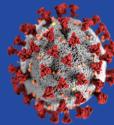


## Chapter 4

### Policy Development and Guidance

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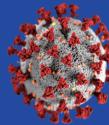
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### Version History

Version #	Date	Notes
0.1	10/18/2023	First Draft submitted to CPR Team
0.2	10/28/2023	First Draft revised per review by CPR Team
0.3	4/02/2024	First Draft revised per Expert Review
0.4	5/07/2024	Final Draft revised per CPR Leadership Review

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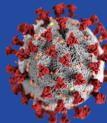
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### Table of Contents

4. Policy Development and Guidance.....	4-1
Chapter Summary.....	4-1
Overview .....	4-1
Main Strengths and Successes.....	<u>4-7</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-6</span>
Main Challenges and Lessons Learned .....	<u>4-15</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-13</span>
Analysis of Activities .....	<u>4-19</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-17</span>
Equity .....	<u>4-52</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-48</span>
Information Technology .....	<u>4-53</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-49</span>
Communications.....	<u>4-54</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-50</span>
Workplan .....	<u>4-58</u> <span style="border: 1px solid red; padding: 2px;">Deleted: 4-53</span>

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## **4. Policy Development and Guidance**

Public Health Emergency Preparedness and Response Capabilities: Community Preparedness, Emergency Public Information and Warning, Information Sharing, Nonpharmaceutical Interventions

Related CDPH AAR Chapters: Data and Reporting, County Monitoring and Local Coordination, Epidemiology, Infection Prevention, Vaccines, Testing, Contact Tracing

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

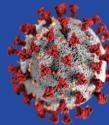
### **Chapter Summary**

#### **Overview**

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

The COVID-19 pandemic prompted an urgent need for the State to rapidly develop policies and disseminate guidance on many topics and for use by various entities including individuals, businesses, healthcare providers, and schools. In the early stages of the pandemic, CDPH did not have procedures to quickly develop and disseminate public health policies and guidance for the volume and variety of settings and stakeholders necessitated by the pandemic, which included State public health orders, sector specific (e.g., restaurants, retail, entertainment, etc.) guidance, healthcare facility guidance issued through All Facility Letters (AFLs), education guidance, and other COVID-19 guidance related to non-pharmaceutical interventions, and recommendations for the public related to testing, vaccines, and therapeutics.

In the absence of defined procedures, the process became chaotic since so many different people wanted to weigh in on formulating and vetting policies. Guidance documents on similar topics began to originate in different places—sometimes in a different department, different parts of CDPH, or through the Governor's Office. Occasionally, by the time such documents were brought to CDPH's attention, they were nearing completion and did not contain the appropriate level of detail or had not been reviewed by the State's public health subject matter experts.



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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To improve this situation, CDPH leadership designated a Guidance and Policy Team to centralize and standardize the policy development, review, revision, approval, and dissemination processes. This dedicated team brought clarity to a previously chaotic environment to vastly improve an essential function that was critical to responding to the unprecedented need for policy direction by so many stakeholders. CDPH subsequently used these new practices and workflows for other emergency response activations (such as mpox) and plans to use this same approach for future activations.

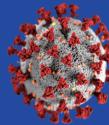
CDPH also continuously examined if its guidance conflicted with the guidance issued by other State agencies that regulate certain industries and sectors. This required CDPH to quickly partner with State agencies with which it had not previously collaborated. CDPH staff encountered significant challenges to synchronize and align its guidance across these numerous government entities. Despite these challenges, these relationships yielded significant results. Maintaining these partnerships and defining a systematic approach for future coordination will be indispensable to navigate the next pandemic more effectively.

This chapter focuses on CDPH's processes, collaboration, and coordination with other State departments to develop COVID-19 policy and guidance. The **effectiveness** of these policies is out of scope for this AAR.

In addition to collaborating with other State departments to develop policy and guidance, CDPH also coordinated with other State departments on operational response activities (e.g., implementing the Statewide vaccination campaign). These activities are discussed in the functional chapters of this AAR. See Figure 4-1 for a matrix of State department response partners and the respective functional AAR chapters.

