## California Phased Approach to COVID-19 Management

**For additional guidance see CDPH Guidance Documents on COVID-19**

<table>
<thead>
<tr>
<th>CONTAINMENT (no community spread of COVID-19)</th>
<th>CONTAINMENT WITH MITIGATION (limited community spread of COVID-19)</th>
<th>MITIGATION (significant community spread of COVID-19)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health Interventions</strong></td>
<td><strong>Public Health Interventions</strong></td>
<td><strong>Public Health Interventions</strong></td>
</tr>
<tr>
<td>Identification of cases</td>
<td>Identification of cases</td>
<td>Identification of cases</td>
</tr>
<tr>
<td>• Identify all disease introductions.</td>
<td>• Identify the most significant disease introductions.</td>
<td>• Identify and isolate confirmed COVID-19 cases who are at greatest risk of spreading disease to people at high risk, i.e. hospitalized individuals and people with contact with others at high risk for complications from COVID-19.</td>
</tr>
<tr>
<td>• Identify and isolate all confirmed COVID-19 cases until no longer considered infectious.</td>
<td>• Identify and isolate confirmed COVID-19 cases who pose the greatest risk of disease transmission, i.e. people with symptoms and people with contact with others at high risk for complications (e.g. healthcare workers).</td>
<td>• Stop formal tracking of individual case details.</td>
</tr>
<tr>
<td>• Contact tracing to identify and monitor all exposed people to prevent further spread.</td>
<td>• Reduce contact tracing if needed to prioritize people at greater risk of exposure to prevent further spread; may limit contact tracing and follow-up on returning travelers.</td>
<td>• Stop formal tracking of returning travelers.</td>
</tr>
<tr>
<td>Laboratory testing</td>
<td>Laboratory testing</td>
<td>No formal quarantine or isolation.</td>
</tr>
<tr>
<td>• Public health labs conduct testing of all people under investigation (PUIs).</td>
<td>• Lab testing moves to higher risk individuals as point of care testing becomes available in healthcare settings.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Communication</td>
<td>Laboratory testing</td>
</tr>
<tr>
<td>• Communicate with public and critical partners about signs and symptoms of COVID-19, preventive measures, and where to find additional information and guidance.</td>
<td>• Public messaging to explain importance of staying home when sick due to risk to community, family, and vulnerable populations who are at risk for severe disease.</td>
<td>• Lab testing switches from diagnostic to surveillance.</td>
</tr>
<tr>
<td>Planning</td>
<td>Planning</td>
<td>Communication</td>
</tr>
<tr>
<td>• Prepare for mitigation phase should community transmission occur.</td>
<td>• Guidance to vulnerable populations regarding risk of infection; for example, elderly should limit use of public transportation, stay away from large gatherings, and shop during less busy hours.</td>
<td>• Ongoing public messaging to convey imperative of staying home with upper respiratory illness symptoms due to risk presented to community, family, and vulnerable populations who are at risk for severe disease.</td>
</tr>
</tbody>
</table>

### Factors:
- Multi-county involvement, increased number of cases statewide, local health department impact, health system capacity issues
- Public health officer determination, ≥11 case of community transmission, hospital capacity issues (beds or staff), general resource allocation issues

### Public Health Interventions

- **Identification of cases**
  - Identify all disease introductions.
  - Identify and isolate all confirmed COVID-19 cases until no longer considered infectious.
  - Contact tracing to identify and monitor all exposed people to prevent further spread.

- **Laboratory testing**
  - Public health labs conduct testing of all people under investigation (PUIs).

- **Communication**
  - Communicate with public and critical partners about signs and symptoms of COVID-19, preventive measures, and where to find additional information and guidance.

- **Planning**
  - Prepare for mitigation phase should community transmission occur.

### Public Health Interventions

- **Identification of cases**
  - Identify the most significant disease introductions.
  - Identify and isolate confirmed COVID-19 cases who pose the greatest risk of disease transmission, i.e. people with symptoms and people with contact with others at high risk for complications (e.g. healthcare workers).
  - Reduce contact tracing if needed to prioritize people at greater risk of exposure to prevent further spread; may limit contact tracing and follow-up on returning travelers.

