Chapter 26
Human Resources Administration

Version History

Version #	Date	Notes
0.1	8/25/2023	First Draft submitted to CPR team
0.2	9/18/2023	Final Draft submitted incorporating CPR team edits
0.3	4/2/2024	Final Draft revised per Expert Review and CPR Leadership review
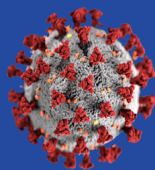
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<u>Related Public Health Emergency Preparedness and Response Capabilities</u>: Emergency Operations Coordination; Information Sharing; Responder Safety and Health.

<u>Related CDPH AAR chapters</u>: Operational Organization; Contact Tracing; Effects on Staff.

In this chapter, some abbreviations may be used interchangeably with their respective full spellings for ease of reading.

Overview

This section provides a high-level overview of milestones and activities related to this chapter.

Within CDPH, the Human Resources Division (HRD) manages all aspects of the Department's personnel-related functions including recruitment, hiring, training and development, performance management, labor relations, workforce planning, and employee relations. During prior emergencies, HRD adapted policies and procedures to address unique workforce-related situations, but the unprecedented size, scope, and duration of the COVID-19 pandemic prompted expanding and assuming new responsibilities for CDPH as well as the entire State.

In February 2020, the California Department of Human Resources (CalHR) designated CDPH as the contact for all COVID-19 workforce-related questions from other State departments. These questions were extremely complex and outside of HRD's normal scope. HRD was asked to create guidance for all California departments to address their workforce-related COVID-19 concerns and issues. HRD collaborated with CalHR to release a statewide frequently asked questions (FAQs) document on interim guidance for State Departments on COVID-19. This marked the beginning of HRD's involvement in designing and implementing COVID-19 health and safety protocols for Statewide partners and across the Department.

At the same time, CDPH lacked an adequate employee health and safety infrastructure. It needed more robust protocols to safeguard its staff, including emergency responders. Across the State, CDPH field staff were quickly deployed

to offices, laboratories, and health care centers often before adequate training or protection from COVID-19 was fully established.

Leveraging an initial pandemic planning workgroup, CDPH created an internal interdisciplinary COVID-19 Health and Safety Workgroup with representatives from HRD, the Center for Preparedness and Response (CPR), the Occupational Health Branch (OHB), and Richmond Campus Coordination Center (RCCC) Science Branch. This Workgroup, which consisted of HR professionals, industrial hygienists, and emergency response managers, centralized and defined the delineation between employee health and safety and responder health and safety. Within the Workgroup, HRD formulated department-wide Health and Safety Plans for supervisors/managers and employees. These documents included guidelines and policies on emergency telework, health screening, cleaning, internal contact tracing, and personal protective equipment (PPE). Developing these policies and procedures required intensive coordination between workgroup members and adaptability to evolving guidance from the CDC and California Department of Industrial Relations, Division of Occupational Health and Safety (Cal/OSHA). Throughout the pandemic, the Workgroup continually revised these Health and Safety Plans to align with updated CDC and Cal/OSHA guidance.

Within the Workgroup, CPR and the Medical Health Coordination Center (MHCC) took ownership to improve the health and safety for CDPH emergency responders. The MHCC implemented the Emergency Responder Health Monitoring and Surveillance™ (ERHMS™) framework, which is CDC's gold standard for responder safety. As part of this effort, the MHCC expanded the Safety Officer function, created a new Safety Unit to roster, track, and monitor field staff, and offered consistent safety briefings.

The Workgroup also tackled other important workforce safety issues. Early on, members provided respirator fit-testing and training for CDPH responders. Over time, fit-testing and training resources expanded to all CDPH employees under the newly-updated Respiratory Protection Program. CDPH HRD also established COVID-19 testing policies and procedures and vaccine policies and requirements in compliance with CDC and Cal/OSHA requirements.
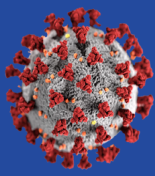
As the pandemic response grew in size and scope, CDPH faced an unprecedented need to redirect large numbers of staff from its programs and centers to the emergency response. HRD's role expanded to oversee staff redirection as it reassigned hundreds of staff to positions aligned with their
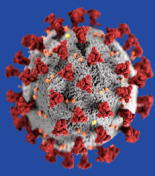
expertise and skillsets. HRD initially created a SharePoint site to organize and track staff, which eventually transitioned to an automated system, the CDPH Employee Redirection Tracking (CERT) system. The adoption of CERT was instrumental in automating the process to track, roster, and deploy redirected staff.

Ultimately, the pandemic prompted CDPH to centralize, define, and strengthen its employee health and safety infrastructure. The interdisciplinary Workgroup helped establish this function in the newly created HRD Health and Safety Section, as well as the MHCC's new Safety Unit. The ERHMS™ framework is now a permanent fixture in the MHCC's standard protocol for all emergency responders, marking significant evolution in the CDPH's response preparedness. These were "amazing successes," according to one subject matter expert (SME).

Timeline and Key Milestones

2020	
Winter 2019/2020	► **December**: MHCC began receiving notifications of a novel coronavirus in China ► **January 24**: CDPH activated the MHCC for COVID-19 ► **January 26**: First two confirmed COVID-19 cases in CA ► **February 26**: First COVID-19 case through community transmission identified in California ► **February:** CalHR directs State departments to contact CDPH MHCC for COVID-19-related workforce questions
Spring 2020	► **March:** MHCC receives large influx of workforce-related questions; delegates to HRD ► **March 2:** HRD and CalHR issue Interim Guidance for State Departments on Coronavirus (COVID-19) ► **April 3:** HRD launches COVID-19 Guidance for CDPH Management SharePoint site for CDPH managers and supervisors ► **April 4:** Health and Safety Workgroup established with participation from CPR, MHCC, OHB, HRD, and RCCC Sciences Branch ► **April 22:** HRD and CalHR issue Guidance for State Employees on Coronavirus (COVID-19) ► **April 22:** HRD issues first Health and Safety Plan for COVID-19 Activities for CDPH management ► **May 4:** MHCC Deployment Safety Program goes live ► **May 21:** CDPH implements CDPH Employee Redirection Tracking (CERT) System
Summer 2020	► **July:** Health and Safety Workgroup discontinues providing statewide COVID-19 guidance ► **July 31:** HRD issues first version of Health and Safety Plan for COVID-19 Activities for employees
Fall 2020	► **September:** Launch of updated Respiratory Protection Program
Winter 2020/2021	► **November:** Cal/OSHA issues first Emergency Temporary Standard for employee safety ► **January:** MHCC Deployment Safety Unit renamed to "MHCC Safety Unit"

