

Public Health COVID-19 Guidance: Non-Healthcare Workplaces in Washington State

DOH 420-284

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1 Purpose

The purpose of this document is to provide Washington's Local Health Jurisdictions and Tribes with guidance on surveillance, prevention, investigation, and response to non-healthcare workplaces with one or more COVID-19-positive employees or customers/clients. Additional guidance for certain high-risk industries is available separately, including for [agricultural workers](#), [food workers](#), and [schools](#). This document will be updated as new evidence, or federal or state guidelines, are made available.

2 Surveillance

2.1 Cluster definitions

Workplace cluster:

- Two or more laboratory-positive (PCR or antigen) cases, **AND**
- At least two cases have onsets within 14 days of each other, **AND**
- Plausible epi-link in the workplace (e.g., case-patients work on the same shift or in the same building, or benefit from employee sponsored transportation or housing), **AND**
- No other known epidemiological link outside of the workplace (e.g., case-patients do not share a household, and there is no epi-link suggesting transmission is more likely to have occurred during private carpooling or social interactions outside of the workplace).

Community cluster:

- Five confirmed or probable cases with at least one confirmed case, **AND**
- Plausible epi-link outside of the workplace or household (e.g., common event or venue), **AND**
- Cases had contact with each other for a period shorter than 2 days.

The intent of separating workplace from community clusters is to describe where exposures are occurring which can inform public health interventions. The workplace cluster definition excludes exposures occurring outside of the workplace, which are outside of the control of employers. The community cluster assumes a point source exposure to identify settings or events that lead to large, single source outbreaks.

Cases arising from secondary transmissions of cases associated with the cluster should not be counted as part of that cluster (see: https://wwwnc.cdc.gov/eid/article/26/9/20-2272_article). For example, A and B attend an event and become confirmed cases. C did not attend the event, but lives with B, and also becomes a confirmed case. A and B are counted in the cluster, but not C.

An outbreak can be classified as both a community and a workplace cluster; typically, where staff socialize outside of work. For example, if a restaurant has 3 staff working on the same shift and no other interactions with onset within 14 day, this should be counted as a workplace cluster of n=3. If another 4 staff or patrons are positive with suggestive point source exposure (e.g., staff or patrons socialized together), this become a community cluster of n=4.

2.2 Reporting requirements for employers

The [Governor's proclamation \(20-25.6\)](#) issued on July 7th, 2020 requires all businesses to comply with the [Safe Start Washington](#) plan. This includes notifying public health of *suspected workplace transmission OR of two or more employees who develop confirmed or suspected COVID-19 within a 14-day period*.

Public health local or tribal agencies with available capacity may require additional reporting requirements, including requiring all workplaces to notify public health if one or more COVID-positive employee reports to work during their contagious period.

2.3 Thresholds for initiating a workplace investigation

Workplaces meeting the criteria below should be called by public health as soon as possible. Because these thresholds are likely to place increased demand on public health resources, investigators can be prioritized (see section 2.4. *Priority criteria for conducting a workplace investigation*).

A) Workplaces with potential clusters

- Workplace with ≥ 2 confirmed COVID-19 case-patients within 14 days.

B) Workplaces where a case-patient went to work during their contagious period

- Workplace with ≥ 1 confirmed COVID-19 case-patient, **AND**
- Case-patient reported being physically at workplace during their contagious period.

Workplaces where a case-patient went to work during their contagious period are identified during the case-patient interview. Workplaces with potential clusters are determined during review of the case line list or through automated geocoding of addresses. DOH is currently working to automate this process for case-patients interviewed by DOH.

Jurisdictions aware of workplaces meeting these thresholds but that are located in another jurisdiction should immediately inform the relevant jurisdiction, either directly or through DOH (206-418-5500 or COVIDData.IMT@doh.wa.gov). Neighboring jurisdiction should also exchange contact information for the respective workplace investigations teams and be familiar with their reporting threshold and procedures to ensure rapid and relevant data flow.

2.4 Priority criteria for conducting a workplace investigation

Any workplace meeting the thresholds for initiating an investigation defined above should be called by a public health jurisdiction. If capacity precludes contacting all workplaces, public health can use the prioritization criteria below. It is important to note that most of these criteria are elicited during the case-patients interview¹ (if case-patient report being employed or volunteering), so that public health can prioritize without having to first contact the workplace.

