Washington State Historical Society
COVID-19 Safety Plan
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2 Facilities – Public use and operational challenges that must be met

Washington State History Museum – The State History Museum is approximately 106,000 sq. ft. and houses around 30 employees on any given day, including on-call employees. Staff are divided among 4 floors and many have private offices. Public spaces are concentrated on the 2nd floor (auditorium, education and restrooms), 3rd floor (admissions, permanent galleries) and 5th floor (board room, temporary galleries, restrooms). The public enters the building from the 1st floor (ADA accessible entrance) and the 3rd floor. These public spaces total 40,000 sq. ft. The nature of this facility is that it welcomes the general public from 10am to 5pm, but that visitation is spread out during the day and visitors are able to freely move about the public spaces, often without interacting with others, depending on the total attendance and rate of attendance. The auditorium, board room, activity room, lunch room, and Columbia Theatre are public spaces that enclose visitors and require them to sit closely together (when filled to capacity).

In order to meet public health guidelines that require social distancing and avoidance of virus transmission occurring through physical contact of people or surfaces, the following conditions must be addressed:

- Admissions desk involves the exchange of money or credit card processing, and close physical proximity to visitors.
- Some galleries contain interactive components that require/encourage touch by the visitor to be activated.
- Visitors can come in contact with each other if attendees arrive at the same time, large groups are admitted at once, or visitors are allowed to linger in one space for an extended period of time.
- Restrooms are shared by the public and require touching surfaces such as door handles and locking mechanisms.
- Elevators required for ADA accessibility cannot support social distancing for mixed groups of visitors.
- Some staff are housed in offices where desks are in close proximity to each other.
- Common areas used by staff encourage/require touching surfaces such as door handles, equipment, and those found in common restrooms.

Washington State Historical Research Center – The Research Center is approximately 60,000 sq. ft. and houses seven employees and a varying number of volunteers daily. All staff members have private offices, with the exception of two staff who share a large office. The Research Center is open to the public by appointment only and public access is restricted to the 3rd floor reading room, a small conference room and public restrooms. The reading room is approximately 1500 sq. ft.
In order to meet public health guidelines that require social distancing and avoidance of virus transmission occurring through physical contact of people or surfaces, the following conditions must be addressed:

- The research librarian must interact with the general public when researchers are present, deliveries are made or other visitors arrive.
- Staff may be required to touch objects brought in by the general public that are being donated to the collection.
- The conference room is small and may not support social distancing.
- Restrooms are shared by staff and the public and require touching surfaces such as door handles, faucets, and locking mechanisms.
- Common areas used by staff encourage/require touching surfaces such as door handles, equipment and those found in common restrooms.

2.1 Responsibilities
This plan will be enacted through work by the following departments abbreviated as follows:

SS – Support Services (security, facility, IT)  MAC – Marketing and Communications
AED – Audience Engagement  DEV – Development
FIS – Fiscal  COL – Collections
ADM – Administration (Exec., HR, Volunteers)  HCP – Heritage Capital Projects

2.2 Governing Public Health Agencies
The Washington State History Museum and Research Center are located in Tacoma, which is in Pierce, County, Washington.

As of 9/21/20 Pierce County is in Phase 2. The Governor’s Office released guidelines on August 20, 2020 allowing Museums to re-open to the public in Phase 2 under protocols outlined here: https://www.governor.wa.gov/sites/default/files/COVID19%20Phase%202%20Guidance.pdf. The following Safety Plan is compliant with these protocols.

The Society has conferred with the Tacoma Pierce County Health Department regarding the following Safety Plan and proposed re-opening dates and they are in agreement with our proposed protocols.
3  **STEP 1 – RE-OPENING TO SELECT STAFF, PREPARING FOR VISITORS**

Currently, all staff are working remotely except essential security and facility maintenance staff. In order to prepare for staff to return to the building certain activities must occur. These actions are in accordance with OSHA, CDC, and L&I guidance:

- [https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)
- [https://www.doh.wa.gov/Coronavirus/Workplace](https://www.doh.wa.gov/Coronavirus/Workplace)

These may take up to one week to complete, if not more:

### 3.1 FACILITIES AND SUPPLIES

- **HVAC (SS)** - Increased ventilation rates in both buildings, bringing in outside air and limiting recirculation of air. Filters have been replaced recently.

- **Elevators (SS)** – Elevators will be single occupancy/single group only.

- **Water Systems (SS)** – Toilets and faucets have been flushed/opened on a daily basis to prevent stagnation that can lead to disease.

- **Sanitation (SS)** – Both facilities have undergone a thorough cleaning and disinfection following CDC protocols found here: [https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html) and here [https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) and cleaning schedules have been maintained during closure. Personal protective equipment (PPE) such as gloves, goggles, face shields and face masks are provided as appropriate, or required, for the activity being performed. Staff and contractors have received training regarding appropriate safety measures and use of PPE, as dictated by the Department of Health, CDC, and Department of Labor and Industries, prior to beginning work.

The History Museum will be fully cleaned on a daily basis, with emphasis cleanings throughout the day, with staff required to wipe down their personal workstations daily as well.