2021	
Spring 2021	► **March 29:** HRD released a Redirection Administration Guide for Supervisors
Summer 2021	► **June 4:** CDPH HRD issues Tips, Tools, and Resources for Redirected Employees ► **June 4:** HRD issues Reassignment Offboarding Guide for redirected employees ► **June 21:** HRD institutes mandatory testing for unvaccinated employees ► **June 29:** CDPH HRD issued Self-Certification of COVID-19 Vaccination Status memo
Fall 2021	► **October:** New HRD Health and Safety Program established
2022	
Spring 2022	► **April:** HRD takes over leading the Health and Safety Workgroup
Summer 2022	► **May:** Cal/OSHA rescinded some cleaning and disinfecting requirements ► **June**: Mandatory weekly testing of unvaccinated employees ended
2023	
Winter 2022/2023	► **February 28**: California's state of emergency for COVID-19 ended
Spring 2023	► **May 11:** Federal state of emergency for COVID-19 ended
Summer 2023	► **June 30:** MHCC deactivated from the COVID-19 pandemic response

Main Strengths and Successes

This section describes the Main Strengths and Successes, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these strengths and successes can be found in the Analysis of Activities section.

1. **CDPH created an interdisciplinary Health and Safety Workgroup to formulate centralized policies and procedures for all CDPH staff and responders.**

   Before the pandemic, CDPH lacked a unified system to oversee the health and safety of its staff. CDPH proactively recognized and responded to this gap by creating an interdisciplinary COVID-19 Health and Safety Workgroup to centralize and standardize employee health and safety functions. Cross-departmental representatives from CPR, OBH, MHCC, HRD, and the Science Branch collaboratively developed new policies and procedures. CDPH also effectively communicated with external groups such as labor unions, ensuring smooth policy implementations, and other State departments including Cal HR. Through these partnerships, CDPH developed a unified strategy for developing employee health and safety policies for responders and all CDPH staff.

   Finding/Corrective Action: CDPH should maintain the Health and Safety Workgroup (or similar function) as needed to ensure that employee health and safety oversight is centralized, standardized, and consistent. *(ID: HR Administration 1)*

2. **HRD collaborated with CalHR to develop COVID-19 workforce guidance for all California State departments.**

   Early in the pandemic response, CDPH began receiving many COVID-19 workforce-related questions from other State departments. These questions were forwarded to HRD, and HRD found itself in the position of having to develop Statewide guidance on COVID-19 workforce safety. This was highly unusual, as typically HRD's work does not include advising other State departments. HRD leaders involved CalHR and consulted with CDPH SMEs to quickly create preliminary guidance in the form of an FAQ document. This document helped State departments navigate novel workforce-related COVID-19 scenarios, including testing, isolation,
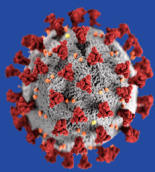
and quarantine, during an uncertain time when much was unknown about the virus and before the Division of Occupational Safety and Health (Cal/OSHA) within the California Department of Industrial Relations (DIR) had released its official guidelines.

<u>Finding/Corrective Action</u>: HRD successfully collaborated with CalHR to release statewide guidance and should continue this partnership in future emergencies as needed. *(ID: HR Administration 2)*

3. **CDPH introduced new department-wide policies, a redirection program, and Health and Safety Plans to provide comprehensive health and safety guidance for CDPH staff.**

During the pandemic, HRD significantly expanded its role within CDPH. The Division developed comprehensive Health and Safety Plans for all CDPH supervisors and staff, addressing a broad range of novel issues (e.g., COVID-19 screening, cleaning protocols, face coverings, etc.). As CDC and State guidance evolved, these foundational documents were regularly updated. In addition, HRD introduced screening, cleaning, and telework policies, and managed an entirely new department-wide redirection program. To accommodate these new responsibilities, HRD's size increased from 100 to 150 staff. HRD's accomplishments during the pandemic led to the establishment of a dedicated Health and Safety Section within HRD, which now offers a comprehensive health and safety infrastructure for all CDPH staff.

<u>Finding/Corrective Action</u>: HRD's expanded role during the pandemic led to new health and safety infrastructure for CDPH staff. CDPH should leverage the HRD Health and Safety Section to create workforce guidance for future emergencies. *(HR Administration 3)*

4. **The MHCC implemented a national framework to protect the health and safety of COVID-19 emergency responders deployed to the field and expanded MHCC safety functions.**

In addition to establishing a health and safety function for CDPH staff, CDPH also needed an improved responder safety program. While the MHCC had a Safety Officer, the scope of this role was limited. To address this, the MHCC implemented the Emergency Responder Health Monitoring and Surveillance™ (ERHMS™), CDC's gold standard framework for responder safety to better train, equip, and monitor all

COVID-19 responders deployed to the field. By May 2020, the Deployment Safety Program, which emphasized pre-, during-, and post-deployment monitoring, was operational. This transformative shift led to the training of 14 new Safety Officers and the delivery of almost 200 safety briefings to over 750 CDPH staff over the course of the COVID-19 pandemic response. Additionally, CDPH ingrained the ERHMS™ framework into the core operations of the MHCC to enhance safety measures for all future emergency activations.

<u>Finding/Corrective Action</u>: CDPH should continue to use and maintain the ERHMS™ framework and the expanded MHCC safety infrastructure for future activations. *(ID: HR Administration 4)*

5. **CDPH created an updated respirator protection program for emergency responders, which was later expanded to all staff.**

During the first few months of the pandemic, the global shortage of PPE affected CDPH's responders, some of whom were deployed to facilities without the proper protection. This crisis was intensified by a lack of training on the proper usage of N-95 respirators and the absence of fit testing to ensure optimal safety. Recognizing these challenges, industrial hygienists from the Health and Safety Workgroup delivered respirator training and fit testing, particularly for responders assigned to outbreak investigations. However, this small team was unable to provide fit-testing to all responders who needed it. This led the Workgroup to contract with an external contractor to provide fit testing and medical evaluations to responders. By mid-2020, directives for N-95 fit testing were distributed and extended to all CDPH programs, leading to the inauguration of an updated, expanded Respiratory Protection Policy later that year. Leaders emphasized the necessity of such infrastructure for future responses, underscoring the lessons learned and the overarching need for all responders to be "respirator ready."

