Guidance for Non-Health Care Businesses and Organizations during COVID-19

Introduction

As Washington State reopens and Governor Inslee rescinds COVID-19 restrictions for businesses, there continue to be several public health recommendations for businesses, organizations, and other non-health care workplaces to help prevent the spread of COVID-19 in their establishments and communities. Good public health practices can protect employees, volunteers, and members of the public that visit these establishments.

This document contains information for non-health care workplaces about their on-going prevention responsibilities, orders and directives that remain in place, and how to respond and work with public health in the event of a COVID-19 case or outbreak at their establishment.

These are recommendations only. Any required activities will be noted as such.

Included Businesses

This guidance covers all non-health care businesses operating in Washington State. There are additional Washington State guidance documents which may have requirements or other special considerations for certain sectors:

- Child care
- K-12 Schools
- Overnight camps
- Cruise ships
- Fishing industry
- Homeless shelters
- Spectator Events

Employer Prevention Responsibilities

Comply with Guidance and Regulations

All businesses are obligated to keep a safe and healthy facility in accordance with local, state, and federal safety and health rules. Businesses are required to follow Governor Inslee's “Washington Ready” proclamation 20-25.14 (previously “Healthy Washington – Roadmap to Recovery). Businesses are also required to be in compliance with Washington State Department of Labor & Industries (L&I) guidance, requirements, and policies, including but not limited to:

- COVID-19 Prevention in the Workplace: L&I Safety and Health Requirements
- L&I emergency rules and directives

**Vaccination**

Vaccination is an important tool to prevent COVID-19 infection and severe disease. A person is **fully vaccinated** against COVID-19 two weeks after they have received a 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/Janssen).

Individuals who have been vaccinated outside the United States with a vaccine that has received World Health Organization (WHO) Emergency Use Listing (EUL) are considered fully vaccinated if the individual has completed the full vaccination series, AND the appropriate amount of time has passed according to the manufacturer’s guidance for the individual to be fully protected. Some of the guidance in this document varies by an individual’s vaccination status.

When verifying an employee’s vaccination status, acceptable documentation includes a CDC vaccination card, a photo of the card, documentation from a health care provider, a signed attestation from the worker, or documentation from the state immunization information system. Employers must have a process to verify vaccination status, as described in [L&I directives](https://www.lni.wa.gov/). Vaccination status of customers may be verified using an honor system, by engaging with customers to ask about vaccination status, by requiring proof of vaccination status, or by maintaining practices appropriate for unvaccinated persons. Businesses are encouraged to require documentation of COVID-19 vaccination of customers through an official record, as opposed to personal attestation or an honor system. **Verification of vaccination status is not a violation of HIPAA.**

During a COVID-19 case or outbreak investigation, public health officials may require documentation of employee vaccination status, including viewing the employee’s CDC vaccination card, state immunization information system record, or other documentation beyond an attestation.

**Health Screening**

Businesses should not allow anyone (e.g., employees, contractors, volunteers, guests, customers) on-site if they:

- Show symptoms of COVID-19; or
- Are not fully vaccinated and have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with someone who has tested positive for COVID-19 with an antigen or molecular test in the past 14 days; or
- Have tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms and not from routine asymptomatic COVID-19 screening or surveillance testing; or
- Have been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the past 14 days.
Face Coverings
Masks and physical distancing continue to play an important role in protecting the public from COVID-19 along with other mitigation measures like vaccination, improved ventilation, hand hygiene, and cleaning and disinfection.

Businesses are **required** to follow Washington State orders concerning face coverings:

1. Secretary of Health’s Mask Order
2. Labor & Industries (L&I) Workplace Requirements
3. Governor Inslee’s Proclamation 20-25.14 and Guidance for Employers and Businesses

Per Proclamation 20-25.14 – Washington Ready and COVID-19 Facial Covering Guidance for Employers and Businesses, businesses are **required** to post signage in a prominent location visible to patrons at each entry informing customers of face covering requirements. Businesses, organizations, and establishments can choose to implement more protective measures, like requiring masks regardless of vaccination status, but they cannot be less protective than the requirements above.

