



Alameda County Public Health Department COVID-19 Outbreak Management Checklist for Healthcare Facilities

<input type="checkbox"/>	<p>When a potential healthcare facility outbreak is first assigned, OI should prepare for initial contact by searching for the associated Exposure Event (EE) in CalConnect. If there has been an EE created then:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review background information from the EE <input type="checkbox"/> Create a preliminary line list using this protocol. Include: <ul style="list-style-type: none"> ○ Symptom onset ○ Test date ○ Dates worked while infectious ○ Last day worked ○ Job title/duties
<p>For instructions on how to download, modify, and manage Master and Facility Line Lists, see Line List Guidance for SSOIT</p>	
<input type="checkbox"/>	<p>If an exposure event has not yet been created in CalConnect then create one based on the specific location and timeframe.</p>
<input type="checkbox"/>	<p>Review the information provided by your Team Lead at the time of case assignment in preparation for initial contact. Information at minimum should include data on all positive cases with test dates.</p>
<input type="checkbox"/>	<p>Contact POC. If there is no contact listed on the EE or in your case assignment, start with the facility Infection Control Practitioner (ICP). Facility ICP contact information is listed in SSOIT Sharepoint site under Resources Folder → Important Contacts Folder → Master Hospital List.</p>
<input type="checkbox"/>	<p>IP should direct you to a designated POC (ICP +/- or Employee Health). In many GACH there will be an Infection Control & Prevention multidisciplinary team.</p>
<p>***It is extremely important that your main POC should be on-site, have first-hand knowledge of facility operations, and is able to:</p> <ul style="list-style-type: none"> ○ Communicate regularly ○ Provide informed and accurate information ○ Make decisions ○ Receive and implement our recommendations 	
<p>In HCF there are often two key POCs:</p> <ul style="list-style-type: none"> ○ HR rep and/or site manager is responsible for case investigation/contact tracing to identify employee exposures ○ Infection preventionist (IP) identifies possible patient exposures <p>If you are having a difficult time connecting with the right person, consult with your team lead</p>	
<input type="checkbox"/>	<p>Determine if the POC is aware of the case(s).</p>
<p>If POC is NOT aware, notify her/him that there has been a COVID-19 case reported at the location. It is acceptable to reveal the identity of the cases as long as you confirm the following per HIPAA 45 CFR 512(j):</p> <ul style="list-style-type: none"> (A) Disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (B) You are disclosing to a person or persons reasonably able to prevent or lessen the threat <p>PHD has broad authority to investigate and "shall take measures as may be necessary to prevent the spread" of COVID-19" per WIC 120175.</p>	
<input type="checkbox"/>	<p>Complete SSOIT Outbreak Intake Form to the extent possible. This may be limited initially if POC is unaware of case(s).</p>



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Confirm that OUTBREAK DEFINITION is met:

CDPH Acute Care Hospital Outbreak Definition ([AFL 20-75](#)):

- ≥ 2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage;
- ≥ 2 cases of confirmed COVID-19 in HCP with epi-linkage who do not share a household, and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing in counties with <4 daily new cases per 100k population or $<5\%$ test positivity based on the county positivity rate reported in the past week **or**
 ≥ 3 cases of confirmed COVID-19 in HCP with epi-linkage who do not share a household, and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing in counties with ≥ 4 daily new cases per 100k population or $\geq 5\%$ test positivity based on the county positivity rate reported in the past week.

[CSTE Outbreak Definitions for Outpatient Healthcare Settings:](#)

≥ 3 cases of confirmed COVID-19 in patients or HCP* with epi-linkage \dagger AND no other more likely sources of exposure for at least 2 of the cases.



CSTE definition applies to all of the following:

- Dialysis Facilities
- Emergency Departments
- Urgent Care and Primary Care Clinics
- Elevated Exposure Risk Ambulatory Specialty Clinics (e.g., dental clinic, ENT, ophtho, oncology)
- Other Ambulatory Specialty Clinics (e.g., endoscopy, ambulatory surgery, pain clinics, antibiotic infusion centers, etc.)

***Healthcare Personnel (HCP)**, defined by Center for Disease Control and Prevention (CDC), include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). See "Determining if a worker qualifies as an HCP" section below.

\dagger Epi-linkage among HCP is defined as having the potential to have been within 6ft for 15 minutes or longer while working in the facility during the 14 days prior to prior to the onset of symptoms ; for example, worked on the same shift or proximity.



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‡ **Epi-linkage among patients** is defined as overlap on the same unit or ward or having the potential to have been cared for by common HCP within a 14-day time period of each other.