<u>Finding/Corrective Action</u>: CDPH should continue to maintain and update its respiratory protection programs and policies for future responses. *(ID: HR Administration 5)*

6. **A new employee tracking system enabled HRD to effectively organize, assign, and track large numbers of redirected staff.**

The COVID-19 pandemic triggered an unparalleled need to redirect large numbers of CDPH staff to the response for long periods of time. HRD stepped in at a time when redirections were already being conducted informally and had to implement a system to track current redirections as well as monitor and manage further redirections. HRD established a preliminary SharePoint site to centralize employee data, but the redirection process was manual and time-consuming. HRD collaborated with Information Technology Services Division (ITSD) to implement an agile, cloud-based solution. The shift to the automated CDPH Employee Redirection Tracking system streamlined the redirection process, enabling efficient matching of employee skillsets with role requirements.

Finding/Corrective Action: CDPH should maintain an agile system to manage and track employee redirections and skillsets in future emergency responses. *(ID: HR Administration 6)*

Main Challenges and Lessons Learned

This section describes the Main Challenges and Lessons Learned, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these challenges and lessons learned can be found in the Analysis of Activities section.

7. **Initially, many CDPH managers and supervisor failed to recognize their role in protecting their employee's health and safety.**

   Early in 2020, CDPH lacked centralized oversight for the health and safety of CDPH staff, including emergency responders. As a result, the approach to workforce health and safety was siloed and inconsistent. Moreover, most program managers and supervisors did not assume responsibility for their staff's health and safety, due to a variety of factors including lack of understanding and lack of accountability. Despite HRD's effort to encourage adherence to health and safety policies, some managers did not enforce these policies. This led to inconsistent enforcement of social distancing, delayed reporting of internal COVID-19 cases, and high numbers of staff needing to quarantine. Eventually, as the Health and Safety Workgroup began implementing plans and educating CDPH employees on these guidelines, this created a more robust employee health and safety infrastructure. However, some SMEs felt that in future pandemics, managers should be held accountable in their performance reviews for their assigned employee safety functions.

   Finding/Corrective Action: CDPH should continue to emphasize and communicate the responsibilities that managers and supervisors play in their staff's health and safety, and consider incorporating this into the performance review process. *(ID: HR Administration 7)*

8. **Staff desired more direct communication from CDPH leadership and more communication regarding CDPH's cleaning protocols.**

   HRD's communication to staff regarding rapidly-changing policies and the transition to telework was generally well-received. However, staff expressed a desire for direct and more frequent communication from
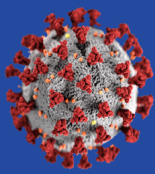
leadership in addition to HRD. Additionally, staff desired greater communication and visibility regarding CDPH's sanitization and cleaning protocols. CDPH complied with Cal/OSHA facility cleaning guidance, but since buildings were cleaned after work hours, some staff believed cleaning was not being performed. Staff filed several complaints with Cal/OSHA, which led to investigations.

Finding/Corrective Action: CDPH should institute a comprehensive staff communication plan to account for policy changes to workforce guidance. *(ID: HR Administration 8)*

9. **As resource demands grew, HRD had difficulty providing response teams with the needed skillsets using redirected staff.**

At the height of the pandemic, CDPH redirected approximately one-third of its staff to work on the COVID-19 response. As the liaison between COVID-19 response teams and CDPH's programs and centers, HRD faced challenges to identify staff with the right skillsets who could be redirected to the emergency response. The staff with the most in-demand skills, including analytical, technical, and statistical skills, were redirected early. Consequently, as the response wore on, requests from response teams for staff with these skills became difficult to fill. Sometimes response teams struggled to timely and accurately articulate their staffing needs, which resulted in delays and prolonged negotiation between response teams and HRD. Lastly, HRD navigated the resistance (from both staff and program supervisors) to mandatory redirections. These challenges highlighted the need for more proactive communication about the urgency of response work, as well as the need to develop a more robust, skilled staffing pool of employees who could be redirected in future responses.

Finding/Corrective Action: CDPH should create a larger pool of potential redirects by better anticipating and communicating response needs and allowing programs more control in redirecting their staff to the response. *(ID: HR Administration 9)*
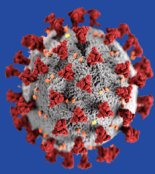
Analysis of Activities

This section elaborates and provides more detail on the findings, corrective actions, and lessons learned that are presented in the Main Strengths and Successes and the Main Challenges and Lessons Learned sections.

Providing HR Guidance to California State Departments

HRD Coordinated with CalHR to Release First Statewide Guidance on COVID-19

- CDPH HRD encompasses all aspects of personnel-related functions: payroll and benefit administration, position data and maintenance, labor relations, classification and organizational structure review, workers' compensation and leave benefit administration, training and recruitment, examination administration, workforce planning, and performance management.

- Historically, HRD's emergency response role was to adapt and communicate internal policies and procedures to address unique situations for CDPH staff. The COVID-19 pandemic marked a significant shift for HRD from the onset, as it required CDPH to provide COVID-19 human resources guidance to all California state departments.

- In February 2020, the MHCC began receiving many questions from California state departments about workforce safety during COVID-19. MHCC delegated these questions to HRD, who were asked to join a workforce pandemic planning team. When HRD realized that it was being asked to advise other California State departments, it reached out to CalHR. In the words of one SME, "we don't have the authority to advise other State agencies unless we're working with CalHR." In response to the request, CalHR designated several of its executive staff to assist HRD with developing COVID-19 workforce-related policy and guidance for State of California employees.

- During February and March, developing Statewide HR policy was "really haphazard in the beginning," according to one leader. On March 2, 2020, CDPH and CalHR released its first Statewide workforce guidance document, "*Interim Guidance for State Departments on COVID-19.*" This concise document included frequently asked questions (FAQs) and included information on quarantine, deployment, and other topics. The

provisional guidance laid the groundwork for subsequent iterations released in the next months.