**Figure 4-1: Operational Coordination with State Agencies and Departments**

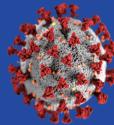
Agency/Department	AAR Chapter
Governor's Office	<ul style="list-style-type: none"><li>• All Chapters</li></ul>
California Health and Human Services Agency (CalHHS)	<ul style="list-style-type: none"><li>• All Chapters</li></ul>
California Office of Emergency Services (Cal OES)	<ul style="list-style-type: none"><li>• Incident Command System</li><li>• Inter-ESF 8 Communication</li><li>• MAC Group and Scarce Resource Allocation</li></ul>



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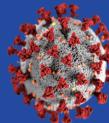
Agency/Department	AAR Chapter
	<ul style="list-style-type: none"><li>• MHCC and Continuity of Operations</li><li>• Vaccines</li><li>• Resource Requesting and PHOS</li><li>• Logistics, Distribution, and Warehousing</li></ul>
California Emergency Medical Services Authority (EMSA)	<ul style="list-style-type: none"><li>• Inter-ESF 8 Communication</li><li>• MAC Group and Scarce Resource Allocation</li><li>• MHCC and Continuity of Operations</li><li>• Medical Surge</li><li>• Resource Requesting and PHOS</li><li>• Fiscal Administration</li></ul>
California Government Operations Agency (GovOps)	<ul style="list-style-type: none"><li>• Vaccines</li><li>• Contact Tracing</li><li>• Data and Reporting</li></ul>
California Department of Education (CDE)	<ul style="list-style-type: none"><li>• Contact Tracing</li><li>• Testing</li><li>• Vaccines</li></ul>
California Department of General Services (DGS)	<ul style="list-style-type: none"><li>• Contracting and Procurement</li><li>• Logistics, Distribution, and Warehousing</li></ul>
California Department of Technology (CDT)	<ul style="list-style-type: none"><li>• Contact Tracing</li><li>• Vaccines</li><li>• Enterprise Technology</li><li>• Contracting and Procurement</li></ul>
California Department of Health Care Services (DHCS)	<ul style="list-style-type: none"><li>• Inter-ESF 8 Communication</li></ul>
California Department of Aging (CDA)	<ul style="list-style-type: none"><li>• Infection Prevention</li></ul>
California Department of Social Services (CDSS)	<ul style="list-style-type: none"><li>• Vaccines</li><li>• Infection Prevention</li></ul>
California Department of Developmental Services (CDDS)	<ul style="list-style-type: none"><li>• Vaccines</li></ul>
California Department of Human Resources (CalHR)	<ul style="list-style-type: none"><li>• Human Resources Administration</li></ul>
California State Controller's Office (SCO)	<ul style="list-style-type: none"><li>• Fiscal Administration</li><li>• Contracting and Procurement</li></ul>
California Department of Finance (DOF)	<ul style="list-style-type: none"><li>• Fiscal Administration</li><li>• Contracting and Procurement</li></ul>



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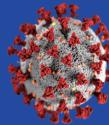


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### Timeline and Key Milestones