Non-collections storage spaces at the Research Center will be fully cleaned on a daily basis, with staff required to wipe down their personal workstations daily as well.
Detailed cleaning plans can be found in Appendix A: Enhanced Cleaning Protocols

- **Personal Protective Equipment (SS)** – PPE have been acquired in sufficient quantities to meet the needs of staff including:
  - N95 Facemasks – for maintenance and exhibits staff as necessary [240]
  - Surgical facemasks – for those in the “medium” risk category [900]
  - Nitrile gloves (for custodial, security, exhibits and collections staff) [3800]
  - Face shields – for those in the “medium” risk category who choose to wear cloth masks [110]
  - Disposable gowns – as needed for higher risk situations [200]

*Inventory counts as of 9/21/2020*

- **Cloth Facemasks (SS)** – Will be required to be worn by staff as recommended by the CDC ([https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html)), and required by directive of the Governor and the Department of Health. The Society will provide cloth facemasks or staff may provide their own mask if desired. [75]

- **Cleaning Supplies (SS)** – Cleaning supplies have been acquired in sufficient quantities to meet the needs of staff including:
  - Soap for handwashing
  - Hand sanitizer – located throughout the worksite
  - Sanitizing wipes (for surfaces such as keyboards and countertops) – located throughout the worksite

- **Hazard Assessment (SS)** – Facility configurations have been evaluated to identify potential hazards and support social distancing of 6+ feet. Furniture will have been moved, or staff will be assigned to new work areas in order to maximize distance between employee work areas to the extent possible, always achieving 6ft or more distance.

- **Plexi-glass Barriers (SS)** – Plexi-glass barriers have been installed at common points of interaction between staff and visitors including the Admissions Desk, Information Desk, Reception Desk (HM) and the Archivist Desk (RC).
3.2 **PERSONNEL**

- **Social Distancing** (all) – All staff must maintain at least 6ft of distance away from co-workers and the public when feasible. Gatherings of any size are discouraged, and if they do occur, a 6ft+ distance must be maintained at all times between participants.

- **COVID-19 Screenings** (all) – All staff will be required to do a daily COVID-19 screening, answering a list of questions regarding their health status and any contacts with sick/verified COVID-19 infected individuals.
  - Employees will use the ClearPass app to answer health screening questions prior to entering the workplace. Employees who answer “yes” to any of the health screening questions will not enter the workplace, and call Kathy Tarli in HR for guidance on next steps. Further information can be found in the [Infectious Disease Response Plan](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf).

- **Training** (ADM) – All staff have received training regarding appropriate safety measures and use of PPE for their job duties, as dictated by the most up to date information from the Department of Health, CDC, and Department of Labor and Industries, prior to beginning work in the building. This training has been online through the Learning Management System COVID-19 training module and “in-person” through a Webex meeting, along with direction from their supervisor for task specific training. This training has included:
  - how to keep work spaces clean
  - PPE appropriate to each task/duty
  - The signs, symptoms, and risk factors associated with COVID-19 illness
  - How to prevent the spread of coronavirus at work – including social distancing, handwashing and other precautions
  - The importance of handwashing and how to effectively wash hands with soap and water for at least 20 seconds
  - Proper respiratory etiquette, including covering coughs and sneezes and not touching eyes, noses or mouths with unwashed hands or gloves
  - On site protocols including:
    - Screening requirements
    - Safe entrance and exit to the worksite
    - Changes to site protocols or individual workstations
    - Individual worker responsibility to prevent spread of COVID-19 and to ensure a respectful and inclusive workplace culture
  - Where to get access to the Safety Plan, additional resources, information about available leave and access to additional training documents [Public Drive: Human Resources/Covid-19 Resources.]
  - Who their onsite coronavirus coordinator is, and when to contact her: [Kathy Tarli, HR Manager]
Schedule Flexibility (All) – Managers will be encouraged to work with their staff to develop flexible schedules that utilize the following strategies to reduce in-person contact, encourage social distancing, and protect vulnerable workers. Only those staff members whose work tasks need to be performed in the History Museum and/or Research Center will return to work in this phase. Telework will be supported to the greatest extent possible.

Strategies to support flexibility and reduce in-building work include:

- Continue telework for all higher-risk individuals who request it
- Support the needs of staff with child care or other family support obligations through flexible schedules
- Evaluate which positions require in-building presence to complete work tasks. Those positions that do not require in-building presence will continue telework.
- Allow hybrid work schedules of telework and in-person work
- Allow flexible schedules at work that bring employees in at different times
- Continue to minimize in-person contact through use of phone calls, emails, virtual meetings where possible

Volunteers (ADM) – Volunteers will be surveyed to determine their willingness and availability to return to their volunteers positions once the museum and research center reopen to the public. Returning volunteers will be required to use the same protection gear, undergo the same training, and agree to health checks the same as staff.

3.3 Policies and Plans

- Infectious Disease Preparedness and Response Plan (Appendix B)(ADM) – A plan has been developed outlining how WSHS will prepare for and respond to an incident of identified or suspected infectious disease in the workplace. This plan has been communicated to all employees.

- Policies and Resources (ADM) – All policies relevant to COVID-19, including recent changes in labor law, will be reviewed by human resources and placed in a folder on the Share drive accessible to all employees titled COVID-19 Resources. Relevant policies include:
  - FFRCA (Families First Coronavirus Response Act) Emergence Leave Laws
  - High Risk Employee Accommodations
  - EAP Resources
  - Department of Health COVID-19 Health Updates
3.4 **COMMUNICATIONS**

- **Internal (ADM)** – Staff will be given at least one week notice before returning to the workplace, communicated through email and phone calls from supervisors. Flexible schedules will be determined at this time.

- **External (MAC)** – Website and social media updated frequently to communicate status of Society as closed, but offering digital programming. Preparations for announcing re-opening to visitors through e-news, website, and press release.