- After several months of close collaboration with CalHR, HRD's work on providing Statewide guidance wound down. In May 2020, Cal/OSHA released its *Interim General Guidelines on Protecting Workers from COVID-19*, and State departments were required to develop their own COVID-19 health and safety protocols in alignment with Cal/OSHA emergency standards under their injury and illness prevention programs. After its initial, unprecedented involvement in developing Statewide workforce-related guidance, HRD's focus shifted back to focus on internal CDPH efforts.

Department-wide Employee Health and Safety

CDPH Created an Interdisciplinary Health and Safety Workgroup

- In March 2020, CDPH identified a critical lack of centralized oversight for employee health and safety, including staff deployed for the COVID-19 response. Historically, CDPH's employee health and safety infrastructure was limited and decentralized. Employee safety was delegated to individual programs, and responder health and safety was overseen by the MHCC, but only included staff sitting in the emergency operations centers. Furthermore, it was not clear who was responsible for, or what the relationship was, between three overlapping responsibilities: the health and safety of responders, the health and safety of all CDPH staff, and the health and safety policies of programs/centers. According to one SME, "there was zero infrastructure in the department to have standard, consistent protection of our staff, whether they worked in their day jobs, the response, or elsewhere."

- CDPH recognized the need to convene all involved entities to disentangle, standardize, and centralize employee health and safety infrastructure and formed the Health and Safety Workgroup. On April 4, 2020, CDPH established the Health and Safety Workgroup with representatives from CPR, OBH, HRD, the RCCC Science Branch, and expertise from medical and scientific subject matter experts. The Workgroup's goal was to develop standard plans and infrastructure to protect CDPH employees regardless of their work location (e.g., onsite, in

the field, or virtual) and work mandate (e.g., programmatic continuity of operations or response work).

- Creating department-wide health and safety protocols was a monumental task, and early on there was not a conceptual framework of how this could be achieved. According to one SME, "coming up with solutions to these problems seemed insurmountable." It was challenging to address the distinct safety needs of staff performing their typical job duties and staff deployed for response onsite, teleworking, and field work positions.

- While there was significant initial overlap between these areas, separate workstreams eventually emerged within the Health and Safety Workgroup. HRD representatives oversaw development of guidelines for all CDPH employee health and safety activities, including quarantine, telework, and testing policies. The MHCC oversaw development of guidelines for emergency responder safety during MHCC activations. It was crucial for HRD and MHCC representatives to develop their plans and guidance collaboratively within the Health and Safety Workgroup to ensure they were aligned. The MHCC responder safety program is discussed further below.

- One of the Workgroup's main challenges was staying abreast of and adapting to CDC guidance that changed frequently, sometimes daily. When new CDC guidance was released, the Workgroup had limited time to digest, understand, ask questions, and vet it through leadership before the policy was changed. According to one SME, in such emergency scenarios, "you can think about being strategic and methodical and having a plan, but it's not always possible."

- The Workgroup often needed to pivot and make changes quickly, which required effective communication between all group members and other stakeholders. According to SMEs, the relationships built within the Workgroup are a key reason that it was successful in issuing guidance and policies quickly. In particular, leaders reported that leveraging OHB's experience with technical guidance was extremely helpful. Additionally, other CDPH SMEs across various programs were crucial in providing input on medical, scientific, and technical details pertaining to COVID-19. According to one leader, "having that expertise at our fingertips was critical."

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- Through the Workgroup, CDPH developed a comprehensive employee health and safety infrastructure and launched many important initiatives and plans, which are discussed in the sections below. As these efforts advanced, the Workgroup's original weekly meetings in April 2020 gradually transitioned to biweekly and then monthly meetings beginning in October 2020.

- In October 2021, CDPH established a permanent HRD Health and Safety Section. In April 2022, HRD took over the coordination of the Health and Safety Workgroup. These evergreen programs will serve as valuable health and safety infrastructure for future emergencies.

Workgroup Created Centralized Health and Safety Plans for All CDPH Employees and Supervisors
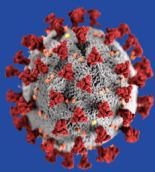
- On April 22, 2020, the Health and Safety Workgroup issued an internal *Health and Safety Plan for Managers and Supervisors*. The plan addressed COVID-19 screening protocols, cleaning protocols, use of face coverings, PPE requirements, and COVID-19 case reporting protocols. Leaders reported that managers were appreciative of the Health and Safety Plan, as it served as a valuable guide for navigating new situations. The Workgroup's achievement in creating a strong foundational document early paved the way for subsequent successes. Having established strong relationships with key SMEs, the workgroup could solicit expert assistance quickly and as needed.

- Several months later on July 31, 2020, HRD issued a *Health and Safety Plan for Employees*. In the next years, HRD regularly released subsequent versions of both Health and Safety Plans to reflect updated guidance from CDC, CDPH, and Cal/OSHA.

- HRD emphasized the importance of reading and following the Health and Safety Plans to managers, but this was a challenge for many programs. According to one SME, many program managers and supervisors "just did not take the direction and the importance of COVID-19 to heart." For instance, some managers did not always enforce social distancing policies for in-person units, which could lead to entire units being exposed to COVID-19. Other managers failed to report COVID-19 positive cases to HRD timely, which made it difficult to effectively implement isolation, contact tracing, and quarantine protocols.

HRD was Responsible for Contact Tracing and COVID-19 Case Reporting for CDPH Employees

- Early in the pandemic HRD assumed responsibility for monitoring, tracking, reporting, and contact tracing for CDPH employees who tested positive for COVID-19. This entailed documenting the case, reaching out to employees infected with COVID-19 to provide them with leave and pay options and support, notifying employees who may have been exposed, notifying other programs as needed, and notifying the CDPH Director's Office. When working with test-positive employees, a large part of the effort was providing reassurance and options; "empathy went a long way," according to one SME.

- In addition, HRD had to report COVID-19 positive cases to CalHR (along with other metrics) as well as labor unions. The union notification process was complex and required coordination between HRD and the Labor Relations Unit to identify the appropriate union to notify based on the employee's bargaining unit.

- After about a month, HRD streamlined its process and assigned this work to the Disability Management Unit (DMU). DMU followed Cal/OSHA and CDPH Occupational Health Unit protocols to carry out leave protocols and notify close contacts. According to one leader, this new process "cut our internal contact tracing work by more than half."