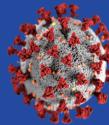
2020	
<b>Spring 2020</b>	<ul style="list-style-type: none"><li>▶ <b>March 16:</b> CDPH issued guidance to prevent COVID-19 transmission for gatherings</li><li>▶ <b>March 19:</b> State Public Health Officer issued Stay at Home Public Health Order (PHO) and defines essential workers</li><li>▶ <b>March 19:</b> Governor issued Executive Order (EO) directing all residents to heed the State Public Health Officer's Stay-at-Home order</li><li>▶ <b>April 14:</b> Pandemic Resilience Roadmap modified the State-at-Home EO</li><li>▶ <b>April 27:</b> CDPH issued public health guidance for Project Roomkey sites</li><li>▶ <b>May 7:</b> PHO allowed LHJs' movement into Stage 2 of the Roadmap</li></ul>
<b>Summer 2020</b>	<ul style="list-style-type: none"><li>▶ <b>June 8:</b> California issued guidance for reopening schools to public instruction</li><li>▶ <b>June 18:</b> CDPH issued face coverings guidance</li><li>▶ <b>July 13:</b> PHO restricted indoor operations for bars and restaurants</li><li>▶ <b>July 15:</b> CDPH issued county/regional surge planning guidance</li><li>▶ <b>July:</b> Guidance and Policy team created in MHCC</li><li>▶ <b>August 3:</b> California issued guidance for reopening schools to public instruction</li><li>▶ <b>August 31:</b> Blueprint for a Safer Economy launched</li><li>▶ <b>August 31:</b> PHO established criteria for reopening under the Blueprint</li></ul>
<b>Fall 2020</b>	<ul style="list-style-type: none"><li>▶ <b>October 6:</b> Health equity metric established</li><li>▶ <b>October 16:</b> CDPH issued guidance on AB 685 requirements</li><li>▶ <b>November 16:</b> Emergency Brake instituted</li><li>▶ <b>November 19:</b> Limited Stay at Home (10pm – 5am in purple tiers) PHO issued</li></ul>
<b>Winter 2020-2021</b>	<ul style="list-style-type: none"><li>▶ <b>December 5:</b> Regional Stay at Home PHOs issued</li><li>▶ <b>December 14:</b> CDPH issued updated quarantine guidance</li><li>▶ <b>January 5:</b> PHO for Hospital Surge PHO issued</li><li>▶ <b>January 14:</b> CDPH issued updated K-12 schools reopening framework and guidance for 2020-2021 school year</li><li>▶ <b>January 25:</b> Regional Stay-at-Home PHOs ended</li><li>▶ <b>February 26:</b> CDPH issued interim guidance on ventilation and air quality in indoor environments</li></ul>



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2021	
Spring 2021	<ul style="list-style-type: none"><li>▶ <b>March 15:</b> State Court issued temporary restraining order, partially lifting the State's partial school closure</li><li>▶ <b>March:</b> AB 86 provided funding for Safe Schools for All</li><li>▶ <b>May 21:</b> CDPH issued guidance to industry and sectors on Beyond the Blueprint</li></ul>
Summer 2021	<ul style="list-style-type: none"><li>▶ <b>June 11:</b> Beyond the Blueprint PHO issued</li><li>▶ <b>June 15:</b> Blueprint for a Safer Economy ended</li><li>▶ <b>July 26:</b> PHO for Health Care Worker Protections in High-Risk Settings issued</li><li>▶ <b>July 30:</b> CDPH issued guidance for isolation and quarantine for COVID-19</li><li>▶ <b>August 5:</b> PHO for Visitors in Acute Health Care and Long-Term Care Settings issued</li><li>▶ <b>August 5:</b> Health Care Worker Vaccine Requirement</li><li>▶ <b>August 11:</b> PHO for Vaccine Verification for Workers in Schools issued</li><li>▶ <b>August 16:</b> PHO for Hospital Surge issued</li><li>▶ <b>August 19:</b> PHO State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement issued</li><li>▶ <b>September 28:</b> PHO for Adult Care Facilities and Direct Care Worker Vaccine Requirement issued</li></ul>
Fall 2021	<ul style="list-style-type: none"><li>▶ <b>November 18:</b> CDPH issued Beyond the Blueprint industry and sectors guidance</li></ul>
Winter 2021-2022	<ul style="list-style-type: none"><li>▶ <b>January 12:</b> CDPH issued K-12 schools reopening framework and guidance for 2021-2022</li><li>▶ <b>March 11:</b> School mask requirements end</li></ul>
2022	
2022	<ul style="list-style-type: none"><li>▶ <b>May:</b> CDPH Office of Guidance and Policy established</li><li>▶ <b>June 30:</b> CDPH issues K-12 schools guidance for 2022-2023 school year</li></ul>
2023	
2023	<ul style="list-style-type: none"><li>▶ <b>January:</b> Lean project commenced to identify improvements to the CDPH policy development and guidance processes</li><li>▶ <b>February 28:</b> California's state of emergency for COVID-19 ended</li><li>▶ <b>April 3:</b> Masks no longer required in indoor high-risk and healthcare settings</li><li>▶ <b>April 3:</b> Vaccine requirements for workers in healthcare workers and other high-risk settings rescinded</li></ul>



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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► May 11: Federal state of emergency for COVID-19 ended

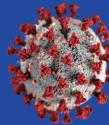
### Main Strengths and Successes

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 transformed an unorganized policy and guidance development process, establishing a centralized system to accelerate reviews and approvals.

