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** 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

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

**OR**

IF TEST **POSITIVE** at home/in the community/work

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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.

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**DAY 6:**

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

FOLLOW STRICT MASKING ADHERENCE, 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)

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**DAY 8:**

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

CONTINUE TO FOLLOW STRICT MASKING ADHERENCE AS INDICATED ABOVE (surgical mask or voluntary N95).

**If Day 8 test 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)

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**DAY 10:**

Complete RAT prior to facility entry. If Day 10 test 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.

Facilities/Reentry Center/Correctional Industries are responsible to follow notification requirements per Policy 890.000*
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 ARE IDENTIFIED AS CLOSE CONTACTS

<table>
<thead>
<tr>
<th>Exposed to someone with COVID-19</th>
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<tbody>
<tr>
<td>Close contact at work OR in the community outside the home</td>
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</tbody>
</table>
| **REMAIN AT WORK**  
**AND**  
Rapid Antigen Testing Days 0, 3, 5, and 7 (or next work shift if falls on day off)  
Facility/supervisor/employee completes Workplace Denial Form 03-110 and route as indicated on form |

<table>
<thead>
<tr>
<th>IF NEGATIVE:</th>
<th>IF POSITIVE:</th>
</tr>
</thead>
</table>
| • 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. *(surgical mask or voluntary N95)*  
• No eating or drinking around others within 6 ft.  
• If symptoms develop, follow the isolation protocol, leave the workplace immediately if on shift |
| • Immediately leave work  
• Follow isolation protocol on other side of this flyer |

<table>
<thead>
<tr>
<th>Ongoing close contact within your household</th>
</tr>
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</table>
| **REMAIN AT WORK**  
**AND**  
Rapid Antigen Test daily on scheduled workdays for 21-day calendar period  
Facility/supervisor/employee completes a Workplace Denial Form 03-110 and route as indicated on form |

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| • 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. *(surgical mask or voluntary N95)*  
• No eating or drinking around others within 6 ft.  
• If symptoms develop, follow the isolation protocol, leave the workplace immediately, if on shift |
| • Immediately leave work  
• Follow isolation protocol on other side of this flyer |

*If you are hospitalized for COVID-19, notify the shift commander or supervisor. Facilities/Reentry Center/Correctional Industries are responsible to follow notification requirements per Policy 890.000.*