- While this process was more efficient, during surges it remained difficult to keep up with contact tracing and case reporting. In November and December of 2021, CDPH had over 30 COVID-19 cases in one week. In addition, the implementation of California's COVID-19 Supplemental Paid Sick Leave (SPSL) program created additional administrative challenges. The program, which provided employees with up to 80 hours of additional paid leave, included retroactive cases. At one point, there was only one staff member approving these supplemental leave requests, which created a bottleneck when the employee took a leave of absence. CDPH hired additional staff to manage the process of granting this leave to over 400 employees.

- Later in the pandemic response, HRD also began tracking employee vaccination status, and the weekly testing of unvaccinated staff working in the office. Overall, "it was a lot of tracking," noted one SME. However,

the collaborations within HRD, as well as its partnership within the Director's Office, contributed to its success.

HRD Implemented Health Screenings, Self-Certification of COVID-19 Vaccination, and Mandatory Testing for Unvaccinated Staff

- Early in the pandemic, HRD was also responsible for implementing screening and cleaning protocols in CDPH facilities. In March 2020 many CDPH staff were still working in-person in offices, laboratories, and emergency response centers, so it was essential to ensure the safety of these facilities—especially since very little was understood about COVID-19 transmission at this point. CDPH contracted with the California National Guard and a private contractor to conduct health screenings and temperature checks for staff working in-person at CDPH facilities. In addition, HRD created flyers for facilities to remind staff of CDPH's masking guidelines. Health screenings at CDPH facilities also factored in equity, which is discussed in the Equity section of this chapter. As the pandemic evolved, many employees began working remotely and screenings were eventually discontinued.

- In June 2021, HRD issued policies requiring staff to self-certify their vaccination status and mandated weekly testing for unvaccinated employees. These policies aligned with CDC guidelines, Cal/OSHA's Emergency Temporary Standards, and CDPH state guidance. Employees working remotely full-time were exempt from the testing requirement. When unvaccinated staff visited the office, testing was mandatory. Despite clear protocols, HRD encountered some resistance to this policy. Employees who failed to comply with the office testing mandate faced disciplinary action. Some individuals chose to resign from state service instead of complying with this policy.

- Since efficient communication was key during these periods, HRD sent out numerous memos accompanied by COVID-19 Testing and Vaccine Policy FAQs. Unions were notified to ensure that there would be no issues with implementation. Additionally, HRD collaborated with an IT contractor to implement a testing reservation system, which enabled employees to schedule their tests in advance or do drop-in testing. Ultimately, HRD was "very clear in ensuring that we had policies in place," according to a SME.

Overall, communicating the policy, notifying the unions, and setting the testing reservation system went well.

- Mandatory weekly testing of unvaccinated employees ended in mid-June 2022, but the self-certification process continued to be an important tool to track the vaccination status of employees.

HRD Managed the Cleaning of CDPH Facilities in Alignment with Cal/OSHA Guidance

- In addition to health screening, early in the pandemic HRD also contracted to deep clean and sanitize CDPH facilities, as the State did not have enough deep cleaning equipment. These cleanings were costly, but it was necessary to ensure employee safety as well as compliance with Cal/OSHA guidance. In November 2020, Cal/OSHA issued an Emergency Temporary Standard regarding COVID-19 safety, which stipulated workplace-related standards related to cleaning and disinfection.

- Cal/OSHA continued to revise these standards, and it was difficult for HRD to stay abreast of the changing requirements, in addition to its other departmental work. "Keeping pace with the changes was challenging," one leader noted. Therefore, in January 2021, HRD created a new Health and Safety Section. This new section was initially tasked with managing the CDPH facility cleanings in compliance with Cal/OSHA guidance.

- Since many cleanings were being performed at night to not disturb operations, staff did not observe the disinfecting and some complained about the lack of cleaning. Also, in May 2022, Cal/OSHA rescinded some cleaning and disinfecting requirements and in response CDPH discontinued extra cleaning measures. This generated several employee complaints to Cal/OSHA followed by subsequent investigations, which were covered in the media. According to one SME, "we were making a big effort but not getting any recognition for it." While CDPH was compliant, staff did not necessarily know this. As a result of these challenges, HRD learned that communication to all levels of staff is a pivotal component of any safety effort."
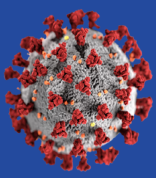
Redirections and the Shift to Telework

HRD Managed an Unprecedented Number of Redirected CDPH Staff

- The COVID-19 pandemic necessitated staff redirections within CDPH on an unprecedented scale and for significantly longer durations than typical emergency responses. Historically, during previous emergencies such as wildfires, staff redirections were drawn from a pool of staff who had voluntarily participated in emergency response training. Trained staff were then selected for redirections for short intervals of one to two weeks.

- At the start of the COVID-19 response, CDPH initially followed this traditional redirection process through email, relying on volunteers from other programs and centers to redirect to early COVID-19 response teams at the MHCC and the RCCC. However, at the end of March 2020, "the need for staffing was just escalating," and HRD was asked to step in to oversee, monitor, and track CDPH redirections.

- HRD began to act as a liaison between COVID-19 response teams and the various CDPH programs and centers who would potentially provide staff. HRD worked with the department's emergency response centers to identify staffing needs and collaborated with various deputy directors to identify potential staff to fill these needs. HRD established a better system to track redirections to replace the Excel spreadsheets. HRD worked with CDPH's ITSD to launch a SharePoint site on April 3, 2020, where managers and HRD staff could access employee data in one place. This SharePoint site was designed as a temporary solution and helped automate the redirection process while a more permanent solution was being developed. In late May 2020, HRD and ITSD transitioned away from SharePoint to a new CDPH Employee Redirection Tracking system, which further automated the process of redirections. For further discussion of the CERT system, see Data and Technology section in this chapter.

As Staffing Needs Escalated, Redirections Shifted from Voluntary to Mandatory

- In July 2020, it became clear that the voluntary redirection process was not providing enough staff to meet pandemic response staffing needs. Due to the state of emergency, CDPH had the authority to designate all employees as disaster services workers and assign them as needed to response teams and the Governor's task forces. Under this authority, CDPH

bypassed traditional protocols and redirected staff to the response immediately without the need to provide advance notice to the applicable labor unions. According to one leader, "we quickly had to move to mandated assignments" to meet the enormous demand for response staff. CDPH managed almost 2,000 COVID-19 responders over the course of the response, which included redirected CDPH staff and external consultants.