- **Signage (ADM)** – Signage must be posted in staff areas on site communicating the following:
  - Health Check reminders
  - Don’t touch face with unwashed hands or with gloves on
  - Wash hands often with soap and water for at least 20 seconds.
  - Use hand sanitizer with at least 60% alcohol.
  - Frequently clean and disinfect touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.
  - Cover the mouth and nose when you cough or sneeze, as well as other hygienic recommendations by the U.S. Centers for Disease Control.
  - What to do if you are sick
  - Single-occupancy reminders for elevators

- Remove rack cards, brochures, and additional items people may touch along counter tops at admissions desk, rack below lobby screen, and along info desk

**Signage Resources:**

- [https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthEducation](https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthEducation)
- [https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc](https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc)
- [https://www.tpchd.org/Home/ShowDocument?id=7278](https://www.tpchd.org/Home/ShowDocument?id=7278)
4 STEP 2 – RE-OPENING TO THE PUBLIC, SOCIAL DISTANCING IN EFFECT

4.1 SAFE START PHASE 2 PROTOCOLS FOR MUSEUMS

The Governor has expressly allowed museums to re-open in Phase 2 of the statewide Safe Start plan under the following conditions:

1. All patrons over the age 2 must wear cloth face coverings in accordance the order from Washington State Secretary of Health.
2. Museums may operate exhibit and galleries; total capacity is limited to 25 percent. Individual rooms shall be monitored periodically to ensure they are not above 25 percent capacity.
3. All exhibits that allow touching surfaces must be signed with “No Touching” or employ touchless alternatives such as, touchless tools or touch keys that can be cleaned, disinfected and re-used.
4. Utilize on-line or phone reservation systems with timed ticketing if possible to allow pre-pay and to limit interactions. In the absence of time ticketing use staggered entry to control capacity limits.
5. Galleries must allow for one-way traffic-flow of patrons through the facility.
6. Regularly sanitize counter tops, door knobs, other common surfaces, cash registers, kiosks, and other frequently touched surfaces including employee used equipment.
7. Install signage to discourage group congregation, or to limit numbers of people in a certain area.
8. Provide hand sanitizer to patrons.
9. Ensure restrooms are frequently cleaned and appropriately sanitized throughout the day.
10. Food and beverage services must conform to all Phase 2 dine-in food service guidelines. Gift shops must conform to all Phase 2 retail guidelines.
11. No events allowed.

Step 2 plans are informed by the following guidelines in addition to those cited previously:

For this phase, it is assumed that the measures outlined in Phase 1 are still in effect, and the following measures are additive. In order to open to the public and maximize public safety amidst continued community transmission of COVID-19 the following will occur:

### 4.2 Facilities and Supplies

**Sanitation (SS)** –

- The State History Museum will be fully cleaned on a daily basis. Emphasis cleaning will take place two (2) additional times per day to sanitize commonly used areas and features including door handles, bannisters, elevators, etc. This cleaning will be conducted by the support services team. Enhance Cleaning Protocols can be found in Appendix B.
- The Research Center staff common areas and public areas will be cleaned on a daily basis. Areas occupied by visitors in the reading room will be wiped down with sanitizing cloths between users.

**Personal Protective Equipment (SS)** - A plexi-glass barrier approximately 3ft x 4ft will be placed at the admissions desk at the History Museum to protect admissions staff and the public.

**Cloth Facemasks (SS)** – Will be required to be worn by all visitors as recommended by the CDC and L&I and required by the State of Washington. [https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html). Visitors will be informed of this requirement in advance on the WSHS website, on printed online tickets, and on exterior signage. The procedure for responding to an individual who refuses to wear a face mask upon entry are the following:

- An agency representative or employee should politely educate the customer or visitor about the public health requirement to wear a mask or face covering. Extra face masks – either disposable or cloth will be available for purchase for those guests who need one.
- If the individual still declines to wear a mask or face covering, the agency representative or employee should politely ask if the person has a medical condition, disability, or religious reason that prevents them from wearing a mask. Agencies cannot ask about the details about a person’s specific medical condition or disability and cannot ask for proof or documentation.
- For customers who are unable to wear a face covering, face shields will be offered as an accommodation. If a face shield is declined, the employee will attempt to identify another accommodation that meets the visitor’s needs (ie provide a refund of their ticket, have a staff member call them instead, etc.)
- If a customer or individual refuses to wear a face covering but does not have a medical condition or disability that prevents them from wearing a mask, the agency representative or employee must politely say that the agency cannot serve them and that they need to leave the premises. Under no circumstances should the agency
representative or employee attempt to physically block an individual from entering or physically remove them from the premises unless directly associated with the authority and expectation of their position (i.e., law enforcement).

- If the individual refuses to leave, the agency representative or employee contact Support Services. If the agency representative is a member of Support Services’ security team, they will call the police to report that the individual is trespassing and refuses to leave the premises.

- **Cleaning Supplies (SS)** - Hand sanitizing stations will be placed throughout the Museum facility, and bathrooms will be fully stocked with supplies necessary for handwashing.

### 4.3 Exhibitions, Public Programs, Events and Rentals (State History Museum)

- **Interactive Exhibits (AED)** - Interactive exhibits that require physical contact (touchscreens, knot tying, trying on clothes) will be closed off to the public through signage, physical barriers and/or removal OR personal touch devices will be distributed to each visitor to safely engage with interactive elements.

