

# 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

<b>ISOLATION = Positive/Inconclusive COVID-19 test or have COVID-19 symptoms</b>	
<p><b>If you test positive [PCR or Rapid Antigen Test (RAT)] or have COVID symptoms</b>            Notify your supervisor/shift office/facility/work location or _____ (fill in, if different)            and immediately leave the workplace</p>	
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<p><b>IF SYMPTOMATIC</b>, and have not yet tested positive, test via PCR, if possible, complete a Workplace Denial Form 03-110, <b>and</b> designated staff enter case into DOTS. A nurse will follow up and ask about close contacts. Not necessary to contact nurse directly</p>	<p><b>IF TESTED POSITIVE</b> at work, either PCR or RAT, a nurse will follow up and ask about close contacts. <b>IF TEST IS INCONCLUSIVE</b> (PCR) repeat PCR test curbside at facility. A nurse will contact you. <b>DO NOT</b> need to complete the Workplace Denial Form or to contact nurse directly.</p>
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<p><b>Isolate* for 5 full days.</b> Calculate a return to work date:            Calculate from actual test date, if staff can confirm, or lab received date <b>OR</b> symptom onset date            (example: 1/20/22 test date/symptoms first appear + 5 days = return to work on 1/26/22)</p> <p><b>DAY 6 RETURN DATE IS:</b> _____</p>	
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<p><b>IF:</b> Your symptoms are improving,  <b>AND:</b> you have been fever-free for 24 hours without fever-reducing medicine  <b>THEN:</b> Return to work on day 6 (or next work shift after day 6).</p> <p><i><b>NOTE:</b> 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><b>DAY 6:</b>            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><b>DAY 8 RETURN DATE IS:</b> _____ (if additional test is necessary)</p>	
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<p><b>DAY 8:</b>            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><b>DAY 10 RETURN DATE IS:</b> _____ (if additional test is necessary)</p>	
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<p><b>DAY 10:</b>            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.*

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## For Staff Who Are Identified as Close Contacts

Exposed to someone with COVID-19	
Close contact at work or in the community outside the home	
Remain at work <b>AND</b> Rapid Antigen Testing Days 0, 3, 5, and 7 (or next work shift if falls on day off) <b>in addition to</b> 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;"><b>IF NEGATIVE:</b></p> <ul style="list-style-type: none"> <li>• Remain at work</li> <li>• Strict masking adherence, in addition to the PPE matrix, including wearing a mask for <b>10 calendar days</b> at <b>ALL</b> times when around others. <i>(surgical mask or voluntary N95)</i></li> <li>• No eating or drinking around others within 6 ft.</li> <li>• If symptoms develop, follow the isolation protocol, leave the workplace immediately if on shift</li> </ul>	<p style="text-align: center;"><b>IF POSITIVE:</b></p> <ul style="list-style-type: none"> <li>• Immediately leave work</li> <li>• Follow isolation protocol on other side of this flyer</li> </ul>
Ongoing close contact within your household	
Remain at work <b>AND</b> Rapid Antigen Test daily on scheduled workdays for 21 day calendar period <b>in addition to</b> 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;"><b>IF NEGATIVE:</b></p> <ul style="list-style-type: none"> <li>• Remain at work</li> <li>• Strict masking adherence in addition to the PPE matrix, including wearing a mask for <b>10 calendar days</b> at <b>ALL</b> times when around others. <i>(surgical mask or voluntary N95)</i></li> <li>• No eating or drinking around others within 6 ft.</li> <li>• If symptoms develop, follow the isolation protocol, leave the workplace immediately, if on shift</li> </ul>	<p style="text-align: center;"><b>IF POSITIVE:</b></p> <ul style="list-style-type: none"> <li>• Immediately leave work</li> <li>• Follow isolation protocol on other side of this flyer</li> </ul>