Masks are still **required** by CDC when traveling on all public transportation and while in transportation hubs.

Local health officers have the authority to put health orders in place to control and prevent the spread of disease within their jurisdiction. These orders may be more protective than statewide orders but may not be less protective. Check with the local health jurisdiction as businesses are **required** to follow all health orders in place for their area.

Individuals can also choose to wear masks even if fully vaccinated, and this choice should be supported.

See these guidance documents for more information:

- DOH Guidance for Face Coverings
- CDC Recommendations on Masks
- CDC Guidance for Businesses and Employers Responding to COVID-19
- OSHA Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

Physical Distancing
Workers, guests, and customers are no longer required to stay at least six feet away from others at work, **except when required** by their employer or local health jurisdiction.

However, continuing to maintain physical distancing, keeping barriers, and other work practices that prevent large groups of people together for extended time can help to reduce the risk of outbreaks. This is particularly true for unvaccinated people. Where these changes in the workplace are easily maintained, there is a benefit to doing so. There are certain sectors, such as homeless service providers, where physical distancing is strongly recommended. See sector-specific guidance for additional information.

Sick Leave
As of January 1, 2018, businesses are **obligated to provide paid sick leave** to their employees. Employers may provide more leave than the minimum requirement, if they choose.
Specific to COVID-19, employees may use accrued sick leave:

- If employees feel ill or experience COVID-19 related symptoms
  o Including when employees are caring for family members or dependents for the above reason.
- While employees seek medical diagnosis, care, treatment, and preventive medical care related to COVID-19
  o Including when employees are caring for family members or dependents for the above reason.
- While employees are following recommended isolation or quarantine periods, following COVID-19 exposure.
  o Including when employees are caring for family members or dependents for the above reason.
- While employees are caring for dependents whose school or place of care is closed for a health-related reason.

In accordance with OSHA guidance on Protecting Workers: Guidance on Mitigating and Preventing Spread of COVID-19 in the Workplace, employers should grant employees paid time off to be vaccinated, including for employees experiencing side effects of vaccination.

For more information, please see L&I’s Paid Sick Leave and Paid Sick Leave and Coronavirus Common Questions webpages.

Returning to Work after Travel

Travelers should follow CDC travel guidance, including not going to the workplace during quarantine.

Screening Testing

In order to prevent transmission in the workplace, workplaces might consider screening testing of asymptomatic workers without known exposure to COVID-19 in the following non-healthcare settings:

- Workplaces at increased risk of introduction of SAR-CoV-2 (e.g., workplaces where workers are in close contact with the public or workplaces in communities with moderate to high transmission)
- Workplaces where there is a higher risk of SARS-CoV-2 transmission (e.g., workplaces where physical distancing is difficult and workers might be in close contact or workplaces that provide congregate housing for employees)
- Workplaces where SARS-CoV-2 infection among employees will lead to greater negative impact, such as workplaces in remote settings where medical evaluation or treatment may be delayed, workplaces where continuity of operations is a high priority (e.g., critical infrastructure sectors), and workplaces with a high proportion of employees at increased risk for severe illness

Screening testing might include testing of all workers before entering a workplace, periodic testing of workers at regular intervals (e.g., weekly), targeted testing of new workers or those returning from a prolonged absence, or a combination of these approaches. See CDC guidance
on Testing in Non-Healthcare Workplaces for additional information. Businesses can consult with their local health jurisdiction to assess the need for a screening program and to determine program characteristics.

Hygiene
Employers are required to provide hand washing stations with soap per L&I directives. All people should practice good hygiene including washing their hands frequently and covering their sneezes and coughs. Wash hands often with soap (fragrance-free) and water for at least 20 seconds before and after eating, using the restroom, blowing your nose, coughing, sneezing, or when visibly soiled. Avoid touching your eyes, nose, and mouth. If soap and water are not readily available, use a hand sanitizer that contains 60-95% alcohol content (fragrance-free). Cover all surfaces of your hands and rub them together until they are dry. Wash hands with soap and water as soon as possible.