- **Exhibit Gallery Flow (AED)** – A one-way visitor flow will be identified for all exhibition galleries to encourage social distancing. This will be communicated through flyers, signage, or in person docents. Visitors may also be directed to alternating floors to further distribute foot traffic. A gallery map indicating the one-way route through the Great Hall is attached as Appendix C.

- **Theatres and Auditoriums (AED)** – Enclosed theatres within exhibition spaces will be closed to the public. Additionally, the museum auditorium will be closed to the public.

- **Public Programs (AED)** – During this phase, in person public programs will not be held.

- **Field Trips (AED)** – During this phase, on site field trips will not be held.

- **Events (AED)** – During this phase, in person special events will not be held.

- **Facility Rentals (SS)** – During this phase, facility rentals will not be allowed.
4.4 ADMISSIONS

Ticket buying (FIS) – Tickets will be purchased online or with credit/debit card only. Tickets will be redeemed by showing a digital ticket confirmation at the admissions desk, or a printed ticket confirmation.

- Digital membership cards are being implemented – scanners have been replaced to support.
- Counter top swipe card readers have been purchased to eliminate staff contact with individual credit cards

Health Screening – All visitors will enter the building through the Gift Shop where they will be asked to review health screening questions posted in writing. They will self-attest that they do not answer “yes” to any of the questions before entering. The screening questions will be those recommended by the Department of Health here: [https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/EmployeVISITORScreeningguidance.pdf](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/EmployeVISITORScreeningguidance.pdf)

Museum Visitor Capacity (SS) – Visitor capacity at the State History Museum has been calculated using the following formula: Total square footage of visitor-accessible spaces divided by 254. This provides an at least 6 foot radius around visitors, and provides an allowance for floor space occupied by exhibition components. According to this formula the Museum may accommodate*:

- 13 visitors in the lobby – (3,500 sq. ft)
- 78 visitors in the Great Hall (20,000 sq. ft)
- 1 visitor in the Gonyea Gallery (450 sq. ft)
- 1 visitor in the Haley Gallery (300 sq. ft)
- 25 Visitors in the Main Temporary Gallery (6,500 sq. ft)
- 11 Visitors in the McClelland Gallery (3,000 sq. ft)
- 12 Visitors in the History Lab (3,200 sq. ft)

*Phase 2 Protocols for Museums require 25% occupancy of gallery spaces and buildings. The fire code occupancy for the Great Hall is 880 people. 25% occupancy would be 220 people. The above calculations are more restrictive to ensure there is sufficient room for social distancing.

When only the Great Hall is open to the public, only 75 visitors will be allowed in the building at one time. When the Great Hall and the temporary galleries are open to the public, only 125 visitors will be allowed in the building at a time.

Research Center Visitor Capacity (SS) – As the Research Center is only available by appointment, staff will schedule visitors one at a time.
4.5 **PERSONNEL**

- **Volunteers (ADM)** – This plan will assume that volunteers are not available for this phase of operation because the majority of the Society’s volunteers fall into a high risk category.

- **On-Call Staff (FIS/SS)** – On call security and admissions staff may be needed to support new cleaning protocols and to monitor visitor flow in each of the galleries. All staff will be properly trained for any additional duties required.

4.6 **COMMUNICATIONS**

- **Internal (ADM)** – Staff have been informed of all plans for public opening in an all staff meeting, with opportunities to ask questions and raise any concerns.

- **External (MAC)** – Opening date and operating conditions (visitors wear masks, online ticketing, etc.) will be communicated via press release, website, and social media.

- **Interior Signage (MAC)** - Signage will be posted in public areas communicating the following:
  - How to avoid infection and protect others
  - Reminders to wash hands
  - Visitor flow instructions
  - Elevator single-occupancy reminders
  - Reminders to respect social distancing and wear your mask while in the museum

- **Exterior Signage (MAC)** – Signage will be posted on exterior doors noting mask-wearing, health screening, and social distancing requirement for visitors.

- **Notifications (ADM)** – prepare notification communications for visitors regarding possible COVID-19 exposure, per Infectious Disease Response Plan- Appendix A.


4.7 **COLLECTIONS (COL)**

- **Research Center** - will not be open in this phase.

- **In-Person Collections Donations** - will not be allowed.
5  **STEP 3 – OPEN TO PUBLIC, LESS STRINGENT PUBLIC HEALTH MEASURES**

Under Step 3, the above public health measures will begin to be relaxed, based on guidance from the CDC and WA Department of Health. As recommendations change, these will be reflected in this document in real time.
Appendix A

Washington State Historical Society
Infection Disease Response Plan

Guiding Resources:

1 Table of Contents

SCREENING and RESPONSE

Preventing the Spread of Illness
Health Screening
Employees or visitors who become sick on site

EMPLOYEES

What happens when an employee is denied access?
When can an employee return to work?
If an employee is suspected or confirmed to have COVID-19 infection:

Does an agency need to report cases of COVID-19?

Notification to Employees

Documentation and Records

VISITORS/CONTRACTORS

If a visitor/contractor is suspected or confirmed to have COVID-19 infection after visiting a WSHS facility:

CLEANING
2 SCREENING AND RESPONSE

2.1 PREVENTING THE SPREAD OF ILLNESS

- All employees will be provided training on the symptoms of COVID-19, and risk factors for COVID-19
- All employees will be provided training on how to prevent the spread of COVID-19
- All employees will be provided training on proper hand washing techniques
- All employees will be provided training on proper hygiene practices
- Signage will be placed in workspaces and in public areas that reinforce all of the above

2.2 HEALTH SCREENING

- All employees and visitors to WSHS facilities will answer the following health screening questions before entering the facility:

1. Have you had contact with anyone that you know has been diagnosed with COVID-19? Contact is defined as being within 6 feet (2 meters) for more than 15 minutes with a person, or having direct contact with infectious fluids from a person with confirmed COVID-19 (for example being coughed or sneezed on).