During the COVID-19 pandemic there was an immediate need for the State to swiftly produce and distribute guidance for various sectors, including individuals, businesses, healthcare and congregate care facilities, and schools. Initially, CDPH lacked a structured process for creating public health guidance with so many subject matter experts and partners providing input, leading to a chaotic environment as numerous entities sought input on policy creation, review, and approval. As a result, guidance on similar subjects emerged from multiple sources, including from within different sections of CDPH, other State departments, or from the Governor's Office.

While CDPH leadership understood the value of coordinating with these entities for consistent policy, attempts at collaboration unintentionally slowed the policy-making process, causing it to lag behind the evolving scientific understanding of the virus. Given the unprecedented scale of the pandemic, there were no existing protocols to streamline an extensive policy development process involving multiple levels of review and approval. Recognizing the need for a more organized approach, CDPH established a dedicated Guidance and Policy (G&P) team in late 2020 that centralized and standardized the policy development process. By mid-2022, the team evolved into the Office of Guidance and Policy to focus on policy updates, public outreach, and liaising with stakeholders during the pandemic. The new approach clarified roles and responsibilities in the policy-making process, bringing order to a once-disorganized system. This streamlined method, celebrated by many, was later adopted to respond to other outbreaks like mpox in 2022.



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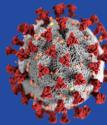
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Finding/Corrective Action: CDPH has the opportunity to leverage the Office of Guidance and Policy processes for future pandemics to efficiently develop, approve, and disseminate policies and guidance. This function should be activated when relevant in the MHCC for future activations and added to the MHCC ICS organizational chart. (*ID: Policy Development and Guidance 1*)

### 2. CDPH proactively issued statewide public health orders to uniformly apply policies throughout the State.

Historically, during public health emergencies, responsibility for public health orders has primarily resided with the local health jurisdictions (LHJs), with the State playing a supportive role by providing necessary resources and assistance. However, the COVID-19 pandemic presented an unprecedented challenge that quickly overwhelmed LHJs, prompting pushback from local stakeholders (including elected officials and the public) as LHJs attempted to institute local public health orders in their jurisdictions. Recognizing the complexities, the State took the unusual step of issuing many statewide and later regional public health orders to maintain consistency in the application of policies across all jurisdictions. Developed in coordination with the California Health and Human Services Agency (CalHHS) to align with the Governor's orders, these State public health orders provided much-needed backing for LHJs, mitigating some of the pressures they each faced and offering them a unified directive and consistent approach. A notable example was the Regional Stay-At-Home order issued in December 2020, which proved invaluable to LHJs and enabled them to collaborate in ways not seen before. This regional approach highlighted commonalities between counties based on their shared challenges, which promoted cooperation beyond prior efforts.

The State's public health orders included requirements, recommendations, and/or restrictions to help prevent the spread of the virus, reduce impact on the healthcare system, and safeguard public health. Thus, public health orders served as a useful tool to mitigate surges in cases and impacts on the healthcare system. As more became known about the virus and implementation evolved, often CDPH amended existing public health orders. These amendments reflected changes in scientific understanding, new recommendations from the



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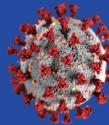
Centers for Disease Control and Prevention (CDC), or updates to the State's guidance and regulations. Through this adaptive approach, CDPH kept its public health strategies current, evidence-driven, and tailored to the dynamic nature of the pandemic.

Finding/Corrective Action: CDPH has the opportunity to leverage the lessons learned to issue State public health orders, in consultation with LHJs, to manage future pandemics at the statewide level when necessary. (ID: Policy Development and Guidance 2)

### 3. The State's reopening plan, Blueprint for a Safer Economy, showcased an innovative focus on health equity, enabling targeted interventions in disadvantaged communities disproportionately affected by COVID-19.