Cleaning and Disinfection
High touch surfaces should be cleaned regularly and then disinfected at least once a day. Ensure restrooms are cleaned and disinfected regularly. Do not use misting, fogging, fumigation, or wide-area spraying to control the spread of COVID-19. These methods are not effective, do not clean contaminated surfaces, and are hazardous to human health. See Cleaning and Disinfecting Guidance for Public Spaces for more guidance.

Always thoroughly clean with soap, water, and a microfiber cloth before applying the disinfectant to the surface. Ensure the required wet contact time for the disinfectant and follow all requirements on the label. Current CDC guidance for cleaning and disinfection for COVID-19 states that disinfectants should be registered by the EPA for use against the COVID-19. Find the current list here: List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19). Disinfectants based on hydrogen peroxide or alcohol are safer than harsher chemicals. The University of Washington has a handout with options for safer cleaning and disinfecting products that work well against COVID-19.

Ventilation
Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. Ensure that mechanical ventilation systems operate properly and are adjusted to bring in as much outside air as possible. Have the ventilation system professionally evaluated and increase filters to MERV 13 if the HVAC can accommodate. Facilities should provide 4-6 air changes per hour.

Use of fans for cooling is acceptable. Avoid blowing air across the breathing zone of room occupants. See the Washington State Department of Health Creating Safer Air Movement for Cooling Guidance for more information. Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products. Portable HEPA air cleaners, without additive technology, can supplement ventilation and are most critical in rooms with poorer ventilation or in isolation areas.

For more information and options related to ventilation, see DOH’s recommendations for Ventilation and Air Quality for Reducing Transmission of COVID-19 or CDC’s guidance for
improving ventilation and increasing filtration as well as the Association for Heating, Ventilating and Air-Conditioning Engineers (ASHRAE) guidance on ventilation.

Records
The business should maintain a list of confirmed and suspected cases among employees and customers, and a list of all exposed people who may be close contacts. See What to do if someone is a close contact of someone with COVID-19 for information on identifying close contacts. Be prepared to share this list with public health. A template is available here.

Employers also have a requirement to notify employees of potential exposure at the workplace and should maintain records. See section below, “Notify Staff and Close Contacts”.

COVID-19 Point of Contact
Employers are encouraged to identify a central COVID-19 point of contact (POC). The POC will liaise with Public Health agencies and serve as a point of contact for employees to report all suspected and confirmed cases and ensure centralized tracking. All employees should know who the POC is and how to contact them.

Responding to Cases or Suspected Cases of COVID-19

What to Do if Someone has Symptoms of COVID-19
Businesses should follow CDC guidance for workplaces and businesses if a worker has COVID-19 symptoms at work. If a staff member (e.g., employee, contractor, or volunteer) develops symptoms of COVID-19, they should notify their supervisor, stay home, and get tested for COVID-19. Fully vaccinated persons should be clinically evaluated for COVID-19 prior to testing and notify their medical provider of their vaccination status. If a staff member develops symptoms of COVID-19 while at work, they should immediately wear a cloth face covering or mask (if not already doing so) and separate from others to isolate, return home, and be tested for COVID-19. If the staff member resides in workplace housing, they should be isolated in a space with fully private sleeping quarters and bathroom so that they do not interact with others. Staff caring for ill persons should use appropriate medical grade PPE. If a person had signs or symptoms of COVID-19 at work, immediately shut down areas occupied by sick workers to keep others away and follow CDC cleaning and disinfection recommendations and L&I requirements. The ill person should follow CDC guidance for what to do when sick.

If the ill person tests positive for COVID-19 and was present at work when contagious, follow the steps under What to do if someone worked while contagious with COVID-19.

Returning to work
If a staff member has symptoms of COVID-19, they should isolate and get tested for COVID-19.

Ill persons without known exposure to a confirmed or laboratory probable COVID-19 case should follow DOH guidance for what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19 and the symptom evaluation and management flow chart.
People who are ill and had known exposure to COVID-19 should follow DOH guidance for what to do if you have confirmed or suspected COVID-19 infection. They must stay out of work until at least 10 days after symptom onset, and at least 24 hours after their fever has resolved and symptoms have improved. People with severe disease or who are immunocompromised may need to be isolated at home for longer.