¹ Changes to the case investigation interview form will come into effect with the CREST roll out.

Option #1: low, medium, and high priority rankings

Condition #1	Logic	Condition #2	Priority
≥2 confirmed COVID-19 case-patients within symptom onset within 14 days	NA		HIGH
Case mentioned co-workers were COVID-positive or had COVID-like symptoms*	NA		HIGH
Case-patient does not have phone numbers for exposed co-workers/customers during case interview*	NA		HIGH
Workplace with ≥1 confirmed case-patient reported going to work while contagious AND any of the below:			
Condition #1	Logic	Condition #2	Priority
≥5 potential close contacts with other co-workers or customers*	NA		HIGH
Industry types with likely high number of customers (bar/nightclub, childcare, K-12 schools, food service/restaurant, personal care and service [hair, nails], place of worship)*			HIGH
Industry types with likely high number of customers (hotel, retail, transportation/shipping/delivery, leisure/hospitality/recreation)*			MEDIUM
Industry types with likely high number of customers (hotel, retail, transportation/shipping/delivery, leisure/hospitality/recreation)*	AND	Case-patient has concerns about absence of infection control measures in the workplace*	HIGH
Industry types with likely high-density workforce (agriculture/produce packing, construction, fishing, manufacturing [food and food-related], manufacturing [non-food])*	NA		HIGH
Workplace involves a vulnerable or restricted population, such as a correctional facility, contained behavioral health unit, H2A housing, or shelter serving people experiencing homelessness*	NA		HIGH
Case patient reports working in close contact with other co-workers or customers*	NA		MEDIUM

Condition #1	Logic	Condition #2	Priority
Case patient reports working in close contact with other co-workers or customers*	AND	Case-patient has concerns about absence of infection control measures in the workplace*	HIGH
Case-patient has concerns about absence of infection control measures in the workplace*	NA		MEDIUM
Disproportionate number of the workforce includes <ul style="list-style-type: none"> • People at higher risk of disease due to age or underlying medical conditions • People of color, ethnic populations or other at-risk populations 	NA		HIGH
Other concern flagged during the case investigation*	NA		MEDIUM
Workplace had a prior documented COVID-19 outbreak	NA		MEDIUM
Anything not in this list			LOW

*Question/variable is or will be added to the case investigation form.

Option #2: no priority rankings; a workplace meeting any of the following criteria is ranked as urgent

- Any workplace with:
 - ≥ 2 confirmed COVID-19 case-patients within symptom onset within 14 days, **OR**
 - Case mentioned co-workers were COVID-19-positive or had COVID-19-like illness.
- Workplace with ≥ 1 confirmed case-patient reported going to work while contagious **AND**
 - ≥ 5 potential close contacts with other co-workers or customers, **OR**
 - Case patient reports working in close contact with other co-workers or customers, **OR**
 - Case-patient does not have phone numbers for exposed co-workers/customers during case interview, **OR**
 - Industry types with likely high-density workforce (e.g., agriculture/produce packing, construction, fishing, meat processing plants, and manufacturing), **OR**
 - Industry types with likely high number of customers (e.g., bar/nightclub, childcare, K-12 schools, food service/restaurant, hotel, personal care and service, place of worship, retail, public transportation), **OR**
 - Case-patient has concerns about absence of infection control measures in the workplace, **OR**

- Workplace involves a vulnerable or restricted population, such as a correctional facility, contained behavioral health unit, H2A housing, or shelter serving people experiencing homelessness, **OR**
- Workplace had a prior documented COVID-19 outbreak, **OR**
- Disproportionate number of the workforce includes:
 - People at higher risk of disease due to age or underlying medical conditions, **OR**
 - People of color, ethnic populations and at-risk populations

3 Investigation

3.1 Requirements for businesses to cooperate with Public Health

Governor’s proclamation (20-25.6)

The Governor’s proclamation (20-25.6) issued on July 7th, 2020 requires all employers to (a) cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19; (b) cooperate with the implementation of infection control measures, including but not limited to isolation and quarantine and following the cleaning guidelines set by the CDC to deep clean and sanitize; (c) comply with all public health authority orders and directives; and (d) comply with all Department of Labor & Industries interpretive guidance, regulations, and rules and Department of Labor & Industries-administered statutes. As per the [Safe Start Washington plan](#), employers are also required to cooperate with public health authorities by: (e) returning phone calls within 4 hours; (f) meeting with public health officials promptly and answering questions from public health officials to help determine if and where transmission might be occurring in the work place; (g) sharing lists of employees with their contact information and other relevant documents, if requested; (h) allowing immediate and unfettered access to any work place and facility, as well as to all employees without threatened or actual retaliation against those employees; (i) following public health recommendations for testing and disease control measures; and (j) engaging in respectful and productive conversations regarding public health interactions.