2. Have you had a positive-COVID test for active virus in the past 10 days?

3. Do you have of these symptoms that you cannot attribute to another condition?
   - Fever or chills
   - Cough
   - Shortness of breath or difficulty breathing
   - Fatigue
   - Muscle or body aches
   - Headache
   - Recent onset of loss of taste or smell
   - Sore throat
   - Congestion
   - Nausea or vomiting
   - Diarrhea

*Based on DOH Guidance as of April 30, 2020 **Fever is defined as a temperature at or above 100.4°, a significant indicator that your body is fighting illness.

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
Appendix A

• When an employee, visitor, or business partner has affirmed, through the screening process, that they have no symptoms, they are granted access consistent with the facility standards for social distancing, face coverings, PPE, and other safety measures.

• When an employee, visitor, or business partner has affirmed they have experienced a qualifying symptom(s) as identified in the screening process, they will be denied access to the facility or property.

• What happens when someone refuses to be screened?
  • If an employee, customer, or business partner refuses to participate in the screening process they will not be allowed access to the work site/property.

• Employees will be provided with the screening tool and process as a part of their orientation before they return to work for the first time as well as when the tool or practices have changed. The orientation will include information about the level of confidentiality of the screening process and any related documentation.

2.3 Employees or Visitors who Become Sick on Site

• If an individual becomes sick while on site at a WSHS facility or exhibit COVID-19 symptoms they should be isolated from others and taken to the First Aid room at the History Museum and the Conference Room at the Research Center until they are able to go home.

• If the individual requires immediate medical assistance, call 911.

• If the individual does not require immediate medical assistance, but is unable to get home on their own, call a family member or friend to come get them.

• Close off areas where the individual was known to have been. See Cleaning section below for further guidance.

3 Employees

3.1 What Happens When an Employee is Denied Access?
  • WSHS will engage in a conversation with the employee and determine whether there are any telework options available. Telework options should be the priority. If
Appendix A

denied access based on screening, WSHS will exhaust options for teleworking for an employee before requiring leave.

- If there are no telework options, the employee must use accrued leave or leave without pay. If the employee subsequently is diagnosed with the COVID-19 virus, WSHS will advise the employee about other state and federal leave options that are available, depending on the circumstances.
- If the employee provides a statement from a medical professional stating that the employee is not ill and the symptoms the employee is exhibiting are attributable to a non-COVID reason, WSHS will grant the employee access to the worksite.

3.2 **When can an employee return to work?**

1. An employee who has had a suspected or confirmed case of COVID-19 may return to work when all 3 of the following conditions are met:

   - They are without a fever (100.4 or above) for at least 24 hours without the use of fever reducing medication.
   - Their symptom(s) has improved; and they are able to work (loss of taste and smell may persist for weeks or months after recovery and doesn’t delay the end of isolation; and
   - There has been at least 10 days since the symptom(s) first appeared; or in the case of close contact or exposure
   - **EXCEPTION:** Employees who return after a severe case of COVID-19, or employees who are severely immunocompromised and return after a confirmed case of COVID-19, may need to isolate longer than 10 days and up to 20 days. A healthcare provider or infection control expert will recommend the best timeframe. Refer to the CDC’s return to work guidelines, adopted by DOH, for more information.

2. Alternatively, an employee may return to work if they get tested to see if they still have COVID-19, they can return to work if they have no fever, respiratory symptoms have improved, and they receive two negative test results in a row, at least 24 hours apart.

3. If the employee provides a statement from a medical professional stating that the employee does not have a contagious illness and the symptoms the employee exhibited are not because of COVID-19, the employer will grant the employee access to the worksite.
4. For an employee who has had exposure to or close contact with a person suspected of having COVID-19, they may return to work when the following conditions are met:

- They have developed no symptoms of COVID-19 themselves and;
- There has been at least 14 days since the case of close contact or exposure or
- The suspected case’s test came back negative.

3.3 **If an employee is suspected or confirmed to have COVID-19 infection:**

1. Notify Kathy Tarli, the site COVID-19 coordinator immediately. If Kathy is unavailable, contact Jennifer Kilmer, director.

The COVID-19 Coordinator will then:

2. Refer the employee to their health care provider and/or provide a list of testing sites to the employee if they are suspected of having COVID-19:  
   [https://www.tpchd.org/healthy-people/diseases/covid-19/testing-information](https://www.tpchd.org/healthy-people/diseases/covid-19/testing-information)

3. Ask the employee to notify the health department if they are confirmed to have COVID-19 infection. The phone number for the Pierce County Health Department is (253) 798-6534. Ask that they follow any guidance that the health department gives them.

4. Notify Mark Sylvester and ask that he close off any areas the individual was known to have spent time in the last several days.

5. Contact the Pierce County Health Department at (253) 798-6534 within 24 hours if the employee is confirmed to have COVID-19 and request guidance on next steps including:
   a. Required/recommended cleaning
   b. Contact tracing
Appendix A

6. If possible, ask the employee to review their schedule for the few days before they showed symptoms. Specifically identify those people that could be considered close contacts. Close contacts are defined as someone the infected person had face-to-face contact with within 6 feet for more than 15 minutes.