Any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and be tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care. This guidance for symptomatic fully vaccinated persons applies regardless of whether or not they have a known exposure to COVID-19.

What to Do if Someone Worked while Contagious with COVID-19

Businesses should follow CDC guidance for workplaces and businesses if someone worked while contagious with COVID-19. It is possible that colleagues, customers, and/or guests may have been exposed and are considered close contacts. A person is contagious with COVID-19 starting two days before they have symptoms (or if asymptomatic, two days before they test positive for COVID-19) and through the end of their isolation period. Staff should inform their workplace COVID-19 Point of Contact if they have COVID-19 and worked while contagious so that the business can notify all employees and the employees of subcontracted employers of potential exposure to COVID-19. See Reporting Cases and Outbreaks and Working with Public Health for information on contact tracing, workplace notifications, and reporting cases and outbreaks to public health and Labor & Industries.

If there has been a sick person or someone who tested positive for COVID-19 at work within the previous 24 hours, the business should follow CDC guidance to clean and disinfect the spaces they occupied.

Returning to work

A staff member who had confirmed or laboratory probable COVID-19 (had a positive molecular or antigen SARS-CoV-2 test) can return to the workplace when the following criteria are met:

- 10 days since symptom onset, or since positive test specimen collection date if no symptoms are present (up to 20 days for those who are severely ill or severely immunocompromised), AND
- 24 hours after fever resolves without use of fever-reducing medications, AND
- Symptoms have improved

This isolation guidance applies regardless of vaccination status. For more information, review DOH’s symptom evaluation management flow chart, which outlines recommendations following a positive COVID-19 symptom screen. Businesses should refer affected staff to DOH guidance for what to do if you have confirmed or suspected COVID-19 infection.

What to Do if Someone is a Close Contact of Someone with COVID-19

A close contact is someone who was within six feet of a person with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the person with COVID-19 was
infectious. A person is a close contact even if they were wearing a mask. The definition of a close contact may vary in some situations (e.g., less time spent in close proximity to an unmasked person who is coughing). The infectious period of someone with COVID-19 starts two days before the onset of symptoms or is estimated as two days before the positive test date if someone with COVID-19 is asymptomatic. Reviewing logs, databases, and video footage, and interviewing employees with COVID-19 may be useful for identifying close contacts. The ultimate determination of close contact is made by the local health jurisdiction during their investigation; they may delegate this determination if appropriate.

For employer requirements to notify employees and subcontractors of potential exposure, please see the section below, “Notify staff and close contacts”.

**If close contact is fully vaccinated or had confirmed COVID-19 in the past 3 months**

If a fully vaccinated person has COVID-19 symptoms and has had close contact with someone with COVID-19 or is identified as a close contact during contact tracing, they should isolate from others, be clinically evaluated for COVID-19, and get tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care. They should follow the steps under What to do if someone has symptoms of COVID-19.

Most people who are fully vaccinated against COVID-19 or who had confirmed COVID-19 in the past 3 months and do not have COVID-19 symptoms do not need to quarantine, be restricted from work, or be tested following an exposure to someone with suspected or confirmed COVID-19. They should still monitor for symptoms of COVID-19 for 14 days following an exposure. Exceptions where testing (but not quarantine) is still recommended following an exposure to someone with suspected or confirmed COVID-19 include fully vaccinated residents and employees of correctional and detention facilities and homeless shelters. Post-exposure testing and/or quarantine may still be recommended on seafood industry vessels and cargo ships, depending on the proportion of workers vaccinated and whether there is congregate living (see Commercial Seafood Industry in Washington State guidance).

Businesses and local or state health authorities may still recommend post-exposure testing and/or quarantine of asymptomatic fully vaccinated persons under certain circumstances, such as for outbreak response.

**If close contact is not fully vaccinated and did not have confirmed COVID-19 in the past 3 months**

All close contacts who are not fully vaccinated or did not have COVID-19 in the past 3 months should immediately separate from others.