L&I Emergency ruling CR-103E – COVID-19 Prohibited Business Activities and Conditions for Operations

The Division of Occupational Safety and Health (DOSH) has also issued an emergency rulemaking (CR-103E) – COVID-19 Prohibited Business Activities and Conditions for Operations) whereby employers must comply with all conditions for operation required by emergency proclamation, including Safe Start phased reopening requirements for all business and any industry specific requirements. This emergency rule addresses circumstances where businesses are prohibited from operating or where there are restrictions operating or conducting business activities. This emergency rule ensures clarity that restrictions and conditions on business activities under the Stay Home, Stay Healthy order are also health and safety requirements and that employers can be subject to a citation and monetary penalties by failing to comply with the Governor’s proclamations.

WAC 246-101-425

Washington Administrative Code (WAC) 246-101-425 gives responsibilities of the general public related to communicable disease control.

(1) *Members of the general public shall:*

(a) *Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of notifiable conditions or other communicable diseases; and*

(b) *Cooperate with the implementation of infection control measures, including isolation and quarantine.*

(2) *Members of the general public may notify the local health department of any case, suspected case, outbreak, or potential outbreak of communicable disease.*

3.2 Objectives of a workplace investigation

The objectives of a workplace investigation are outlined below. Because each workplace is unique in terms of its workforce, risk of transmission within the workplace, and capacity to implement recommendations to reduce workplace transmission, investigators must be flexible in their approach and should use their judgement to determine when more in-depth investigations are needed.

Based on the cluster epidemiology, prevention and control measures introduced by the workplace, and business type, public health should evaluate the need for mass testing or temporary closure. See Section 4.3. *Criteria for mass testing and temporary closure.*

(i) Confirm the number of probable and confirmed cases

Not all probable and confirmed cases (employees and customers) will be known to public health at the time of the phone interview. This might be because of a delay in laboratory reporting and case-patient interview, or if employment history was incorrectly ascertained during the interview with the case-patient. Thus, employers might be aware of additional cases at the time of initial contact with public health.

(ii) Perform contact elicitation by working with the employer

It is assumed that case-patients do not always provide all their workplace contacts (i.e., co-workers and customers) during their interview. This is because case-patients might be unwilling or unable to provide contact information for people outside of their close social network. Public health should therefore work with employers to elicit workplace contacts. See Section 3.4. *Efficient contact tracing in the workplace.*

(iii) Ensure that employers have implemented control measures

A checklist for employers to go through when an employee went to work while contagious is available [here](#). Briefly, these steps include:

- [Cleaning and disinfecting](#) areas frequented by confirmed and probable case-patients, noting that cleaning and disinfection is not necessary if more than 7 days have passed since the person who is sick visited or used the facility.
- Immediately send employees who are confirmed and probable case-patients home for isolation, and refer probable cases for testing.
- Send employees who are exposed contacts to self-quarantine for 14 days and refer them for testing. Exposed employees with a known exposure time (no longer than a day) should be tested no sooner than 48 hours from their exposure date.

- Asymptomatic exposed employees working in critical infrastructure may continue to work according to federal and [state guidance](#). Requirements for allowing asymptomatic exposed employees working in critical infrastructure to continue going to work include:
 - [Daily symptom screening for all workers](#)
 - Cloth face coverings or masks are used by all workers
 - Physical distancing measures are in place
 - Frequent [cleaning and disinfection](#) of the workspace
 - In addition, jurisdictions may decide that exposed asymptomatic employees working in critical infrastructure may only return to work if :
 - Employee has a negative test result (with same testing considerations as above)
 - Workplace lacks adequate workforce to cover for exposed contacts
 - Employer receives express permission from the jurisdiction upon review of the prevention and control measures
- Understand return to work conditions: the [symptom-based strategy](#) is currently used to determine when COVID-19-positive individuals can discontinue isolation. CDC recommends that isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. Illness onset is defined as the date symptoms begin. Recovery is defined as resolution of fever without the use of fever-reducing medications with progressive improvement or resolution of other symptoms.
- Exclude vulnerable employees at higher risk for serious illness from workplaces/facilities until 28 days have passed from the date of symptom of the last known case associated with the cluster.