In mid-2020, the Governor's Office faced the daunting task of cautiously reopening the economy without causing a resurgence of COVID-19 cases. A team comprised of CDPH, CalHHS, and Governor's Office representatives devised a re-opening plan based on consultation with national experts and comprehensive research. The plan, known as the Blueprint for a Safer Economy, launched in August 2020 with a framework for the gradual progression for re-opening. CDPH staff developed guidance to operationalize the plan, which outlined clear metrics, such as case rates per capita and test positivity rates, that counties had to meet for a calibrated reopening. What distinguished California was its groundbreaking approach on health equity, which was incorporated in the plan. Recognizing the stark disparities COVID-19 wrought on disadvantaged communities, the State was at the forefront in defining and measuring health equity to identify vulnerable communities with case positivity rates significantly higher than a county's average. Armed with this information, many counties developed health equity strategies and the State provided assistance to bring parity to disadvantaged neighborhoods. This innovative approach underscored California's dedication to addressing the pandemic's disproportionate impacts, providing a targeted, data-backed approach for policy formulation and resource allocation.

Finding/Corrective Action: CDPH should draw on its innovative, successful use of health equity metrics to inform policy decisions and



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resource allocations for ongoing public health practice and in future emergency responses. (ID: Policy Development and Guidance 3)

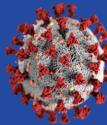
### 4. CDPH and Cal/OSHA successfully collaborated to align and issue industry guidance in a timely manner.

Prior to the pandemic, the California Department of Industrial Relations, Division of Occupational Safety and Health, commonly known as Cal/OSHA, followed an established, structured process to develop occupational health guidance, which included rigorous vetting and a public comment period. Cal/OSHA maintained these procedures even as the pandemic unfolded, slowing its ability to update guidance as swiftly as CDPH. Producing policies at different paces posed challenges in synchronizing public health and occupational health guidance. To improve the alignment of CDPH and Cal/OSHA's guidance, the two agencies collaborated on the strategy to use what SMEs called "magic phrases." These standardized clauses allowed Cal/OSHA's guidance to defer to CDPH's as the authoritative reference. This led to more unified, consistent advice for employers that could adapt to evolving CDPH guidance. Further enhancing the collaboration, CDPH also uses Cal/OSHA's effective practice of utilizing Frequently Asked Questions (FAQs) as a dynamic tool to issue quick, editable updates. Issuing and updating FAQs supported clarifying guidance issued, and sharing responses to frequent inquiries over time.

Finding/Corrective Action: CDPH has the opportunity to maintain this collaborative partnership with Cal/OSHA, issue FAQs to clarify guidance, and leverage lessons learned to strengthen its collaboration on policy development with other State entities. (ID: Policy Development and Guidance 4)

### 5. CDPH launched a comprehensive set of tools and educational resources, enhancing the ability of employers to navigate and mitigate COVID-19 in the workplace.

In a notable achievement, CDPH Occupational Health Branch (OHB) staff compiled an extensive array of educational materials and tools to mitigate COVID-19 in the workplace, an initiative that SMEs characterized as a novel approach to delivering workplace information to stakeholders. These resources were publicly available and easily



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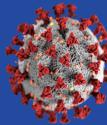
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accessible on a dedicated CDPH webpage called “COVID-19 & the Workplace.” Though not formal guidance, these tools served as essential aids for employers navigating the pandemic’s complexities. LHJs and CDPH health educators closely collaborated to develop content and launch a worker education campaign, which included specialized videos for high-risk employees and a paid media campaign on Long COVID. In addition, OHB further released two playbooks, one for employers, to help them operationalize practices that were not normal mitigation strategies, and one for LHJs, to help them navigate reopening businesses under the Blueprint for a Safer Economy framework. Both tools, tailored for non-healthcare industries, provided clear protocols for case reporting and how to handle employees that lived in one LHJ but worked in another. This multi-faceted approach heralded a new phase in public health education for the workplace, and provides tools that will help employers improve their responses to other reportable communicable diseases.

**Finding/Corrective Action:** CDPH should continue to develop innovative tools and educational resources that assist employers in addressing the challenges associated with infectious diseases and future pandemics.  
(ID: Policy Development and Guidance 5)

**6. CDPH successfully led an interagency working group to develop public health guidance for congregate care facilities regulated by different State agencies.**

In the spring of 2020, CDPH spearheaded a working group of the various State departments that oversee approximately 16,000 congregate care (non-acute care hospital) facilities. These facilities, which include skilled nursing, assisted living, residential care, residential treatment, and adult day care facilities, are diverse not only in their functions but also in their medical infrastructure and staffing capabilities. To navigate this complexity, the working group initiated bi-weekly meetings aimed to synchronize and align public health guidance across facility types. Since some of the other State departments lacked specialized public health knowledge, CDPH offered significant support, including document sharing and guidance review, to improve uniformity in the participating State departments’ guidelines prior to release. A crucial lesson learned was the importance of crafting facility-specific guidance, especially for



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

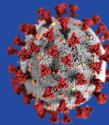
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those locations without medical staff trained to perform pandemic functions like symptom screening. Although the detailed, customized guidance sometimes delayed approval from the associated governing bodies, the working group's efforts resulted in significant strides toward a unified and adaptable public health strategy suitable for a diverse array of facilities.