If someone who is not fully vaccinated has COVID-19 symptoms and has had close contact with someone with COVID-19 or is identified as a close contact during contact tracing, they should follow the steps under What to do if someone has symptoms of COVID-19.

If someone who is not fully vaccinated does not have COVID-19 symptoms and has had close contact with someone with COVID-19 or is identified as a close contact during contact tracing, they should get tested for COVID-19, quarantine at home and away from others, and monitor
their health for COVID-19 symptoms. Refer to DOH guidance on [what to do if you were potentially exposed to someone with COVID-19](#) for more information.

**Quarantine**

When someone is a close contact of a person with COVID-19, unless they are fully vaccinated, they should quarantine by staying home and away from others for the recommended period of time in case they were infected and are contagious.

Current quarantine recommendations are to stay in quarantine at home away from others and not at work for 14 days after your last contact with a person with COVID-19. This is the safest option. Monitor your symptoms during this time, and if you have any COVID-19 symptoms during the 14 days, get tested. If this is not possible, stay in quarantine for 10 days after your last contact, without additional testing. If you have any COVID-19 symptoms during the 10 days, stay in quarantine the full 14 days and get tested. Keep watching for symptoms until day 14.

At the discretion of the local health jurisdiction, it may be possible to end quarantine after 7 full days beginning after your last contact if you have been without symptoms and after receiving a negative result from a test (get tested no sooner than 48 hours before ending quarantine.) This will depend on availability of testing resources. Keep watching for symptoms until day 14.

Consult your local health jurisdiction to find the best option for your individual circumstances. The local health jurisdiction has the authority to determine which quarantine option should be followed.

Certain high-risk settings or groups should always use the 14-day quarantine option:

- People who work or stay in an acute or long-term healthcare setting.
- People who work or stay in a correctional facility.
- People who work or stay in a shelter or transitional housing.
- People who live in communal housing such as dormitories, fraternities or sororities.
- People who work in crowded work situations where physical distancing is impossible due to the nature of the work such as in a warehouse or factory.
- People who work on fishing or seafood processing vessels.

**Get tested for COVID-19**

Individuals who should be tested for COVID-19 per the above guidance should contact their health care provider for testing. If a person is getting tested in accordance with the above guidance and has potentially been exposed to COVID-19 but is not sick, it is best to get tested at least 5 days after the last possible exposure. If somebody does not have a doctor or health care provider, many locations have free or low-cost testing, regardless of immigration status. See the [Department of Health’s Testing FAQ](#) or call the [WA State COVID-19 Assistance Hotline](#).

Staff who test positive for COVID-19 should notify their workplace COVID-19 Point of Contact.

**Critical Infrastructure Workers**

Employers may consider allowing exposed and asymptomatic critical infrastructure workers who are unvaccinated to continue working if necessary to preserve the function of critical infrastructure workplaces. This option should be used as a last resort and only in limited
circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety. Businesses should consult with their local health jurisdiction in determining if their employees meet these criteria. Additional risk mitigation precautions should be used. See CDC guidance for Critical Infrastructure Response Planning for more information.

**Reporting Cases and Outbreaks and Working with Public Health**

Businesses should work with the public health authorities of the jurisdiction of the physical location where there is a case or outbreak. For example, if a national corporation has headquarters in one state and a physical location in Washington State where there is an outbreak, the corporation should work with the public health authorities in Washington State (and possibly with additional public health authorities, if warranted).

**Reporting**

Businesses should notify their local health jurisdiction (LHJ) of any cases of COVID-19 in the workplace. Businesses are required to notify their LHJ if the employer is aware of 2 or more employees who develop confirmed or suspected COVID-19 within a 14-day period. No employer may operate unless they notify the LHJ within 24 hours if the employer suspects COVID-19 is spreading in the employer’s workplace (Governor Proclamations 20-25.6 and 20-25.14).