(iv) Assess steps that business has taken to prevent further workplace transmission

Businesses should adhere with the [Safe Start Washington Phased Reopening County-By-County](#) plan See Section 4. *Prevention*.

(v) Provide technical assistance when necessary

- See Section 4. *Prevention*. In addition, L&I's [Consultation Program](#) offers confidential, no-fee, professional advice and assistance to Washington businesses. Contact information for the Department of Labor & Industries Occupational Safety & Health compliance managers is in the appendix.
- Mass testing: see Section 3.5 *Testing*

3.3 Criteria for mass testing and temporary closure

Based on the epidemiology, prevention and control measures introduced by the workplace, and business type, public health can decide if mass testing or temporarily closure is warranted. The below criteria are intended as a guide only.

Severity level:	A	B	C
Transmission			
Number of cases (workplace transmission)	≥9	5–8	<5
Attack rate (excluding telework)	≥10%	5–10%	<5%
Generation of cases	3	2	1
Risk factors			
Infection prevention and COVID-19 response plan	Inadequate	Adequate	Excellent
Vulnerable population (medical¹ or social²)	Yes	Yes	No
Risk of workplace³ or community (e.g., customers) spread	Yes	Yes	No

	Transmission		Risk factors
Site visit + close + test	One or more A	AND	Any A or B
Site visit + consider closing + consider testing	One or more B	AND	Any A or B
Urgent remediation	Any C	AND	All A
No need to close	One B OR any C	AND	Any B or C

¹ e.g., age or medical conditions

² e.g., people of color/vulnerable populations are overrepresented in the workforce: Native Hawaiian or Pacific Islanders (e.g., Marshallese), Latinx, temporary migrant workers, Native Americans. Also consider education-level, language spoken and cultural diversity in the workforce. Workplaces with non-English speaking population or low literacy may have an increased difficulty in communicating infection prevention and control measures.

³ Employees have close or prolonged contact with each other (e.g., production line)

3.4 Efficient contact tracing in the workplace

It is assumed that case-patients do not always identify all their workplace contacts (i.e., co-workers and customers) during their interview. This is because case-patients might be unwilling or unable to provide contact information for people outside of their close social network. Public health should therefore work with employers to elicit workplace contacts.

Working with employers to elicit contacts

Work with the workplace point of contact (POC) for COVID-19 outbreaks (typically human resources, occupational health, manager, owner) to establish a list of potentially exposed employees and

customers. The name(s) of COVID-19-positive employees can be shared with the point of contact without permission from the case-patient, as long as sharing the information is in the interest of a public health investigation.

Before sharing personal health information with the POC, emphasize that the Americans with Disabilities Act requires them to keep the information private in a secure manner, and that the name of the employee cannot be revealed to other employees or to customers.

Contact elicitation can be achieved by talking with managers, or using timesheets, employee logs, timetables, badge-in, or even surveillance cameras. Some employers will send a list of any people that had contact with the case-patient, even if they do not meet the definition of close contact. If this occurs, public health will need to work with the employer to narrow the list down to the people that are true exposures during the contagious period of the case-patient. This can be particularly challenging if the employee cannot be named. In this situation, several options are possible:

- Call the case-patient back and go through the entire list provided by the employee to identify contacts
- Secure written permission with the case-patient to disclose their names to potentially exposed employees
- If it cannot be determined which employees were exposed, consider mass testing

Contact tracing by employers

Many medium and large sized businesses are conducting contact tracing among their workforce and customers upon hearing of a COVID-19-positive employee who went to work while contagious. The initiative by employers to take such action likely reduces the interval between laboratory notification of the COVID-19-positive employee and contact elicitation among co-workers and customer.

