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 COVID-19 symptoms

If you test positive for COVID-19 OR have COVID-19 symptoms

Notify your supervisor/shift office/work location or _____________________ (fill in, if different)

and immediately leave the workplace (if at work)

↓

IF SYMPTOMATIC, and have not yet tested positive, test via RAT, if possible

OR

IF TEST POSITIVE COVID-19

↓

COMPLETE a Workplace Denial Form 03-110 (DO NOT COMPLETE IF AGENCY ADMINISTERED RAT)

AND ROUTE as outlined on the form

↓

Isolate* for 5 full days

**CALCULATE A RETURN-TO-WORK DATE:**

**IF SYMPTOMATIC** calculate from symptom onset date.

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).

(Example: 1/20/22 symptoms first appear + 5 days = return to work on 1/26/22)

**DAY 6 RETURN DATE IS:________________________**

**NOTE:** If you are still too sick to return to work, follow your facility/work location call-in procedures for absence.

**CALCULATE A RETURN-TO-WORK DATE:**

**IF TESTED POSITIVE** calculate from actual test date, if staff can confirm, or lab collected date.

**NOTE:** A nurse will contact you and follow-up to conduct mapping/tracing

(Example: 1/20/22 test date + 5 days = return to work on 1/26/22)

**DAY 6 RETURN DATE IS:________________________**

↓

DAY 6:

Complete RAT prior to facility entry (curbside testing if possible). **If negative**, return to work.

**FOLLOW STRICT MASKING ADHESRENCE, IN ADDITION TO THE PPE MATRIX,**

**BY WEARING A MASK UNTIL DAY 10 AT ALL TIMES WHEN AROUND OTHERS** (surgical mask or voluntary N95).

**If Day 6 RAT is positive**, isolate for 2 more days.

Return to work on day 8 (or next work shift after day 8).

**DAY 8 RETURN DATE IS:________________________ (if additional test is necessary)**

↓

DAY 8:

Complete RAT prior to facility entry. **If negative**, return to work.

**FOLLOW STRICT MASKING ADHESRENCE AS INDICATED ABOVE**

**If Day 8 RAT is positive**, isolate for 2 more days.

Return to work on day 10 (or next work shift after day 10).

**DAY 10 RETURN DATE IS:________________________ (if additional test is necessary)**

↓

DAY 10:

Complete RAT prior to facility entry.

**If Day 10 RAT is positive**, return to work on day 12 (or next work shift after day 12) and RAT

**DAY 12 RETURN DATE IS:________________________ (if additional test is necessary)**

If you are hospitalized for COVID-19, notify the shift commander or supervisor.

Follow notification requirements per Policy 890.000 (Section IV.A)
## 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 Are Identified as Close Contacts

**QUARANTINE = Exposed to someone with COVID-19**

<table>
<thead>
<tr>
<th>Close contact (at work or in the community outside the home)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF authorized to telework, leave the worksite</strong> and <strong>Telework 3 days</strong></td>
<td><strong>IF NOT</strong> authorized to Telework, leave the workplace And <strong>Quarantine 3 full days</strong> (on own leave)</td>
</tr>
<tr>
<td><strong>Calculate a return-to-work date:</strong></td>
<td><strong>Calculate a return-to-work date:</strong></td>
</tr>
<tr>
<td>Return to work on day 4 from date of last contact or if not known, from date of notification. (Example: 1/20/22 last contact date + 3 days = return to work on 1/24/22)</td>
<td>Return to work on day 4 from date of last contact or if not known, from date of notification. (Example: 1/20/22 last contact date + 3 days = return to work on 1/24/22)</td>
</tr>
<tr>
<td><strong>DAY 4 RETURN DATE IS:</strong></td>
<td><strong>DAY 4 RETURN DATE IS:</strong></td>
</tr>
<tr>
<td>Facility/Supervisor completes a Workplace Denial Form 03-110 AND designated staff enter case into DOTS</td>
<td>Facility/Supervisor completes a Workplace Denial Form 03-110 AND designated staff enter case into DOTS</td>
</tr>
<tr>
<td>(Not necessary for staff to contact nurse.)</td>
<td>(Not necessary for staff to contact nurse.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DAY 4</strong></th>
<th>Rapid Antigen Test <strong>daily</strong> for next 3 workdays upon return</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF NEGATIVE:</strong></td>
<td><strong>IF POSITIVE:</strong></td>
</tr>
<tr>
<td>• Remain at work</td>
<td>• Immediately leave work</td>
</tr>
<tr>
<td>• <strong>STRICT MASKING ADHERENCE</strong>, in addition to the PPE matrix, including wearing a mask for 10 calendar days at <strong>ALL</strong> times when around others. <em>(surgical mask or voluntary N95)</em></td>
<td>• Follow isolation protocol on other side of this flyer</td>
</tr>
<tr>
<td>• No eating or drinking around others within 6 ft.</td>
<td>• If symptoms develop, follow the isolation protocol, leave the workplace immediately, if on shift</td>
</tr>
</tbody>
</table>

**Ongoing close contact within your household**

| IF authorized to telework, leave the worksite and **Telework 5 full days** | **IF NOT** authorized to Telework, leave the workplace And **Quarantine 5 full days** (on own leave) |
| Return to work on **Day 6** from date of diagnosis of initial household contact OR if not known, date of notification. (Example: 1/20/22 household member’s test date + 5 days = return to work on 1/26/22) | Return to work on **Day 6** from date of diagnosis of initial household contact OR if not known, date of notification. (Example: 1/20/22 household member’s test date + 5 days = return to work on 1/26/22) |
| Facility/supervisor completes a Workplace Denial Form 03-110 and case needs entry into DOTS by designated staff. | Facility/supervisor completes a Workplace Denial Form 03-110 and case needs entry into DOTS by designated staff. |
| **DAY 6 RETURN DATE IS:** | **DAY 6 RETURN DATE IS:** |

<table>
<thead>
<tr>
<th><strong>DAY 6</strong></th>
<th>Rapid Antigen Test <strong>daily</strong> on scheduled workdays for 16 calendar day period upon return.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF NEGATIVE:</strong></td>
<td><strong>IF POSITIVE:</strong></td>
</tr>
<tr>
<td>• Remain at work</td>
<td>• Immediately leave work</td>
</tr>
<tr>
<td>• <strong>STRICT MASKING ADHERENCE</strong>, in addition to the PPE matrix, including wearing a mask for 10 calendar days at <strong>ALL</strong> times when around others. <em>(surgical mask or voluntary N95)</em></td>
<td>• Follow isolation protocol on other side of this flyer</td>
</tr>
<tr>
<td>• No eating or drinking around others within 6 ft.</td>
<td>• If symptoms develop, follow the isolation protocol, leave the workplace, if on shift</td>
</tr>
</tbody>
</table>

*If you are hospitalized for COVID-19, notify the shift commander or supervisor. Follow notification requirements per Policy 890.000 (Section IV.A)*

v.6 9/1/22