

General Acute Care Hospital COVID-19 Mitigation Testing Plan

Please fill out this form for each facility location. Facilities with consolidated licenses may need to fill out more than one form.

Facility ID: _____ Facility Name: _____

Contact information including name, position, phone number and email address:

Alternate contact information:

Alternate contact information:

Approximately how many high-risk COVID-19 staff need to be tested weekly starting December 7, 2020? _____

All HCP need to be tested weekly beginning December 14, 2020. Approximately how many HCP staff will this include (include high risk count from above)? _____

What is your facility's plan for laboratory testing? For example, will you be using a third party, county, state, own lab, or other). For a list of labs, see the [COVID-19 Testing Task Force Lab List](#).

What is your facility's plan for the types of tests to be used? For example, antigen, PCR, etc. Which tests will be used on symptomatic vs asymptomatic individuals? Will different test be used on different staff groups?

What is your plan for communicating testing requirements to HCP? Please attach any relevant policies and procedures.

Do you anticipate needing any assistance from the state to implement this plan? Please reach out directly to your local district office (DO) and/or Medical Health Operational Area Coordinator (MHOAC) at any time for technical assistance and/or supply requests.

What is your facilities plan for tracking HCP testing?

Please email this questionnaire to your local district office by COB December 7, 2020.