Until sufficient capacity exists to follow up with every employer, it is recommended that public health works closely with large employers so that they can begin contact tracing and notification in a timely manner. Jurisdictions that chose to partner with employers in this manner should consider the following:

- Public health has worked with a business previously and has reviewed their contact tracing procedures
- Public health is confident in the employer's capacity and integrity in performing contact tracing
- Public health and business agree on timely sharing of a list of exposed contacts
- Public health has approved the information that is provided by the business to exposed contacts. A template letter is attached in the Appendix.

A [checklist for what employers should do if an employee went to work while contagious](#) is available for download as an XLS spreadsheet.

3.5 Workplace testing

The health officer of each local health jurisdiction has the authority to specify the recommended testing strategy and the local health jurisdiction will coordinate with local healthcare providers as needed. All testing is to be performed with a respiratory sample submitted for COVID-19 nucleic acid (PCR) or antigen testing. The health officer has authority to order testing for **all** employees to

identify both symptomatic and asymptomatic persons within the building or site and make site specific isolation and quarantine orders.

Employers must be accompanied by public health throughout the process and carefully explain the objectives and interpretation of point prevalence testing. In particular, employers should be advised that a negative test does not allow employees to discontinue their self-quarantine (unless they are an employee of an essential business, in which case they can work but otherwise maintain quarantine).

Due to limited experience and evidence for point prevalence testing (mass testing) in the workplace, jurisdictions are recommended to follow Centers for Disease Control and Prevention (CDC) guidance (see below). Point prevalence surveys (PPS) should be accompanied by contact tracing to identify and quarantine all exposed persons. Strategies for testing include several options:

- Point prevalence surveys (PPS)
 - This will remove symptomatic and asymptomatic positive cases from the facility, thus decreasing the infectious load and buy time to implement IPC procedures.
 - PPS can be used to detect unrecognized exposure hotspots to strengthen infection control measures. In this case, testing should be accompanied by case investigations to determine risk factors (work locations or work responsibilities).
 - For facilities reluctant to implement infection control and prevention measures, PPS will indicate true prevalence and serve as an argument to implement control measures.
 - PPS should be considered when it is not possible to determine which employees were exposed. This should however be limited within reason, for example employees that work in the same facility and the same shift.
 - Repeat PPS can be used to remove symptomatic and asymptomatic positive cases from the facility to decrease the infectious load and protect employees. Determining the testing interval is principally determined by logistical factors (number of tests needed and resources available), with the consideration that the longer the testing interval, the higher the potential for unknown cases to transmit in the workplace.

Strategies to reduce the number of required tests include:

- Targeted sampling of employees with COVID-like symptoms.
- Targeted sampling of exposed employees.
- Pooled sampling of employees (e.g., 5-10 tested together): this method has not yet been tried in Washington State. While this can identify presence of infection in the workforce, the disadvantage of this method is that in the event of a positive case, all employees in a positive pool need to be retested individually to find the positives.

Additional references:

- [Testing Strategy for Coronavirus \(COVID-19\) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified](#)
- [SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces](#)

3.6 Workplace cluster follow up

Workplaces that meet the definition of a workplace cluster should be regularly followed up for 28 days after the date of symptom onset of the last known confirmed case. At this point the outbreak is considered over. Jurisdictions with limited capacity may choose to conduct a 14-day follow-up period only.

The frequency of follow-up during this period is at the discretion of the investigator, and will depend on the severity of the outbreak and the willingness of the workplace to cooperate with public health.

3.7 Publishing businesses associated with clusters

Presently, DOH does not intend to publish a list of businesses associated with clusters and leaves the decisions to individual jurisdictions. The decision to publish a list of businesses should be carefully considered as it can reveal personal identifiable information (for small clusters and businesses), negatively impact relations between businesses and public health, and stigmatize employees. Conversely, publishing clusters is in the interest of transparency and, if well-handled, can mitigate responding to time-consuming Freedom of Information Act requests. Jurisdictions are welcome to contact DOH to discuss options.