- HRD thus implemented the first of a series of mandatory "personnel drills" in which managers and supervisors determined an employee's criticality to their current programmatic role. The intention of these exercises was to make sure that no programs collapsed as an unintended consequence of redirecting too many staff. HRD utilized the data from these drills to evaluate response needs and identify staff to mandatorily redirect.

HRD Coordinated COVID-19 Response Teams, Home Programs, and Redirected Staff to Meet Urgent Needs

- HRD navigated many challenges associated with mandated redirections. According to one SME, "a lot of it was met with pretty big resistance" from both staff who were being redirected, as well as the supervisors in the home programs, who were reluctant to lose them. Setting expectations for both supervisors and staff was a complicated process that required HRD to communicate extensively about the urgency and priority of the response work. Often, HRD helped CDPH programs understand the various COVID-19 response teams, current staffing levels, and why more response staff were still needed. According to the SMEs, some programs were reluctant to offer their highest-performing employees for redirection.

- Additionally, HRD worked with the leaders of COVID-19 response teams to find the most appropriate staff to redirect. The response teams were diverse: some were internal to CDPH, while others were Cal OES and Governor's task forces, which were staffed by a combination of CDPH staff, contractors, and other State staff. In the midst of the emergency, not all teams could articulate their staffing needs clearly, leading to redirections that were mismatched with skillsets. For example, response teams would request analysts, but in reality needed someone with highly technical skills. This resulted in time lags and extensive negotiations between HRD and the COVID-19 response teams.

- Staff with technical, statistical, and analytical skills were the most in demand and were redirected very early on and throughout the response. It was also difficult to redirect staff who had experience working with LHJs, which was also a desirable requirement. Identifying individuals with these backgrounds became more difficult for HRD as the response progressed. According to one leader, "the deeper we got into the COVID-19 response, the harder it got." At times, the sheer necessity for staff overshadowed the need for specific competencies. When the mpox emergency was declared in August 2022, some programs and employees who had already been redirected for lengthy amounts of time to the COVID-19 response were unwilling to be redirected again.

- To help all stakeholders understand the redirection process, in March 2021 HRD developed a redirection administration guide for supervisors and a guidebook with tips, tools, and resources for redirected employees one month later. These documents covered all aspects of the redirection process, including redirection requests, onboarding and offboarding, communication best practices, scheduling, and mental health and professional development resources for redirected employees.

- Ultimately, HRD managed the redirection of thousands of CDPH program staff. According to one leader, "we made things happen that had never been done before." In the future, SMEs recommended that CDPH create a larger pool of skilled staff that could be redirected. This would entail better anticipation of response needs and required staffing skillsets, and better communication of these needs and requirements to programs and centers. Programs and centers could have greater control of who they wanted to redirect, as opposed to HRD trying to match employees to response needs.

HRD Provided Support to California's Contact Tracing Program

- In addition to managing CDPH redirections, HRD supported the redirection of over 2,600 employees from departments across the State to California's new contact tracing program, which launched in early summer 2020. HRD worked with CalHR, labor unions, and the CDPH contact tracing program on mobilizing the redirected workforce, managing relationships with home departments, timekeeping, performance management, and other HR-related functions. HRD also

created guides for redirected contact tracers and their supervisors. For further information, see the Contact Tracing chapter of this AAR.

HRD Helped Manage the Shift to Emergency Telework

- When emergency telework policies were implemented in March 2020 following the State's stay-at-home order, HRD faced the uncharted territory of transitioning to large-scale remote work themselves, as well as providing support to CDPH programs and centers as they shifted to remote work. Early on, according to SMEs, some programs initially sent their employees' home without reaffirming they had adequate work/equipment to perform or performed functions that were conducive to remote work. HRD was required to intervene in certain instances in order to bring employees back into the office.

- HRD helped programs navigate which staff were eligible to work remotely. As one SME explained, "employees that are teleworking must have work in order to telework." For instance, certain staff who work with sensitive, paper-based documents are required to be on-site since these documents are not available electronically.

- For those eligible to telework, HRD coordinated with programs and ITSD to supply them with appropriate equipment. Early in the pandemic, ITSD did not have enough laptops and other equipment to meet the demand, so some employees were given the option of working remotely using their personal equipment or return to the office. Over time, ITSD continued to purchase and distribute additional IT equipment (this was a slow process because of the chip shortage and limited availability of laptops). HRD also negotiated with unions to offer stipends for monthly work-related expenses for teleworking employees. Additionally, CDPH expanded the Employee Assistance Program, which provided assessment, counseling, and referral services to assist employees during the transition.

- Communication with employees was crucial during this time, as some employees were frustrated with the new telework policies and procedures. SMEs emphasized that since the department was looking to HRD for guidance, it was crucially important for HRD to clearly communicate the "do's and don'ts" of telework. Ultimately, "we realized that we can telework and we can still be successful."
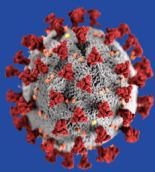
- In September 2021, HRD released the Telework Tools and Tips for Managers and Supervisors to provide general guidance on how to manage teleworking staff.

Emergency Responder Safety Program

Early in the Pandemic, Some Responders were Deployed Without Adequate Safety Measures

- One of the Health and Safety Workgroup key tasks was to clearly define the relationship between department-wide employee health and safety and emergency responder health and safety. This was an especially urgent issue in Spring 2020. During this period, many CDPH employees were going to health care and skilled nursing facilities that were experiencing outbreaks. This included both staff who typically worked in facilities as part of their regular duties, such as the surveyors within CHCQ, as well as staff who did not typically work in the field. However, with no existing employee or responder safety infrastructure in place, employees could be deployed without adequate protection or safety oversight. According to SMEs, CDPH created a field worker checklist and guidebook however some supervisors either could not or did not provide staff with adequate training and/or protective equipment.

- According to one SME, "managers and supervisors of responders didn't understand their responsibility for the health and safety of their employees." Another SME added that this lack of awareness was an issue, and the Workgroup "had to quickly let them know that they couldn't just send folks out into problematic areas without proper protection." Many centers, divisions, and programs were aware of the PPE items (e.g., masks, gloves, and sanitizing wipes) necessary for their employees.