7. Locate contact information for the people you identified as possible close contacts.

8. Contact your local health department and give them names and contact information for the possible close contacts and ask for next steps.

9. Take next steps as dictated by the Health Department.

3.4 Does an agency need to report cases of COVID-19?

• Agencies must notify the local health jurisdiction within 24 hours if the employer suspects COVID-19 is spreading in the agency’s workplace, or if the agency is aware of two or more employees who work at a state facility or worksite that develop confirmed or suspected COVID-19 within a 14-day period. Notification is provided to the local public health jurisdiction where the employees work.

• Do not base your reports on “word of mouth” or rumored reports. Base them on first-hand information from the employee with the virus or another credible information source (e.g., health care provider, authorized family member).

• Agencies must notify OFM State HR of this information. This helps us increase a statewide awareness of spread in our facilities and worksites. (See Data Collection and Measurement below.)

• Suspected cases are when an employee doesn’t have a positive test or confirmed case of COVID-19, but they are getting tested, isolating, or quarantining because of possible exposure to someone who has COVID-19. These cases include when employees who have been at the worksite report a positive test result and other employees or customers may have been exposed to the virus. If the employer becomes aware of this circumstance and it is not an individual case or where workplace exposure may have occurred with an individual, the local public health jurisdiction will be notified.

• Agencies will work with their local health jurisdictions to establish the best reporting protocol for reporting cases or suspected cases. This will include who provides the notification. (See link below for local health jurisdiction contact information.)

• Agencies will tell the involved employee(s) about the notification and what information the agency has shared.
3.5 **NOTIFICATION TO EMPLOYEES**

After determining which employees may have been exposed to the virus, the site coordinator will:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by [Americans with Disabilities Act (ADA)](https://www.dol.gov/esa/ada/). Use “employee positive test template” or “employee exposure notice template” as appropriate.

3.6 **DOCUMENTATION AND RECORDS**

- All documented screening assessments and results must be maintained consistent with state records and retention laws and policy, as well as any requirements for safeguarding confidential information under other laws, such as HIPAA and the ADA.
- Screening records are considered security and safety records for retention purposes.
- If the employer receives a public records request or a request from a union for employee records related to COVID-19, the employer should seek advice from your assigned AAG.

4 **VISITORS/CONTRACTORS**

- Visitors and contractors will have the opportunity to review information about the health screening tool and process prior to screening.
- The information will include the level of confidentiality of the screening process and any related documentation. Visitors will be given the option of including contact information during the screening process so that they may be contacted if a case of COVID-19 infection is reported after their visit.
Appendix A

4.1 IF A VISITOR/CONTRACTOR IS SUSPECTED OR CONFIRMED TO HAVE COVID-19 INFECTION AFTER VISITING A WSHS FACILITY:

1. Notify Kathy Tarli, the site COVID-19 coordinator immediately. If Kathy is unavailable, contact Jennifer Kilmer, director.

The COVID-19 Coordinator will then:

1. Notify Mark Sylvester in Support Services and request that he close off any areas the visitor was known to have been during their visit if it was during the prior 7 days.

2. Contact the Pierce County Health Department at (253) 798-6534 within 24 hours and request guidance on next steps including:
   a. Required/recommended cleaning
   b. Contact tracing
   c. Additional notifications that may be required

5 CLEANING

If an employee/contractor/visitor is suspected to have, or is confirmed to have COVID-19, the site coordinator will notify Mark Sylvester, Director of Support Services, who will oversee the required sanitation.

WSHS will defer to guidance from Health Department. If Health Department does not provide cleaning guidance, refer to the following:

- **Close off areas** used by the person who is sick.
  - WSHS does not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible. If it is not possible to wait 24 hours, the cleaning staff should increase the level of PPE used while cleaning and disinfecting, including using a N95 filtering face piece respirator, elastomeric half-face air purifying respirator with particulate filters.
• **Communicate:**
  - Put in writing the scope of cleaning to MSS staff
  - Notify impacted department(s).
  - Coordinate with WSHS managers and administration
  - When cleaning and disinfecting rooms with increased surface area due to a large numbers of desks, tables, and other furniture, and where a spray of disinfectant is needed, MSS will notify the department manager in advance if the spraying will occur during normal work hours. Advance notice allows the building occupants to be apprised of the schedule for disinfection of the space and any areas that may require restricted access during cleaning.

• **If an outside contractor is used** for cleaning and disinfection, the proposed scope of work, including the products and their respective safety data sheets (SDSs), and application methods must be reviewed by WSHS Contracts Manager and agreement executed prior to work commencing.

• **Wear the required personal protective equipment (PPE) during cleaning and disinfecting:**
  - Disposable gloves, gowns or a lab coat to protect contamination of clothing
  - Safety glasses/goggles when there is a potential for splashing/spraying the disinfectant
  - If entering the space less than 24 hours after the ill person was present, the cleaning staff should wear one of the following respirators: N95 filtering facepiece respirator, elastomeric halfface air purifying respirator with particulate filters
  - All cleaning staff must be fully trained on wearing and removing required PPE to prevent cross contamination.

• **Clean and disinfect all areas used by the person who is sick,** such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines. Cleaning protocols outlined in Appendix B – Enhanced Cleaning and Disinfection Protocols will be followed with the added precautions noted here.

• **Vacuum the space if needed.** Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.
  - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.