Finding/Corrective Action: For future pandemics, CDPH should convene a similar working group of State agencies to develop public health policies for the array of congregate care facilities, including facility-specific guidance as needed to address differences in facilities' medical capabilities and resources. (ID: Policy Development and Guidance 6)

### 7. Safe Schools for All was a successful model for policy guidance and technical assistance, highlighting the valuable collaboration between CDPH and the educational community.

When California's K-12 schools began preparations to return to in-person learning during the winter of 2020-2021 academic year, many grappled with the complexities of implementing public health protocols essential to managing COVID-19 transmission and spread. Recognizing these challenges, the Governor unveiled the Safe Schools for All (SS4A) Plan and designated an inter-departmental SS4A team, drawing members from CDPH, California Department of Education (CDE), the California State Board of Education, Cal/OSHA, California Department of General Services (DGS), and CalHHS. The SS4A team developed a multi-faceted approach to deliver essential guidance, technical assistance, and educational outreach to LHJs, County Offices of Education (COE), and the broader school community. The team engaged with its local partners through online platforms, communication campaigns, training sessions, and regular meetings to build a cohesive strategy. Beyond these tactical efforts, they prioritized relationship-building and coordinated with public health and education officials across California. Recognizing the pivotal role and value of the SS4A team, CDPH leadership later decided to integrate the team into the ongoing operations of the CDPH Center for Healthy Communities, Office of School Health. This move solidified their influence to inform policies



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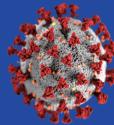
beyond COVID-19, but also to address other pressing public health challenges such as mental health, substance abuse, and fentanyl use.

Finding/Corrective Action: Drawing on the successful SS4A model, CDPH should continue to collaborate with educational partners to support public health efforts in schools beyond COVID-19. (*ID: Policy Development and Guidance 7*)

**8. CDPH devised comprehensive public health guidance for Project Roomkey, an initiative that provided alternative shelters for people experiencing homelessness who were recovering or exposed to COVID-19.**

In response to the COVID-19 pandemic, the State launched the highly successful Project Roomkey in March 2020, offering alternative shelters, such as hotels, motels, and trailers to the homeless. Designed to curb virus transmission and alleviate hospital surge, it enabled those recovering from or exposed to COVID-19 to quarantine and isolate effectively. The California Department of Social Services (CDSS) spearheaded the Project Roomkey Task Force, with a notable contribution from CDPH and other State departments. Within weeks, the Task Force rolled out this essential program for the homeless, providing funding, public health guidance, and comprehensive services, from mobile testing to transportation. CDPH played a critical role by offering comprehensive public health guidance for Project Roomkey sites, emphasizing safety protocols, staff and client screening, and effective public health practices, underscoring the initiative's success and CDPH's key contribution.

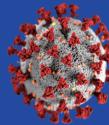
Finding/Corrective Action: CDPH can leverage Project Roomkey as a successful model when collaborating with other State government entities on public health initiatives to support Californians experiencing homelessness. (*ID: Policy Development and Guidance 8*)



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Chapter 4 – Policy Development and Guidance**

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## 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.

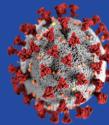
### **9. CDPH missed opportunities to obtain LHJs' input prior to the issuance of policies and guidance.**

Throughout the pandemic, the CDPH Guidance and Policy team grappled with deciding what preliminary information and policy considerations should be disclosed to key stakeholders, especially LHJs, prior to issuing policies and guidance. Many of the policies and guidance focused on polarizing topics, such as masking and vaccinations. This reluctance to share information came about due to State leadership concerns about the early or unintended release of potential/pre-decisional guidance to other stakeholders or the media. This cautious approach meant that LHJs often received new or updated guidance simultaneously with the public, which limited their ability to give feedback on policy considerations much less prepare for questions and implementation in their jurisdictions. Consequently, LHJs raised many questions and concerns after policies were made public. As the pandemic progressed, the Guidance and Policy team led some topic specific workgroups for LHJ input on guidance that was less polarizing or sensitive, and worked towards more transparent interactions, though some challenges persisted for approvals to do so.