- Responder safety was not limited to those deployed to the field. Even within the MHCC, large groups of staff worked within confined spaces. SMEs maintained that responders working side-by-side in the MHCC and in CDPH's facilities were subject to the same risks as responders going into correctional and health care facilities.

- To address these problems, the Health and Safety Workgroup began developing and implementing safety improvements for CDPH emergency responders in early Spring 2020, which is discussed further below.

CDPH Established MHCC Responder Safety Program Based on National Framework

- Prior to the COVID-19 response, the MHCC Safety Officer (SO) position in charge of responder safety during emergency activations was narrowly focused. There was only one position in charge of responder safety, and the SO's scope was limited to responders who worked at the MHCC's emergency operations center in Sacramento and Richmond.

- The MHCC, in collaboration with other Health and Safety Workgroup members, initiated a department-wide responder safety program to address health and safety specific to COVID-19 responders. This entailed implementing the Emergency Responder Health Monitoring and Surveillance™ (ERHMS™), a federal framework for best practices to prevent deployment-related illness and injury. The ERHMS™ framework monitors responder activities through three deployment phases (pre, during, and post). Using this framework, CDPH expanded the scope of the MHCC Safety Officer position, added new roles, and created a new MHCC Safety Unit (overseen by the Safety Officer).

- The MHCC collaborated heavily with OHB experts within the Health and Safety Workgroup. In addition, they recruited Industrial Hygienist volunteers to augment CDPH expertise. In late April 2020, the CDPH MHCC Deployment Safety Unit's protocols were approved by CDPH leadership.

- On May 4, 2020, the Deployment Safety Program went live to roster, track, and monitor staff before their deployment, during their deployment, and after their deployment. Before deployment, staff filled out an online form with their contact information, location of deployment, dates, and basic job duties. They also received health screenings and participated in pre-deployment safety briefings, which outlined general safety, COVID-19-related safety, PPE, and other topics. During deployment, staff were monitored for safety and health issues. After staff completed their deployment, they reported any safety and health issues, COVID-19 exposures and symptoms, training gaps, and training recommendations. In January 2021, the MHCC Deployment Safety Unit was renamed as the MHCC Safety Unit to better align with MHCC structure.

- Ultimately, as a result of implementing the ERHMS™ framework, the MHCC trained 14 staff in Safety Officer roles for future activations and provided

181 pre-deployment safety briefings to over 750 CDPH staff. These safety briefings were open to all CDPH staff, even those who were not a part of the response. CDPH also incorporated the ERHMS™ framework into MHCC standard operations for all emergency activations (not just COVID-19).

Respiratory Protection Program for Responders and All CDPH Staff

- One of the earliest challenges faced by the Health and Safety Workgroup was the lack of adequate PPE for CDPH responders. During the first several months of COVID-19, there was a global shortage of PPE, and CDPH struggled to identify and provide sufficient PPE to its responders. Given these supply chain issues, "even getting basic PPE to people was an issue," one leader noted. For further discussion of the PPE shortage from a supply chain perspective, see the Logistics, Distribution, and Warehousing chapter in this AAR. For a discussion of the medical surge PPE shortage, see the Medical Surge chapter this AAR.

- There was initially no training on how to properly fit and use N-95 masks and other respirators, which many CDPH staff were using in their early deployments. In spring and summer 2020, industrial hygienists from OHB, who were part of the Health and Safety Workgroup, began providing respirator training and fit testing for CDPH responders, including those deployed to investigate outbreaks in prisons. However, while this small group could provide the trainings, it became clear they would not be able to fit-test all CDPH responders who needed it. Consequently, the Workgroup hired a contractor to perform fit testing and medical evaluations for responders. This was a long, ultimately successful process that involved developing an extensive record-keeping system. "HRD did a fantastic job of getting contracts in place so we could be respirator ready," noted a SME.

- The Workgroup, meanwhile, continued to work on efforts to expand fit testing and training to all CDPH programs, not just responders. In June 2020, the MHCC Safety Officer provided an N-95 fit testing guide for programs that outlined requirements for different programs, conducted training programs at health care facilities and prisons for staff, and extended the fit-testing contract to all CDPH programs. In July 2020, the Workgroup delegated a Respiratory Program Administrator from CDPH's Program Support Branch and several months later HRD announced a new, updated Respiratory Protection Policy.

- Leaders expressed that having this infrastructure in place will be essential in future responses. Overall, SMEs emphasized the importance of having all responders be "respirator ready" and noted that CDPH's success in this area was also a lesson learned. "Our department needs to have a way to quickly make sure everyone is respirator ready for future pandemics," one SME noted.

Data and Technology

This section describes data and technology specific to this chapter.

- Early in the redirection process, CDPH lacked a reliable, accurate employee inventory of skills. To solve this problem and help manage the thousands of redirected CDPH employees, HRD collaborated with ITSD to develop a new cloud-based technology application, the CDPH Employee Redirection Tracking System (CERT). ITSD quickly implemented this Pega-based system in late May 2020 and HRD transitioned from using SharePoint to the new system. CERT improved employee tracking by creating a "skills inventory". Managers could search through available employees, assign them to be redirected, and view staff movement. The application also tracked the funding sources for employees, which streamlined payroll processing. According to one leader, while CERT was a much smaller technology solution compared to the many other new systems CDPH implemented throughout the response, its creation was "immensely important". The speed at which ITSD created the system was a significant accomplishment and SMEs found ITSD's daily support during the development of the CERT system extremely helpful.
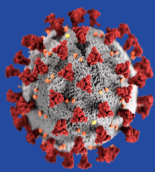
Communications

This section describes communications specific to this chapter.

Internal

▪ Initially, the COVID-19 Health and Safety Workgroup met weekly to centralize responsibilities for workforce health and safety. As HRD and the MHCC assumed responsibility for CDPH employee health and safety as well as responder health and safety, the cadence of Workgroup meetings decreased.

▪ HRD and MHCC leadership often participated in daily leadership meetings with the CDPH Directorate to provide and receive updates in these venues.

▪ HRD played a central role to provide guidance to CDPH staff and managers during the uncertain, transitional shift to telework. HRD recognized and addressed unease, while remaining resolute in the approved directives. HRD emphasized the importance of transparent employee communication and "being able to engage with them, work with them, and really convey that we're doing the best that we can for all of them."