• **Once area has been appropriately disinfected, it can be opened for use.**
Appendix A

- **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
  - If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
    - Continue routing cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.
Appendix B

Washington State Historical Society
Enhanced Cleaning and Disinfection Protocols

In alignment with public health recommendations, the Washington State Historical Society is taking measures to prevent community spread of COVID-19, which includes undertaking enhanced cleaning and disinfection procedures. The Museum Support Services Department (MSS) developed enhanced cleaning and disinfection procedures for the Washington State History Museum (HM) and Washington State Research Center (RC) to follow during the COVID-19 public health situation.

1. Enhanced Cleaning for Prevention

A. General Guidance
   i. Increase the frequency of cleaning and disinfecting, focusing on high-touch surfaces, such as gallery interactive exhibits, public restrooms and entry points, meeting and break rooms, kitchen equipment, tables, light switches, buttons, handrails, faucets, doorknobs, and shared equipment, and shared keyboards. Increased frequency of cleaning and disinfecting with attention to these areas helps remove bacteria and viruses, including the novel coronavirus.
   ii. Practice good hand hygiene after cleaning (and always!):
      • Wash hands often with soap and warm water for at least 20 seconds
      • If soap and warm water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

B. Safety guidelines during cleaning and disinfection:
   i. Wear disposable gloves when cleaning and disinfecting. Gloves should be discarded after each use. Clean hands immediately after gloves are removed.
   ii. Wear eye protection when there is a potential for splash or splatter to the face.
   iii. Gowns or aprons are recommended to protect personal clothing.
   iv. Store chemicals in labeled, closed containers. Keep them in a secure area away from children and food. Store them in a manner that prevents tipping or spilling.

C. Cleaning and disinfection of surfaces:
   i. Clean surfaces and objects that are visibly soiled first step in disinfection process. If surfaces are dirty to sight or touch, they should be cleaned using a detergent or soap and water prior to disinfection.
   ii. Clean and disinfect surfaces as soon as possible in areas where a person with respiratory symptoms (e.g., coughing, sneezing) was present.
iii. Use an EPA-registered disinfectant for use against the novel coronavirus. Virex ii 256 and Alpha-PH is approved for use against emerging enveloped viral pathogens and for use against SARS-CoV-2.

iv. Follow the manufacturer’s instructions for safe and effective use of all cleaning and disinfection products (e.g., dilution concentration, application method and contact time, required ventilation, and use of personal protective equipment). The disinfectant concentrations and contact time are critical for effective surfaces disinfection. Ensure that disinfectants are prepared (well-ventilated areas) and handled safely, wearing the appropriate PPE to avoid chemical exposures.

v. Consult manufacturer recommendations on cleaning products appropriate for electronics. If no guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol. Use of alcohol-based products may reduce risk of damage to sensitive machine components. Whenever possible, consider using wipeable covers for electronics. Dry surfaces thoroughly to avoid pooling of liquids.

vi. The following products are effective for disinfection of hard, non-porous surfaces:

- A 10% diluted bleach solution, an alcohol solution with at least 70% alcohol, and/or an EPA-registered disinfectant for use against COVID-19.
- Prepare a 10% diluted bleach solution by doing the following:
  - Mix five tablespoons of bleach per gallon of water.
  - After application, allow 2 minutes of contact time before wiping, or allow to air dry (without wiping)

vii. For soft (porous) surfaces such as carpeted floor, rugs, and drapes:

- Remove visible contamination (if present) and clean with appropriate cleaners indicated for use on these surfaces.
- After cleaning, launder items (as appropriate) in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- If laundering is not possible, use an EPA-registered disinfectant.

viii. If a COVID-19 case is confirmed at either HM or RC, staff will follow Department of Health guidance for appropriate cleaning response, or in the absence of DOH guidance, will follow cleaning steps outlined in the Infection Disease Response Plan (Appendix A) under CLEANING.

2. **History Museum (HM) cleaning and disinfecting schedule and spaces**

   A. **Cleaning and Disinfecting will be performed daily** (Sunday – Saturday) at a minimum of three (3) times per day, one or more additional servicing will occur depending upon volume of visitors in the HM.
Appendix B

B. High traffic areas: Enhanced Services
   - Entrance handles and ADA push buttons
   - Restroom handles and fixtures
   - Elevator buttons
   - Handrails
   - Exhibition gallery interactives, touch screens, buttons
   - Counters and work surfaces

C. Facility Rentals: If cleaning and disinfecting isn’t able to be performed after the rental event, cleaning and disinfecting is be performed the following day.
   - Tables – Wiped down with disinfectant
   - Chairs – Sprayed with aerosol disinfectant
   - Catering kitchen
   - High traffic areas –

D. Office workspaces: Staff occupying workspaces are encouraged to frequently disinfect commonly used surfaces with approved WSHS products
   - Desk
   - Keyboard & mouse
   - Desk phone
   - Printer, copiers & other work equipment

3. Research Center (RC) cleaning and disinfecting schedule and spaces

A. Cleaning and Disinfecting will be performed daily (Monday – Friday) at a minimum of three (3) times per day, one or more additional servicing will occur depending upon volume of visitors in the RC.