# 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><b>ISOLATION:</b> Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> <li>Isolate 10 full days</li> <li>Return, Day 11, RAT</li> <li>If +, ISO 4 more days</li> <li>Repeat until negative</li> </ul> <p><b>QUARANTINE:</b> Exposed to someone with COVID-19 (work/community close contact)</p> <ul style="list-style-type: none"> <li>Quarantine 10 full days</li> <li>Return Day 11, RAT</li> <li>PCR serial testing per location</li> <li>Strict masking 14 days (surgical mask/N95)</li> <li>No eating/drinking around others w/in 6 ft.</li> </ul> <p><b>QUARANTINE:</b> Ongoing close contact w/in household</p> <ul style="list-style-type: none"> <li>Quarantine 10 full days</li> <li>Return, Day 11 RAT</li> <li>Daily RAT for 14 cal. days</li> <li>PCR serial testing per location</li> <li>Strict masking 24 days (surgical mask/N95)</li> <li>No eating/drinking around others w/in 6 ft.</li> </ul>	<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><b>ISOLATION:</b> Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> <li>Isolate 5 days</li> <li>Return, Day 6 RAT</li> <li>If +, ISO 2 days, Day 8 RAT</li> <li>If +, ISO 2 days, Day 10 RAT</li> <li>If +, contact assigned nurse</li> </ul> <p><b>QUARANTINE:</b> Exposed to someone with COVID-19 (work/community close contact)</p> <ul style="list-style-type: none"> <li>If authorized Telework, do so for 3 days</li> <li>If not, Quarantine 3 full days</li> <li>Return Day 4, daily RAT 3 work days</li> <li>PCR serial testing per location</li> <li>If NEGATIVE                             <ul style="list-style-type: none"> <li>Remain at work</li> <li>Strict masking for 10 calendar days (surgical mask/ N95)</li> <li>No eating/drinking w/ others w/in 6 ft.</li> </ul> </li> <li>If POSITIVE                             <ul style="list-style-type: none"> <li>Immediately leave work</li> <li>Follow isolation protocol above</li> </ul> </li> </ul> <p><b>ONGOING CLOSE CONTACT:</b> within household</p> <ul style="list-style-type: none"> <li>If authorized to Telework, do so 5 days</li> <li>If not, Quarantine 5 full days</li> <li>Return to work, Day 6</li> <li>Daily RAT for 16 calendar days                             <ul style="list-style-type: none"> <li>PCR serial testing per location</li> </ul> </li> <li>If NEGATIVE                             <ul style="list-style-type: none"> <li>Remain at work</li> <li>Strict masking 10 calendar days</li> <li>No eating/drinking w/ others w/in 6 ft.</li> </ul> </li> <li>If POSITIVE Immediately leave work                             <ul style="list-style-type: none"> <li>Follow isolation protocol above</li> </ul> </li> </ul>	<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><b>ISOLATION:</b> Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> <li>Isolate 5 days</li> <li>Return day 6, RAT</li> <li>If +, ISO 2 days, Day 8 RAT</li> <li>If +, ISO 2 days, Day 10 RAT</li> <li>If +, contact assigned nurse</li> </ul> <p><b>CLOSE CONTACT: Exposed to someone w/ COVID-19 (work/community close contact)</b></p> <ul style="list-style-type: none"> <li>Remain @ Work, RAT on days 0/3/5/7</li> <li>PCR serial testing per location</li> <li>If NEGATIVE                             <ul style="list-style-type: none"> <li>Remain at work</li> <li>Strict masking 10 calendar days (surgical mask/N95)</li> <li>No eating/drinking around others w/in 6 ft.</li> </ul> </li> <li>If POSITIVE                             <ul style="list-style-type: none"> <li>Immediately leave work</li> <li>Follow isolation protocol above</li> </ul> </li> </ul> <p><b>CLOSE CONTACT: Ongoing close contact w/in household</b></p> <ul style="list-style-type: none"> <li>Remain @ Work, RAT daily for 21 days</li> <li>PCR serial testing per facility</li> <li>If NEGATIVE                             <ul style="list-style-type: none"> <li>Remain at work</li> <li>Strict masking for 10 calendar days (surgical mask/N95)</li> <li>No eating/drinking around others w/in 6 ft.</li> </ul> </li> <li>If POSITIVE                             <ul style="list-style-type: none"> <li>Immediately leave work</li> <li>Follow isolation protocol above</li> </ul> </li> </ul>	<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><b>ISOLATION:</b> Positive COVID-19 test or have COVID-19 symptoms</p> <ul style="list-style-type: none"> <li><b>Asymptomatic,</b> <ul style="list-style-type: none"> <li>Remain at work</li> <li>Strict masking for 10 calendar days (surgical mask/N95)</li> <li>No eating/drinking around others w/in 6 ft.</li> </ul> </li> <li><b>Symptomatic:</b> <ul style="list-style-type: none"> <li>Notify workplace</li> <li>Immediately leave work</li> <li>Once asymptomatic, return to work</li> <li>If still symptomatic on day 10, complete Workplace Denial form, contact Secondary Screening nurse</li> </ul> </li> </ul> <p><b>QUARANTINE:</b> Exposed to someone with COVID-19 (community/work/household)</p> <ul style="list-style-type: none"> <li>Return to work</li> </ul> <p><b><i>During Phase 4, screening and mapping are suspended</i></b></p>

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