▪ The constant communication from HRD was generally well-received and led to early successes. HRD generally tried to communicate workforce-related information to employees as soon as it was available. Still, there were instances when employees felt that communications were insufficient and that they wanted to hear more frequently from their leadership. One SME noted that while information from HRD is helpful, direct communication from leadership is often more important. "They really wanted to hear from the leaders directly and know where they were, and what the expectations were," one SME commented. CDPH's leadership underwent several changes during the response, and this was an area that lacked consistency.

External

▪ HRD collaborated with CalHR early in the pandemic response to create and disseminate guidance to all California departments. This was a successful endeavor and continued for several months, until Cal/OSHA began releasing guidance for all State departments.
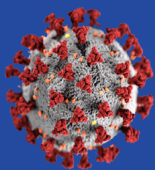
- HRD leadership and its Labor Relations Unit also communicated frequently with labor unions on a variety of topics, including employee testing, redirections, teleworking, and other topics. California's workforce is largely unionized consisting of over 20 different bargaining units. When helping set up the State's contact tracing program in summer 2020, HRD engaged with the unions to help define the program's parameters. According to one leader, it was "a big lift" and "tremendous success" to confer with the unions and obtain their approval. For further information on the State's contact tracing program, see the Contact Tracing chapter in this AAR.

Equity

This section describes equity considerations specific to this chapter.

- Within HRD, equity is thoroughly considered in all of its guidelines, procedures, and practices. HRD continually kept Equal Employment Opportunity (EEO) and Americans with Disabilities Act (ADA) considerations in mind as well as reasonable accommodations in its COVID-19 policies. When developing selection criteria for redirection assignments, HRD "made sure that we were following an equitable process" that was unbiased. HRD also convened specialized workgroups with staff from various department classifications and programs to advise on topics including telework, workplace changes, and equipment. HRD gathered feedback from these diverse groups from all levels of CDPH.

- Equity heavily factored into HRD's health screening approach. The Division created a phased approach to prioritize employee populations based on their risk. For instance, in early April 2020, health screenings were first implemented for staff deemed to be working at high-risk, on-site locations, including the emergency operations centers in Sacramento (MHCC) and in Richmond (RCCC). This prioritization was carefully developed based on the level of risk for onsite personnel in these locations to ensure fairness and to avoid arbitrary decision-making.
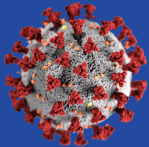
Workplan

This section is designed to be used as a workplan for future pandemics

Definitions:

- **Phase**: The phase of the response in which the major tasks should be conducted (Planning; Initial start-up, Ongoing operations, or Close-out).

- **Major Tasks:** The tasks and activities that have to be conducted as part of the public health emergency response to a respiratory pandemic.

- **Success Criteria:** Criteria used to assess whether a task has been achieved successfully.

- **Considerations Based on COVID-19 Response:** Things to consider, including pitfalls, risks, and lessons learned, based on the COVID-19 response.

- **Finding ID:** The ID(s) from the related Finding/Corrective Action (where applicable).

- **Lead:** The lead person(s) responsible for task completion.

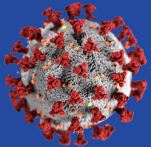| Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Planning; Initial start-up	Create an interdisciplinary Health and Safety Workgroup.	• CDPH's employee and responder health and safety policies and plans are centralized, consistent, and robust.	• Incorporate expertise from different CDPH programs and experts. • Internal partners during COVID-19 response: CPR, MHCC, OHB, HRD, and RCCC Science Branch. External partners	• HR Administration 1	

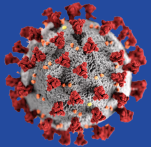| Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			during COVID-19 response: CalHR to create statewide workforce guidance, labor unions to approve policies.		
Planning; Initial start-up; Ongoing operations	Collaborate with CalHR for any Statewide guidance	• CDPH obtains the authority and buy-in from CalHR to effectively develop guidance for the State.	• If CDPH is asked to provide Statewide HR guidance, engage with CalHR early on.	• HR Administration 2	
Initial start-up; Ongoing operations	Create needed plans, policies, and procedures to protect staff.	• CDPH has comprehensive workforce health and safety guidance and the ability to update guidance to address new topics.	• Create/maintain separate Health and Safety Plans for managers/supervisors and staff. • Maintain the Respiratory Protection Program that was created during COVID-19. • Coordinating with labor unions is crucial. • Major HR-related employee policies during COVID-19 response: telework, health screening,	• HR Administration 3, 5	

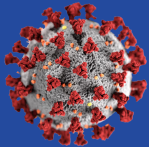| Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			cleaning, testing, vaccination.		
Initial start-up; Ongoing operations	Maintain expanded MHCC responder safety functions and ERHMS™ framework	• CDPH provides emergency responders with the necessary pre, during, and post-deployment safety resources and support.	• Consider opening the MHCC safety briefings to all CDPH staff (not just responders), which was how the briefings worked during the COVID-19 response. • Consider contracting with an external provider to provide fit testing and medical evaluations to responders.	• HR Administration 4	
Initial start-up; Ongoing operations	Create a large pool of potential staff for redirections.	• CDPH has adequate staff skillsets to support its response operations. • Redirected staff are successful in their roles.	• Identify and communicate required skills needed for redirections. • Consider recruiting additional staff with in-demand skills (analytical, technical, and statistical). • Determine which staff are willing to be redirected before implementing	• HR Administration 9	

Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			mandatory redirections.		
Initial start-up; Ongoing operations	Implement a platform to support redirection tracking and allocation.	• Redirected staff can be accurately tracked, monitored, and rostered using a technology solution.	• Avoiding manual, paper-based rostering. • Consider an agile system that can ramp up quickly.	• HR Administration 6	
Initial start-up; Ongoing operations	Train managers and supervisors on employee and responder health and safety protocols.	• Managers and supervisors assume ownership/leadership over their staff's health and safety.	• Consider holding managers accountable for their staff's health and safety by incorporating it into the manager's performance review.	• HR Administration 7	
Initial start-up; Ongoing operations	Create a communication plan for HR-related policy changes.	• Staff are proactively informed of policy changes.	• Communications should be frequent and transparent. • During the COVID-19 response, while HRD played a central role in communications, staff desired to hear from their leadership directly. • Communicate to employees about health and safety efforts that may be	• HR Administration 8	

Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			unseen (e.g., night-time facility deep cleanings).		