Finding/Corrective Action: For future pandemics, designate an LHJ Workgroup or other process for confidential sharing and review to discuss and develop guidance, and provide feedback on the feasibility of statewide policies and guidance. (ID: Policy Development and Guidance 9)

### **10. CDPH faced immense challenges to develop and align guidance across a vast array of industries, sometimes conflicting with other State agencies' guidance.**

During the COVID-19 pandemic CDPH developed guidance for an extensive range of industries, reaching far beyond its traditional



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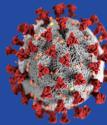
stakeholders. It was challenging to integrate the public health guidance with existing or emergency guidance developed by other State agencies that regulated those industries. To address this unprecedented situation, CDPH collaborated with numerous State entities it had not worked with before. For CDPH staff, this meant rapidly familiarizing themselves with each entity's specialized terminology and understanding their policy review processes. The roles and jurisdictional responsibilities among these entities were often ambiguous, further complicating the effort to align policies.

The dynamic nature of the pandemic led to the swift emergence of guidance, which was often rolled out without in-depth consultation or synchronization with other State agencies' priorities. This occasionally led to guidance that conflicted with recommendations from other regulatory agencies. However, as challenges mounted, the CDPH Guidance and Policy team began instituting more formal processes. One significant improvement was proactively sharing draft guidance with other State agencies before they were vetted by the Governor's Office. This measure greatly improved inter-agency alignment, helping to preempt potential contradictions. Subject matter experts noted that the sheer volume of guidance, compiled and updated for over 40 industry sectors, contributed to these challenges. They suggested a more unified approach, focusing on common elements across industries, rather than tailoring policies to specific industries, would be more effective and manageable for future pandemics.

Finding/Corrective Action: CDPH should consider focusing on public health guidance that applies universally across different types of settings with a focus on common elements, rather than categorizing by industries, in an attempt to reduce the complexity of managing fragmented guidance among many State entities. (ID: Policy Development and Guidance 10)

### 11. CDPH issued an unprecedented amount of guidance to healthcare facilities via AFLs, which caused challenges with keeping all guidance current, aligned, and relevant.

During 2020 and 2021, the CDPH Center for Health Care Quality (CHCQ) took on the significant task of providing guidance for over 11,000 healthcare facilities in the State. To disseminate rapidly changing



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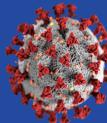
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information amid the COVID-19 pandemic, CHCQ issued an unprecedented number of All Facilities Letters (AFLs). These were especially crucial when facilities were waiting for national guidelines from CDC. However, the unprecedented number of AFLs led to challenges with keeping guidance consistent and current. While healthcare facilities often needed the industry-specific guidance contained in AFLs, they were also subject to the State's more general COVID-19 guidance. Several SMEs underscored the need for a more structured approach to decision-making and documentation, particularly determining the most suitable vehicle for each type of guidance (e.g., an AFL, a general CDPH directive, a public health order, or a reference to CDC guidelines). They also recommended issuing fewer documents in future health crises to make it easier for CHCQ to update and maintain guidance. Issuing guidance for facilities by AFL number also made it hard to find or consult relevant guidance without knowing in advance when it was issued or what number it was assigned.

Finding/Corrective Action: CDPH should consider developing parameters outlining what vehicles should be used to disseminate guidance based on type, information, and audience, and how and who they are distributed to and shared. The parameters should indicate what information and directives are suitable for distribution via AFLs, general CDPH guidance, public health orders, or referral to CDC guidance. (ID: Policy Development and Guidance 11)

### 12. Despite the groundbreaking interim guidance CDPH created on indoor air ventilation, the State continues to examine the need for new regulations or standards for enhancing respiratory practices.

