms	
<p>If you test positive [PCR or Rapid Antigen Test (RAT)] or have COVID symptoms Notify your supervisor/shift office/facility/work location or _____ (fill in, if different) and immediately leave the workplace</p>	
<p>IF SYMPTOMATIC, and have not yet tested positive, test via PCR, if possible, complete a Workplace Denial Form 03-110, and designated staff enter case into DOTS. A nurse will follow up and ask about close contacts. Not necessary to contact nurse directly</p>	<p>IF TESTED POSITIVE at work, either PCR or RAT, a nurse will follow up and ask about close contacts. IF TEST IS INCONCLUSIVE (PCR) repeat PCR test curbside at facility. A nurse will contact you. DO NOT need to complete the Workplace Denial Form or to contact nurse directly.</p>
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<p>Isolate* for 5 full days. Calculate a return to work date: Calculate from actual test date, if staff can confirm, or lab received date OR symptom onset date (example: 1/20/22 test date/symptoms first appear + 5 days = return to work on 1/26/22)</p> <p>DAY 6 RETURN DATE IS: _____</p>	
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<p>IF: Your symptoms are improving, AND: you have been fever-free for 24 hours without fever-reducing medicine THEN: Return to work on day 6 (or next work shift after day 6).</p> <p><i>NOTE: If you are still too sick to return to work, follow your facility/work location call-in procedures for absence.</i></p>	
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<p>DAY 6: Complete Rapid Antigen Test (RAT) prior to facility entry (curbside testing if possible). If Negative, return to work. If Day 6 test is positive, isolate for 2 more days, no need to contact assigned nurse. Will need to return to work on day 8 (or next work shift after day 8).</p> <p>DAY 8 RETURN DATE IS: _____ (if additional test is necessary)</p>	
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<p>DAY 8: Complete Rapid Antigen Test (RAT) prior to facility entry. If Day 8 test is positive, isolate for 2 more days, no need to contact assigned nurse. Will need to return to work on day 10 (or next work shift after day 10)</p> <p>DAY 10 RETURN DATE IS: _____ (if additional test is necessary)</p>	
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<p>DAY 10: Complete Rapid Antigen Test (RAT) prior to facility entry. If Day 10 test is positive, contact the assigned nurse. The nurse will establish RTW date</p>	

Notes: Nurse advice supersedes this protocol, but is not required for Return to Work.
If you are hospitalized for COVID, contact assigned nurse within 8 hours.

WA COVID-19 Staffing Shortage Return to Work Guidance Phase 3

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For Staff Who Are Identified as Close Contacts

QUARANTINE = Exposed to someone with COVID-19	
Close contact at work or in the community outside the home	
Remain at work AND Rapid Antigen Testing Days 0, 3, 5, and 7 (or next work shift if falls on day off) in addition to PCR serial testing (if serial testing at work location). Facility completes a Workplace Denial Form 03-110 and case needs entry into DOTS by designated staff. (Not necessary for staff to contact nurse.)	
<p style="text-align: center;">IF NEGATIVE:</p> <ul style="list-style-type: none"> • Remain at work • Strict masking adherence, in addition to the PPE matrix, including wearing a mask for 10 calendar days at ALL times when around others. <i>(surgical mask or voluntary N95)</i> • No eating or drinking around others within 6 ft. • If symptoms develop, follow the isolation protocol, leave the workplace immediately if on shift 	<p style="text-align: center;">IF POSITIVE:</p> <ul style="list-style-type: none"> • Immediately leave work • Follow isolation protocol on other side of this flyer
Ongoing close contact within your household	
Quarantine 5 full days Return to work on day 6 from date of diagnosis of initial household contact OR if not known, date of notification. <i>(example: 1/20/22 household member's test date + 5 days = return to work on 1/26/22)</i> Facility completes a Workplace Denial Form 03-110 and case needs entry into DOTS by designated staff. (Not necessary for staff to contact nurse.)	
DAY 6 RETURN DATE IS: _____	
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DAY 6 Rapid Antigen Test daily on scheduled workdays for 14 day calendar period upon return in addition to PCR serial testing (if serial testing at work location).	
<p style="text-align: center;">IF NEGATIVE:</p> <ul style="list-style-type: none"> • Remain at work • Strict masking adherence in addition to the PPE matrix, including wearing a mask for 10 calendar days at ALL times when around others. <i>(surgical mask or voluntary N95)</i> • No eating or drinking around others within 6 ft. • If symptoms develop, follow the isolation protocol, leave the workplace immediately, if on shift 	<p style="text-align: center;">IF POSITIVE:</p> <ul style="list-style-type: none"> • Immediately leave work • Follow isolation protocol on other side of this flyer