Case Definitions:

(See: <https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/> for clinical, epidemiologic, and laboratory criteria)

- | | |
|---|---|
| ✦ | <i>Confirmed COVID-19:</i>
Positive SARS CoV2 PCR test in a person with or without COVID-19 symptoms |
| ✦ | <i>Probable COVID-19:</i> <ul style="list-style-type: none"> ○ Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19. ○ Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence. ○ Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19. |
| ✦ | <i>Suspected COVID-19:</i> <ul style="list-style-type: none"> ○ At least one of the following symptoms: new or worsening cough, shortness of breath or difficulty breathing; OR at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new or worsening congestion & runny nose, new olfactory and taste disorder(s), nausea, vomiting or diarrhea. |

Determining if a worker qualifies as an HCP

- For the purposes of COVID-19 outbreak investigation, ACPHD considers employees to be HCPs if they have potential occupational exposure to infectious diseases that spread by inhalable particles and droplets and are covered by CCR Title 8 §5199 Aerosol Transmissible Diseases standard. HCFs may employ staff who are not covered under the ATD standard as well (clerical workers working in an office setting with no such occupational exposures).

Reporting implications: Cal OSHA ETS reporting requirements exclude employees who are covered under ATD standard but the HCF must still comply with those reporting requirements for other employees (not covered under ATD). See [CalOSHA ETS FAQ](#).

The only AB 685 requirements that do not pertain to HCFs, are the reporting requirements. All other aspects of the law do apply to HCF. See [AB 685 FAQ](#).

If the situation does NOT currently meet outbreak definition:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Request that any current and future cases be reported to VEOCI |
| <input type="checkbox"/> | For Acute Care Hospitals, send email with links to the following resources: <ul style="list-style-type: none"> ○ ACPHD COVID-19 Disease Reporting ○ AFL 20-75 for CDPH reporting requirements and instructions ○ AFL 20-88 for general testing guidance ○ AFL 20-91 for Crisis Care Continuum Guidelines ○ CDC: HCF Managing Operations During THE COVID-19 Pandemic ○ HOO or ACPHD guidance for Definitions for HCP (pending) |



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	<ul style="list-style-type: none"> ○ Assembly Bill 685 Infection Prevention Requirements ○ ACPHD Patient Exposure Algorithm
	<p>For Outpatient Facilities send email with links to the following:</p> <ul style="list-style-type: none"> ○ ACPHD COVID-19 Disease Reporting ○ CDC link as above OP info close to the end of the webpage ○ AB 685 as above ○ CSTE Definitions
<input type="checkbox"/>	<p>Contact CI/CT to flag cases for priority and/or enhanced investigation. Email Andrew.Jasper@acgov.org to request specific follow-up or assignment to a specific investigator.</p>
<p>If the situation DOES meet outbreak threshold, proceed as follows:</p>	
<input type="checkbox"/>	<p>For GACH/ACF: Confirm that outbreak has been reported to CDPH Licensing & Certification: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#SanFrancisco Phone: (510) 620-3900 Toll Free: (866) 247-9100 Fax: (510) 620-3924 or (510) 620-5820 Email: CDPH-LNC-EASTBAY@cdph.ca.gov</p>
<input type="checkbox"/>	<p>Record date that that outbreak was reported to CDPH L&C on Intake Form.</p>
<input type="checkbox"/>	<p>Complete intake summary form. Elicit information about the cases and the facility including:</p> <ul style="list-style-type: none"> ○ Worksite location(s) where cases worked or received care (units, departments, floors, shifts, wings, building) ○ Facility layout ○ # of staff (including registry/contracted, students, residents, volunteers) ○ Job duties, types of staff interactions, and shifts of employee cases ○ Patient contacts ○ If outbreak cases include patients (≥ 2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage) <ul style="list-style-type: none"> <input type="checkbox"/> Admission date <input type="checkbox"/> Reason for admission <input type="checkbox"/> Room numbers and roommates (inpatient) <input type="checkbox"/> Tracking of patient movement throughout the facility <input type="checkbox"/> Date(s) of service
<p>Obtain results of contact tracing completed by facility POCs. This includes close patient and staff contacts.</p>	
<input type="checkbox"/>	<p>Determine criteria used to identify close contacts/possible exposures of both HCP and patients.</p>
<input type="checkbox"/>	<p>Review close contact definitions for HCP and patients using CDC matrix for determining exposure using the Interim US Guidance for Risk and Work Restrictions for HCP with Potential Exposure to COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</p>