- **Laboratory testing**
  - Lab testing moves to higher risk individuals as point of care testing becomes available in healthcare settings.

- **Communication**
  - Public messaging to explain importance of staying home when sick due to risk to community, family, and vulnerable populations who are at risk for severe disease.
  - Guidance to vulnerable populations regarding risk of infection; for example, elderly should limit use of public transportation, stay away from large gatherings, and shop during less busy hours.

- **Planning**
  - Begin to implement mitigation plans in preparation for additional community spread.

### Public Health Interventions

- **Identification of cases**
  - Identify and isolate confirmed COVID-19 cases who are at greatest risk of spreading disease to people at high risk, i.e. hospitalized individuals and people with contact with others at high risk for complications from COVID-19.
  - Stop formal tracking of individual case details.
  - Stop formal tracking of returning travelers.
  - No formal quarantine or isolation.

- **Laboratory testing**
  - Lab testing switches from diagnostic to surveillance.

- **Communication**
  - Ongoing public messaging to convey imperative of staying home with upper respiratory illness symptoms due to risk presented to community, family, and vulnerable populations who are at risk for severe disease.

- **Public health imperatives**
  - Direct vulnerable populations at high risk of infection (including elderly, homeless, and those with comorbidities) to self-isolate, in conjunction with mobilizing government and partner resources to provide wrap-around services.
  - Evaluation of and enactment of policies that counteract the social, economic, and health impacts of mitigation policies, particularly for low-income communities and communities of color.
### California Phased Approach to COVID-19 Management

#### CONTAINMENT
(no community spread of COVID-19)
prevent introduction of COVID-19 into community

- Healthcare System Actions
  - Facilities and operations: Assess and strengthen facility infection control programs.
  - Facilities and operations: Use of negative pressure isolation rooms for both confirmed and suspected cases.
  - Facilities and operations: Use of full personal protective equipment (PPE) in caring for confirmed and suspected cases.

- Healthcare workforce
  - Quarantine any exposed healthcare personnel (HCP).
  - Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed.
  - Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill).
  - Encourage HCP to stay home and notify healthcare facility administrators of illness when sick.
  - In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions.

- Patients and visitors
  - Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, upon arrival).
  - Assess visitor policies.

#### CONTAINMENT WITH MITIGATION
(limited community spread of COVID-19)
slow spread of COVID-19 in the community

- Healthcare System Actions
  - Facilities and operations: Continue heightened infection control at facilities.
  - Facilities and operations: Recommend but not require use of negative pressure isolation rooms.
  - Facilities and operations: Actively monitor PPE supplies and report shortages to State.
  - Facilities and operations: Request regulatory flexibility through program flexes as needed.

- Healthcare workforce
  - Actively monitor HCP absenteeism and respiratory illness among HCP.
  - Implement symptom screening for any potentially exposed HCP.
  - Consider allowing asymptomatic exposed HCP to work while wearing a facemask.
  - Begin to cross train HCP for working in other units in anticipation of staffing shortages.

- Patients and visitors policies and procedures
  - Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; options to limit unnecessary healthcare visits.
  - Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinic, surge tent).
  - Implement changes to visitor policies to further reduce limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc.

#### MITIGATION
(significant community spread of COVID-19)
reduce the impact of COVID-19

- Healthcare System Actions
  - Facilities and operations: Establish cohort units or facilities for large numbers of patients.
  - Transport patients who do not need high level medical care to alternative care sites
  - Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask).
  - Trigger healthcare surge plans, including alternate methods for delivering care.
  - Request regulatory flexibility through program flexes and waivers from statutory requirements as needed.
  - Monitor and report healthcare system impacts to local and state public health departments.

- Healthcare workforce
  - Continue symptom screening for any potentially exposed HCP.
  - Consider requiring all HCP to wear a facemask when in the facility depending on supply.

- Patients and visitors
  - Cancel elective and non-urgent procedures.
  - Restrict all visitors from facility entry to reduce facility-based transmission.