WA DOC COVID-19 Staffing Shortage Return to Work Guidance SUMMARY*

PHASE 1 Normal Staffing	PHASE 2	PHASE 3	PHASE 4
<p><i>Normal, or near normal staffing levels</i></p> <p>ISOLATION: Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> Isolate 10 full days Return, Day 11, RAT If +, ISO 4 more days Repeat until negative <p>QUARANTINE: Exposed to someone with COVID-19 (work/community close contact)</p> <ul style="list-style-type: none"> Quarantine 10 full days Return Day 11, RAT PCR serial testing per location Strict masking 14 days (surgical mask/N95) No eating/drinking around others w/in 6 ft. <p>QUARANTINE: Ongoing close contact w/in household</p> <ul style="list-style-type: none"> Quarantine 10 full days Return, Day 11 RAT Daily RAT for 14 cal. days PCR serial testing per location Strict masking 24 days (surgical mask/N95) No eating/drinking around others w/in 6 ft. 	<p><i>Local resources are limited. Some positions may not be filled which may result in program/recreation/office closures. Internal and external Represented resources may be deployed to maintain adequate operations.</i></p> <p>ISOLATION: Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> Isolate 5 days Return, Day 6 RAT If +, ISO 2 days, Day 8 RAT If +, ISO 2 days, Day 10 RAT If +, contact assigned nurse <p>QUARANTINE: Exposed to someone with COVID-19 (work/community close contact)</p> <ul style="list-style-type: none"> Quarantine 3 full days Return Day 4, daily RAT 3 work days PCR serial testing per location If NEGATIVE <ul style="list-style-type: none"> Remain at work Strict masking for 10 calendar days (surgical mask/ N95) No eating/drinking around others w/in 6 ft. If POSITIVE <ul style="list-style-type: none"> Immediately leave work Follow isolation protocol above <p>QUARANTINE: Ongoing close contact w/in household</p> <ul style="list-style-type: none"> Quar. 5 days, return to work, Day 6 Daily RAT for 14 calendar days <ul style="list-style-type: none"> PCR serial testing per location If NEGATIVE <ul style="list-style-type: none"> Remain at work Strict masking 10 calendar days (surgical mask/N95) No eating/drinking around others w/in 6 ft. If POSITIVE Immediately leave work <ul style="list-style-type: none"> Follow isolation protocol above 	<p><i>Local resources are inadequate and requires more significant operational modifications to allow for the maximization of available local resources. Outside resources are requested and some employees may be asked to work out of job class. Use of all DOC resources statewide, regardless of representation, may be utilized to maintain core correctional operations (custody, health services, food service, laundry, ferry services, other area as determined by the EOC).</i></p> <p>ISOLATION: Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> Isolate 5 days Return day 6, RAT If +, ISO 2 days, Day 8 RAT If +, ISO 2 days, Day 10 RAT If +, contact assigned nurse <p>QUARANTINE: Exposed to someone w/ COVID-19 (work/community close contact)</p> <ul style="list-style-type: none"> RAT on days 0/3/5/7 PCR serial testing per location If NEGATIVE <ul style="list-style-type: none"> Remain at work Strict masking 10 calendar days (surgical mask/N95) No eating/drinking around others w/in 6 ft. If POSITIVE <ul style="list-style-type: none"> Immediately leave work Follow isolation protocol above <p>QUARANTINE: Ongoing close contact w/in household</p> <ul style="list-style-type: none"> Return to work, Day 6 RAT daily for 14 days PCR serial testing per facility If NEGATIVE <ul style="list-style-type: none"> Remain at work Strict masking for 10 calendar days (surgical mask/N95) No eating/drinking around others w/in 6 ft. If POSITIVE <ul style="list-style-type: none"> Immediately leave work Follow isolation protocol above 	<p><i>Occurs when there are significant staffing shortages. Local resources are exhausted and statewide resources are not sufficient to fill identified needs. Substantial operational modifications are required to maintain core correctional operations (custody, health services, food service, laundry, ferry services)</i></p> <p>ISOLATION: Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> Asymptomatic, <ul style="list-style-type: none"> Remain at work Strict masking for 10 calendar days (surgical mask/N95) No eating/drinking around others w/in 6 ft. Symptomatic: <ul style="list-style-type: none"> Notify workplace Immediately leave work Once asymptomatic, return to work If still symptomatic on day 10, complete Workplace Denial form, contact Secondary Screening nurse <p>QUARANTINE: Exposed to someone with COVID-19 (community/work/household)</p> <ul style="list-style-type: none"> Return to work <p><i>During Phase 4, screening and mapping are suspended</i></p>

*The above table is a summary document. See attached Return to Work Guidance handouts for the complete guidelines