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<input type="checkbox"/>	Use " ACPHD Patient Exposure Algorithm " to identify patient exposures. You may share this document with your facility POC.
<input type="checkbox"/>	Refer to the Infection Control section of this CDC FAQ for further guidance on contact tracing related to a COVID-19 (+) HCP
<input type="checkbox"/>	Based on this information, determine the level of exposure throughout the facility to patients and staff.
<input type="checkbox"/>	Confirm that POC has provided instructions for isolation by sending Health Officer Isolation and Quarantine Orders to all cases.
<input type="checkbox"/>	Direct POC to notify all close contacts of potential exposure and to provide instructions for quarantine by sending Health Officer Quarantine Orders to all close contacts.
<input type="checkbox"/>	Confirm that contacts with high risk exposures (household, community) are quarantined EVEN IF ASYMPTOMATIC. Consult with Team Lead if POC is unclear or if HCP is noncompliant with ACPHD recommendations for quarantining close community contacts.
<input type="checkbox"/>	Confirm that the facility has a protocol/process for notification of exposed patients and staff. Consider having them send this written protocol to you for review.
<input type="checkbox"/>	Confirm that HCF is aware of CMS COVID-19 reporting requirements
<input type="checkbox"/>	Review CDC Infection Control Protocols and Practices : <ul style="list-style-type: none"> <input type="checkbox"/> Symptom monitoring protocol <input type="checkbox"/> Sick policies <input type="checkbox"/> Basic and enhanced prevention practices <input type="checkbox"/> Break room protocols <input type="checkbox"/> COVID-19 specific infection prevention and control protocols <input type="checkbox"/> COVID-19 Mitigation Testing Plan
<input type="checkbox"/>	For behavioral health facilities review and send FAQ on Infection Mitigation in Behavioral Health Facilities
<input type="checkbox"/>	For ACF's: Review results of IP "walk-through." Walk through should occur during the affected shifts and across all potentially affected units. Obtain: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of assessment and findings <input type="checkbox"/> Recommendations <input type="checkbox"/> Measures implemented/actions taken If IP has not conducted a walk-through, advise them to do so for all affected units and during all affected shifts.
<input type="checkbox"/>	Confirm that HCP are Fit tested to the model of N95 being used by the facility/unit. If HCP have not been appropriately Fit tested, review possible exposures of HCP who may have been exposed to aerosol generating procedures (AGPs). Please see additional resources below if the HCF is a dental clinic/office.
<input type="checkbox"/>	Determine Fit testing capacity. Refer POC to Fit testing resources through CDPH and Fit testing vendors. See ACPHD's Fit Testing Resource
Send a follow-up SECURE email that includes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> ACPHD OI's role <input type="checkbox"/> Expectations for communication <input type="checkbox"/> Summary of current situation



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	<ul style="list-style-type: none"> <input type="checkbox"/> Areas of concern <input type="checkbox"/> Recommendations <input type="checkbox"/> Send facility line list template with instructions for completion and sharing <input type="checkbox"/> Request that the POC send the following SECURELY to OI and COVIDOB@acgov.org: <ul style="list-style-type: none"> <input type="checkbox"/> Floor plan/site map <input type="checkbox"/> COVID-19 Infection Control protocols <input type="checkbox"/> Cleaning and sanitizing protocols <input type="checkbox"/> Consider requesting: audit schedule and results <input type="checkbox"/> Next steps with timeframe
<input type="checkbox"/>	<p>POC should be instructed to report additional cases and contacts using the facility line list template. Provide brief instructions and direct the POC to use separate tabs to enter case and contact data. POC should send via encrypted email to OI + COVIDOB@acgov.org.</p>
<input type="checkbox"/>	<p>Follow the Draft SSOIT CalConnect workflow for your CC entries and documentation.</p>
<input type="checkbox"/>	<p>If an existing surveillance exposure event (SEE) includes cases/clusters that are not related by location or time, OI should create a new exposure event (EE). This would include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cases in a discrete/totally separate building or floor <input type="checkbox"/> Cases that are separated by more than 30 days from the last known (+) at that location
<input type="checkbox"/>	<p>For confirmed cases with laboratory evidence of (+) test:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Link cases to Exposure Event <input type="checkbox"/> If not yet in CalConnect, contact Data Entry Staff (DES): COVIDreport@acgov.org and cc: Karen.Pon@acgov.org to request entry into CalREDIE and export to CalConnect.
<input type="checkbox"/>	<p>For cases with no laboratory evidence of (+) test, follow Hearsay Case Protocol. Cases will be entered by DES into CalConnect. Ownership is then retained by DES rather than enter the CICT queue. Follow the Draft SSOIT CalConnect workflow.</p>
<input type="checkbox"/>	<p>If there are ≤ 5 cases/contacts: you may:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enter the information into CalConnect yourself so that CI/CT interviews can proceed. <input type="checkbox"/> Cases/contacts will enter the Unassigned queue as the default. If you require the case be assigned to contact investigator, mark case/contact as high priority and send an email w/ case/contact info: Andrew.Jasper@acgov.org. If the case has already been interviewed and you have additional questions reach out to the CI staff assigned to the case and cc the team lead that is listed for the CI.
<input type="checkbox"/>	<p>If there are 5-19 cases/contacts, email an SSOIT Epi to request that a Data Entry Staff (DES) assist with entry.</p>
<input type="checkbox"/>	<p>If there are 20+ cases contact an SSOIT Epi to request a batch upload of your list to CalConnect.</p>
<input type="checkbox"/>	<p>Complete documentation in Cal Connect per SSOIT Documentation Guide (pending)</p>