B. High traffic areas: Enhanced Services
   - Entrance handles and ADA push buttons
   - Restroom handles and fixtures
   - Elevator buttons
   - Handrails
   - Reading Room counters and work surfaces

C. Facility Rentals: If cleaning and disinfecting isn’t able to be performed after the rental event, cleaning and disinfecting is be performed the following day.
   - Tables – Wiped down with disinfectant
   - Chairs – Sprayed with aerosol disinfectant
   - Catering kitchen
   - High traffic areas –

D. Office workspaces: Staff occupying workspaces are encouraged to frequently disinfect commonly used surfaces with approved WSHS products
4. **Enhanced cleaning and disinfecting process for preventing COVID-19**

Agency staff assigned to the Museum Support Services Division (MSS) are responsible for understanding the cleaning and disinfecting processes and performing assigned cleaning and disinfecting tasks in a safe manner and wear all PPE required. The Agency may also contract with approved Custodial Service providers to enhance cleaning and disinfecting program.

A. **MSS staff responsible for cleaning and disinfecting processes**
   i. Maintenance Custodian
   ii. Security Guards
   iii. Plant Manager

B. **PPE required**
   i. Face Covering
   ii. Disposable Gloves
   iii. Eye protection when there is a potential for splash or splatter to the face
   iv. Gowns or aprons are recommended to protect personal clothing

C. **Cleaning and Disinfecting Products**
   Cleaning and disinfecting products used by Agency are on the CDC’s approved list
   i. Virex ii 256 – Restrooms & floors
   ii. Alpha-HP – Restrooms & floors
   iii. Purell spray, wipes, gel – Tables & Countertops
   iv. WAXIE Hospital Spray disinfectant – Furniture & fabrics

D. **Cleaning Processes**
   i. Put on required PPE
      • Face Covering
      • Disposable gloves
      • Eye protection when there is potential for splash or splatter to the face
      • Gowns or aprons are recommended to protect personal clothing
   ii. Prepare cleaning and disinfecting solutions for service cart
      • All cleaning products are RTD (Ready to Dispense) and no mixing is required.
      • Dedicated solution bucket and “Johnny-Mop” for sinks
Appendix B

- Dedicated solution bucket and “Johnny-Mop” for urinals and toilets
- Wet-mop bucket with integrated waste water collector bucket

iii. RTD cleaner instructions
- Both approved RTD cleaner/disinfectant Virex ii 256 and Alpha-PH require a disinfecting dwell time of ten (10) minutes on surfaces. Products air dry clear and no additional wiping off of surface is required.
- See product cut sheets for more information

E. Disinfecting process for restrooms
- Pre-clean heavily soiled areas first, if necessary
- Using the appropriate dedicated solution bucket, apply product liberally with “Johnny-mop” to fixtures (sink, urinals, toilets)
- Leave fixtures wet for the required dwell time of 10 mins. Product will air dry clear.
- Wet mop floors
- After all areas are serviced, cleaning solution buckets are to be discarded down waste drain, rinsed with clean water, and refilled for next servicing tour.
- Discard disposable PPE in trash container

F. Disinfecting process for tables, countertops & high contact areas
- Pre-clean heavily soiled areas first, if necessary
- Tables & Countertops - Spray and wipe surface with disinfectant and leave surface wet to air dry
- High contact areas – Spray wiping cloth with disinfectant, wipe down area, leave to air dry
  a. High contact areas are areas such as door handles, light switches, buttons, and handrails
  b. Alternatively, a dedicated solution bucket with Virex ii 256 and/or Alpha-PH and a “rung-out” wiping rag may be used to wipe down high contact areas.

G. Disinfecting process for porous surfaces – WAXIE aerosol hospital spray
- Pre-clean heavily soiled areas first, if necessary
- Spray porous surface to lightly dampen cloth
- Allow spray to dwell for 10 minutes
All signage should have reticule or bold arrow, should be graphically bold and direct.

Remove all other extraneous signage and text-based materials from Odlin Lobby and other areas so guests can clearly see and focus on public health signage and directional arrows without distraction.

Hand sanitization stations can be located after numbers are determined. Should be placed in areas that do not interfere with exhibitions.

Stanchions and signage should be modified after visitor behavior is observed.

Social distancing markers for tight spaces are advisable, i.e. Model Train.

Temporary gallery plan will be revisited after installation of Votes for Women.
S1 - Simple instructions on way finding. Arrow to right. Stanchion mounted sign.
S2 - Maintain social distancing, please limit number of people in Haley and Gonyea. Arrows pointing left and right.
S3 - Proceed to right with arrow.
S4 - Proceed to the left with arrow. Area closed.
S5 - Proceed to the left with arrow. Please maintain social distancing.
S6 - Proceed to the right with arrow.
S7 - Proceed to exit. Arrow to the left.

Doors closed

6ft. Social distancing circles on the floor here. ‘Gather Your Group Here.’

TEMPORARY EXHIBITION SPECIFIC SIGNAGE AND VISITOR FLOW TBD
WSHS Reopening Visitor Flow, Signage, and Stanchion Plan

Great Hall

S1 - Simple instructions on way finding. Arrow to right. Stanchion mounted sign.
S2 - Maintain social distancing. Arrow pointing right
S3 - One at a time in theater. Proceed to right with arrow
S4 - Proceed to the plank house. 1 visitor or family at a time. Arrow to the right
S5 - Proceed to the right with arrow. At exit to plank house.
S6 - Area closed. Proceed left with arrow.
S7 - Maintained social distancing. Arrow to the right.
S8 - Maintain social distancing. 1 visitor or family at a time.
S9 - Maintain social distancing
S10 - Maintain social distancing in theater. Observe seating rules.
S11 - Maintain social distancing.
S12 - Proceed to the right. Arrow to the right.
S13 - Proceed to exit. Arrow to the left.