3.8 Instructions for completing a WDRS Event for COVID-19

Outbreaks in workplaces or other congregate settings should be reported to DOH. Any of the following is sufficient to report an outbreak to DOH:

- Create an outbreak event in WDRS and link all outbreak-associated cases, or
 - Complete and send in an [outbreak reporting form](#) (fax to 206-364-1060 or email to doh-ncov-epi@doh.wa.gov), or
 - Report outbreak over the phone to the DOH duty epidemiologists at 206-418-5500
-
- To create an outbreak event in WDRS, a user with “outbreak manager permissions” can click the  icon. Email covid19wdrsdevs@doh.wa.gov for help getting this permission.
 - Outbreak cluster name: use the following format: “2020 LHJ_name COVID-19 facility_name facility_unique_id¹ cluster_number²”
 - ¹ facility unique id is only needed for facilities with multiple locations: add city, street name, or facility number
 - ² number of cluster: only needed if the same facility has repeated clusters
 - Complete the “COVID-19 Outbreak” question package. Do not use the “Outbreak/Exposure Information” question package.
 - Investigation status should be closed using conditions outlined in Section 3.6. *Workplace cluster follow up*
 - Critical fields include: Investigation status, accountable county, site name and address, facility type and subtype, and date of first case symptom onset.
 - Provide information about outbreak cases by linking case events to the outbreak event in WDRS (instructions available on the [WDRS User Group Sharepoint](#)). This can replace completing the case count fields in the “COVID-19 Outbreak” summary question package.

- An automated roster linking process is available to link multiple cases to outbreak events:
 - Create a simple 3-column table in a .csv file. The LinkType should always be “Cluster”

	A	B	C
1	Case.CaseID	LinkTo	LinkType
2	[CASE EVENT ID]	[OUTBREAK EVENT ID]	Cluster
3			

- Send the completed table to COVID19WDRSDevs@doh.wa.gov.
- Cases arising from secondary transmissions of cases associated with the cluster should not be counted as part of the cluster (see: https://wwwnc.cdc.gov/eid/article/26/9/20-2272_article).

4 Prevention

4.1 Employer responsibilities

Businesses are required to adhere to the [Governor’s proclamation \(20-25.6\)](#) which mandates that *“no employer may operate, allow a customer to enter a business, conduct business, or employ employees unless the employer (a) cooperates with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19; (b) cooperates with the implementation of infection control measures, including but not limited to isolation and quarantine and following the cleaning guidelines set by the CDC to deep clean and sanitize; (c) complies with all public health authority orders and directives; and (d) complies with all Department of Labor & Industries interpretive guidance, regulations, and rules and Department of Labor & Industries-administered statutes. Cooperation and compliance requirements are listed in the [Reopening Plan](#)”*.

The [CDC Resuming Business Toolkit](#) is designed to assist employers in slowing the spread of COVID-19 and lowering the impact in their workplace when reintegrating employees into non-healthcare business settings.

Resources

- [Safe Start Washington Phased Reopening County-By-County](#)
- [Washington State Workplace and Employer Resources & Recommendations](#)

5 Additional references:

Summary of all MMWR reports related to workplaces (and settings similar to workplaces). A full list is available on the [CDC website](#).

- [SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp — Georgia, June 2020](#)
- [Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists After Exposure at a Hair Salon with a Universal Face Covering Policy — Springfield, Missouri, May 2020](#)
- [Increases in Health-Related Workplace Absenteeism Among Workers in Essential Critical Infrastructure Occupations During the COVID-19 Pandemic — United States, March–April 2020](#)
- [Update: COVID-19 Among Workers in Meat and Poultry Processing Facilities — United States, April–May 2020](#)
- [SARS-CoV-2 Infections and Serologic Responses from a Sample of U.S. Navy Service Members — USS Theodore Roosevelt, April 2020](#)
- [High COVID-19 Attack Rate Among Attendees at Events at a Church — Arkansas, March 2020](#)
- [High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County, Washington, March 2020](#)
- [COVID-19 Among Workers in Meat and Poultry Processing Facilities — 19 States, April 2020](#)

6 LHJs Resources

County	Resources	POC
King	<ul style="list-style-type: none"> • R-code for automatically flagging businesses according to priory criteria • Phone interview tool for businesses (word and REDCap format) • Letter for employer to send to low risk contacts • Letter for employers to send to high risk contacts • Letter for exposed pets in veterinary clinics • Attorney letter for workplaces not wanting to cooperate 	Ruth Deya rdeya@kingcounty.gov Jesse Bonwitt Lyn5@cdc.gov

7 Updates

9/9/2020 case definition changed from PCR confirmed to PCR or antigen positive