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	<ul style="list-style-type: none"> ○ Enter a note for each action or communication. If there was significant back-and-forth, summarize and record the outcome and plan/next steps. Make sure to include your name and date/time with each entry. ○ Upload important documents including email threads that included intake form, recommendations, conveyed key decisions, or confirmed outbreak related data. Speak with your team lead if uncertain of what should be uploaded to the system. ○ It is particularly important to upload correspondence when a POC is unresponsive or resistant to integrating ACPHD recommendations. ○ Update your Master Line List as new cases/contacts are reported. This will allow you to more easily complete all key CalConnect data fields when the outbreak is resolved and you are closing the case.
<input type="checkbox"/>	Consult with Team Lead make sure that they are aware of the need to route any cases associated with this facility found on a CalConnect surveillance report to you.
<input type="checkbox"/>	Consider working with TL and epi to generate a facility-specific report to identify other confirmed cases linked to this specific location. This report would be generated frequently until outbreak is controlled.
<input type="checkbox"/>	<p>Follow-up by phone in the next 1-2 days to confirm receipt of email and review contents. Make sure to:</p> <ul style="list-style-type: none"> ○ Review recommendations ○ Follow up on testing plans ○ Encourage implementation ○ Identify any new suspect/confirmed cases ○ Identify gaps and barriers ○ Answer questions and review guidance
	<p>Follow-up on your review of the infection control policies submitted by HCF.</p> <ul style="list-style-type: none"> ○ Ask follow-up questions related to HCF infection control policies ○ Make recommendations if you have identified gaps or opportunities to strengthen/improve
..	New cases: talk about each case (see list of data above and repeat here)
Frequency of follow-up:	
<i>UNCONTAINED Outbreak EVERY 1-2 days:</i>	
<ul style="list-style-type: none"> ○ New outbreak, new cases continue to be identified ○ Contact tracing efforts continue ○ Recommendations are still being implemented ○ Testing in process 	
<i>CONTAINED Outbreak 2x per week:</i>	
<ul style="list-style-type: none"> ○ No recent cases reported (no new cases on mass testing or no new cases in the past 7 days) ○ Initial recommendations have been implemented ○ POC is in regular communication ○ No red flags (noncompliance, poor communication) 	
<i>Ongoing surveillance: no new cases</i>	
POC should be instructed to send any changes to the line list and follow-up with OI as needed.	
RED FLAGS – Alert Team Leads in the following situations	