---

Factors: multi-county involvement, increased number of cases statewide, local health department impact, health system capacity issues

Factors: public health officer determination, ≥1 case of community transmission, hospital capacity issues (beds or staff), general resource allocation issues

FOR MORE INFORMATION SEE [CDPH GUIDANCE FOR HEALTH CARE FACILITIES](link)
### California Phased Approach to COVID-19 Management

**CONTAINMENT**  
(no community spread of COVID-19)  
prevent introduction of COVID-19 into community

**CONTAINMENT WITH MITIGATION**  
(limited community spread of COVID-19)  
slow spread of COVID-19 in the community

**MITIGATION**  
(significant community spread of COVID-19)  
reduce the impact of COVID-19

<table>
<thead>
<tr>
<th>Community Actions</th>
<th>Community Actions</th>
<th>Community Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informational</strong></td>
<td><strong>Informational</strong></td>
<td><strong>Informational</strong></td>
</tr>
</tbody>
</table>
| - Know the signs and symptoms of COVID-19 and what to do if symptomatic:  
  - Stay home when sick  
  - Call clinic or physician office in advance of a visit  
  - Limit movement in the community  
  - Limit visitors  
- Know where to find local information on COVID-19 and local trends of COVID-19 cases.  
- Know what additional measures those at high-risk and who are vulnerable should take. |
| **Individual** | **Individual** | **Individual** |
| - Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).  
- Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.  
  - Consider 2 week supply of prescription and OTC medications, food and other essentials. Know how to get food delivered if possible.  
  - Establish ways to communicate with important others (e.g., family, friends, co-workers)  
  - Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. |
| **Organizations** | **Organizations** | **Organizations** |
| - Continue to monitor local information about COVID-19.  
- Continue to practice personal protective measures.  
- Continue to put household plan into action.  
- Individuals at risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. |
| **Schools** (in consultation with local public health authorities) | **Schools** (in consultation with local public health authorities) | **Schools** (in consultation with local public health authorities) |
| - Implement social distancing measures such as:  
  - Limit gatherings (e.g. school assemblies, staff meetings, after-work functions)  
  - Cancel large gatherings >250 people; ensure those attending can maintain a distance of 6 feet  
  - Cancel gatherings >10 people if at high risk for complications of COVID-19 infection  
  - Alter schedules to reduce mixing (e.g., stagger entry/dismissal and recess times for schools, work schedules)  
  - Space workers at worksites  
  - Leverage technology (e.g. e-learning for schools, teleconferences in lieu of in-person meetings, teleworking) particularly for individuals at risk of severe illness  
- Limit non-essential work travel. |
## California Phased Approach to COVID-19 Management

<table>
<thead>
<tr>
<th><strong>CONTAINMENT</strong></th>
<th><strong>CONTAINMENT WITH MITIGATION</strong></th>
<th><strong>MITIGATION</strong></th>
</tr>
</thead>
</table>

### Community Actions

- **CONTAINMENT**
  - Know about emergency operations plans for schools/workplaces of household members.

- **CONTAINMENT WITH MITIGATION**
  - Encourage self-isolation of persons with respiratory symptoms.
  - Implement regular symptom screening (e.g. temperature and respiratory symptom screening) of workers, visitors, and students/clients in high risk settings.

- **MITIGATION**
  - Employers
    - Implement extended telework arrangements.
    - Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals.
    - Cancel work-related travel.
    - Cancel work-sponsored conferences, tradeshows, etc.

### Organizations

- Learn what to do if workers or clients/students become symptomatic at site.
- Review and update emergency operations plan (including implementation of social distancing measures, e.g. distance learning for schools) or develop plan if one is not available.
- Evaluate whether there are workers or clients/students who are at risk for severe illness and develop plans for them to continue to work or receive services if COVID-19 community impact increases.
- Encourage personal protective measures among workers (e.g., stay home when sick, handwashing, respiratory etiquette).
- Encourage workers to stay home and notify workplace administrators of illness when sick.
- Review, update, or develop workplace plans to include:
  - Liberal leave and telework policies
  - 7-day leave policies for people with symptoms
  - Consider alternate team approaches for work schedules
- Clean frequently touched surfaces daily.
- Ensure hand hygiene supplies are readily available.

(Continued)