A COVID-19 outbreak in a workplace is considered when the following criteria have been met:

- There are two or more cases of laboratory positive COVID-19 (PCR or antigen test), AND
- At least two cases have symptom onsets within 14 days of each other, AND
- There is a plausible epi-linkage in the workplace (e.g., case-patients share a work shift or building, or benefit from employee sponsored transportation or housing), AND
- There is no other known epi-linkage outside of the workplace (e.g., case-patients do not share a household, and there is no epi-linkage suggesting transmission is more likely to have occurred during private carpooling or social interactions outside of the workplace).

Certain settings, such as ships, schools, and correctional facilities, have different outbreak definitions. Refer to the guidance on those settings for additional information.

Employers with more than 50 employees at a workplace or worksite are required to report to L&I within 24 hours of confirming that 10 or more of their employees at the workplace or worksite in Washington have tested positive for COVID-19 (SB 5115). These 10 employees may have tested positive over either of the following periods of time:

- Any period of time communicated by the Washington State Department of Health or a local health jurisdiction to the employer to be a COVID-19 outbreak at their worksite, OR
- When the positive test collection dates of these 10 or more cases occurred between the following start and end points:
  - Start: when 2 or more employees at a worksite test positive for COVID-19 within 14 consecutive days of each other
End: when 28 consecutive days have passed since the last positive test result for any employee at the worksite

Employers can report to L&I by calling 1-800-423-7233 and using option 1.

**Working with Public Health Authorities**

Public health authorities, most often the local health jurisdiction (LHJ), can assist a workplace in responding to a case or outbreak of COVID-19. Everyone is required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks (WAC 246-101, Governor’s Proclamation 20-25.14). Businesses should be prepared to provide public health authorities with information on staff with COVID-19, as businesses must release information about COVID-19 cases to public health authorities as part of a case or outbreak investigation. This information may include, but is not limited to:

- Name
- Date of birth
- Job title description
- Parent or guardian name, if a minor
- Home phone number, or home phone number of parent or guardian
- Home address
- Locations visited in the workplace
- Dates of workplace attendance
- Type of COVID-19 test
- Date of positive test
- Date of symptom onset
- Medical conditions
- Preferred language spoken
- Information about any close contacts of the staff with COVID-19

The business should also gather information about everyone the staff with COVID-19 may have been in close contact with at the workplace during their infectious period. See [What to do if someone is a close contact of someone with COVID-19](#) for information on identifying close contacts. The ultimate determination of close contact is made by the local health jurisdiction during their investigation.

The business should maintain a list of confirmed and suspected cases among employees and customers, and a list of all exposed people who may be close contacts. Be prepared to share this list with public health. A template is available [here](#).

**Workplace closure in response to COVID-19 cases**

There may be instances where closure of a workplace is warranted to stop transmission of COVID-19. The time period on such closures can vary, from initial short-term closures to allow time for health officials to gain a better understanding of the COVID-19 situation and help your workplace determine appropriate next steps, to extended closure to stop transmission of
COVID-19. Businesses should work with their local health jurisdiction to determine when it is necessary to close a workplace and when the workplace can reopen.

Notify Staff and Close Contacts
Businesses play an important role and have certain obligations in identifying close contacts and communicating with staff.

- Employers are required to inform staff who may have been exposed to COVID-19 about the potential exposure while maintaining confidentiality of the person who tested positive, as required by the Americans with Disabilities Act (ADA). An employer is required to provide written notice to all employees, and the employers of subcontracted employees, who were on the premises at the same worksite as the person with COVID-19 that they may have been exposed to COVID-19.
- Employers should advise close contacts to self-monitor for COVID-19 symptoms and follow the recommendations under What to do if someone is a close contact with someone with COVID-19. A close contact is someone who was within 6 feet of the person with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the child or staff with COVID-19 was infectious. A person is contagious with COVID-19 starting two days before they have symptoms (or if asymptomatic, two days before they test positive for COVID-19) and through the end of their isolation period.

More COVID-19 Information and Resources
Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee’s proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person’s race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share only accurate information to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions? Call our COVID-19 Information hotline: 1-800-525-0127
Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and observed state holidays, 6 a.m. to 6 p.m. For interpretative services, press # when they answer and say your language. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.