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<input type="checkbox"/>	HCF is a behavioral health setting. Any outbreak in a HCF that provides residential or acute behavioral health services has the potential to impact the whole behavioral health continuum of care. Leadership should be aware.
<input type="checkbox"/>	Outbreak in a critical segment of the healthcare infrastructure. For example, a large ED, ICU, MedSurg unit. Outbreaks in such units can reduce the number of available beds, threaten surge capacity, and impede transitions of care.
<input type="checkbox"/>	Evidence of ongoing transmission despite implementation of outbreak control recommendations and close guidance by SSOIT.
<input type="checkbox"/>	Poor communication: unable to establish consistent clear communication with reliable POC.
<input type="checkbox"/>	Noncompliance with ACPHD recommendations and SSOIT directives. POC repeatedly ignores OI instructions.
	<ul style="list-style-type: none"> ○ SSOIT Team Leads, Health Officer, Communications Officer, or other ACPHD leadership may need to be notified. ○ It may be necessary to convene a meeting with Team Leads + facility leadership
SCREENING TESTING	
<input type="checkbox"/>	<p>Find out if the HCF is conducting routine screening testing. Ask:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who is being tested? <input type="checkbox"/> How often are they tested? <input type="checkbox"/> Results of testing <p>Consider recommending expanded testing (various criteria?) <i>Other??</i></p>
<p>HCF's Mitigation Testing Plan Refer to AFL 20-88 for CDPH Mitigation Testing Plan requirements</p>	
<input type="checkbox"/>	<p>When considering whether to recommend testing of the exposed cohort, find out:</p> <ol style="list-style-type: none"> 1. How many infected employees were exposed to COVID by a clearly identified, lab-confirmed community close contact such as a household member whose symptoms preceded the employee's symptoms? 2. How many of the infected employees independently identified other employee cases as being close contacts (e.g. eating lunch together <6 ft apart)?
<input type="checkbox"/>	<p>RECOMMEND SCREENING of affected cohort if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <1/2 of the cases can be accounted for by a clearly identified lab-confirmed community close contact. <input type="checkbox"/> Employee cases are not adhering to workplace social distancing protocols; this can indicate workplace culture of non-adherence and there may be other exposures.
<input type="checkbox"/>	<p>Identify the potentially exposed cohort to be screened:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Time frame: earliest to latest dates that an infectious case worked on site. <input type="checkbox"/> Work groups: same location, job group, shift; plus other work groups that interact with the employee cases. <p>For example: cases are nurses and CNAs. Ask if interactions with radiology, phlebotomy, ECG tech, wound team, lifting/turning team, respiratory therapy, PT/OT, etc.</p>
<input type="checkbox"/>	When to consider genomic sequencing



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	<ul style="list-style-type: none"> ○ Genomic sequencing is an innovative technology and can be helpful, especially in large outbreaks. It can potentially differentiate between cases acquired through community transmission versus cases acquired in the facility. Genes of the sample are sequenced and mapped – the more closely related HCP virus samples are, the more likely that transmission occurred in the facility. ○ How to arrange – this may or may not be possible depending on the lab and how long they retain samples. See "Requesting Lab Specimens" folder in SharePoint for instructional protocols and scripts that explain how to arrange transfer of the sample to the ACPHL and then on to the UCSF BioHub for sequencing. Laboratory director Kristina.Hsieh@acgov.org can assist and guide the process. ○ Discuss with your Team Lead to decide if genomic sequencing is indicated.
RED FLAGS – Alert Team Lead in the following situations:	
<input type="checkbox"/>	HCF is a behavioral health setting. Any outbreak in a HCF that provides residential or acute behavioral health services has the potential to impact the whole behavioral health continuum of care. Leadership should be notified.
<input type="checkbox"/>	Outbreak in a critical segment of the healthcare infrastructure. For example, a large ED, ICU, MedSurg unit. Outbreaks in such units can reduce the number of available beds, threaten surge capacity, and impede transitions of care.
<input type="checkbox"/>	Evidence of ongoing transmission despite implementation of outbreak control recommendations and close guidance by SSOIT.
<input type="checkbox"/>	Poor communication. Unable to establish consistent clear communication with reliable POC.
<input type="checkbox"/>	Noncompliance with ACPHD recommendations and SSOIT directives. POC repeatedly disregards OI instructions.
<p>Red flag situations may require:</p> <ul style="list-style-type: none"> ○ SSOIT Team Leads, Health Officer, Communications Officer, or other ACPHD leadership involvement. ○ A joint meeting with Team Leads + facility leadership 	
OUTBREAK RESOLUTION	
<input type="checkbox"/>	<p>Continue surveillance for 2 incubation periods (28 days) from last suspect/confirm case being on site while infectious.</p> <ul style="list-style-type: none"> ✦ If mass testing is performed it is permissible to reduce the duration of surveillance to 2 consecutive weeks of negative testing over a minimum of 14 days.
<input type="checkbox"/>	Follow case closure protocol once outbreak has resolved and surveillance complete.

RESOURCES

ACPHD

[ACPHD Master Hospital List](#)

[ACPHD Patient Exposure Algorithm](#)



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CDC

[Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019](#)

[Infection control guidance for HCF](#)

[Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)

CDPH

AFLs

[20-31](#) GACH Coronavirus Disease Daily

[20-38.5](#) Reporting Visitor Limitation Guidance

[20-46.2](#) Requests for Urgent Staffing Resources for COVID-19

[20-75](#) Outbreak Investigation and Reporting Thresholds

[20-79](#) Access to Salesforce for Resource Requests (through MHOAC)

[20-88](#) COVID-19 Testing Recommendations for Patients and HCP at GACHs

[20-91](#) California Crisis Care Continuum Guidelines: Implementing During the Surge of Coronavirus Disease 2019 (COVID-19) Cases

OTHERS???