During the first year of the pandemic, as discussions intensified around the transmission mechanism of COVID-19, emerging scientific evidence highlighted the potential for not only direct face-to-face transmission but also indirect aerosol-based spread in indoor settings. Even as public health officials came to understand how the virus was transmitted, the precise role of ventilation in transmitting the virus was still uncertain and no State agency laid out specific guidance on indoor air quality. In this environment, CDPH OHB staff gained recognition as trailblazers in developing guidance on aerosol transmission.



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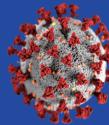
Drawing from their expertise in respirator protection and ventilation, OHB, in collaboration with Cal/OSHA and the CHCQ Healthcare-Associated Infections (HAI) Program, unveiled the "Interim Guidance for Ventilation and Air Quality" in February 2021, which was subsequently updated in August 2023. The guidance was labeled "interim" so it could be updated during the pandemic to reflect the evolving understanding on how the virus was transmitted. This framework provided practical measures for schools, businesses, offices, and other entities on how to improve ventilation, filtration, and overall indoor air quality as a means to combat the spread of COVID-19.

While invaluable during the pandemic, this interim guide underscored a broader question on whether indoor air quality and ventilation should be more strictly regulated in California in the form of new regulations or standards. CDPH continues to participate on the interagency Indoor Air Quality Task force, which was established during the pandemic, to work on this topic. Many SMEs stressed the need to build the knowledge base on respiratory practices and to enhance the infrastructure for ventilation and indoor air quality to better prepare for the next pandemic.

Finding/Corrective Action: CDPH has the opportunity to continue to work with the Indoor Air Quality Task Force to develop guidance for ventilation and air quality that addresses ongoing public health concerns about the transmission and the spread of air borne diseases.  
(ID: Policy Development and Guidance 12)

### 13. CDPH faced challenges in policy document sharing and version control, exacerbated by limited external access to its SharePoint site.

In the initial stages of the pandemic, CDPH's Guidance and Policy team faced challenges due to the absence of a centralized system for sharing and tracking information. This caused the team to rely on emails and attachments for communication. As time passed, SharePoint emerged as an essential tool for internal document sharing. Despite this, the document approval process involved multiple external entities, including the Governor's Office and CalHHS, who rigorously reviewed the documents to ensure alignment with overarching State policies. Moreover, CDPH engaged in collaborative efforts with Cal/OSHA, the Governor's Office of Business and Economic Development (GO-Biz), and



other State regulatory agencies on industry-specific guidance. A significant hurdle arose because these external entities did not have straightforward access to CDPH's SharePoint site, thus hampering efficient coordination. This lack of common document access necessitated a cumbersome back-and-forth email exchange for soliciting feedback, creating issues in document version control. It became evident that, for future pandemics, there is a critical need—underscored by multiple subject matter experts—for a robust, cross-departmental document collaboration system for tracking documents throughout the policy development, approval and dissemination processes.

**Finding/Corrective Action:** For future pandemics, CDPH has the opportunity to deploy a technology solution that supports policy and guidance workflows and facilitates both internal and external access to share, review, edit, track, and approve documents. (ID: Policy Development and Guidance 13)

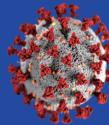
## Analysis of Activities

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.

### Policy Development

#### Policy and Guidance Developed Initially by Different Entities with Limited Coordination

- The COVID-19 pandemic prompted an urgent need for the State to rapidly develop policies and disseminate guidance on many topics and for use by various entities, including individuals, businesses, healthcare providers, the entertainment industry, schools, and many other sectors. In the early stages of the pandemic, CDPH did not have well-established procedures for developing public health policies and guidance that could easily and effectively coordinate and collaborate across multiple programs, subject matter experts, departments, and could generate reviews and approvals in an efficient and timely manner. In the absence of defined procedures, the process became “very chaotic since so many different people wanted to weigh in” on formulating and vetting policies, explained one SME. At the

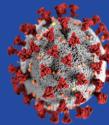


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State Operations Center (SOC), different representatives from CDPH, California Office of Emergency Services (Cal OES), and CalHHS were “jumping in a way that they had never done” to direct policy development, according to SMEs.

- CDPH endeavored to form policy recommendations on evidence-based science, but as one SME explained, it was “not a perfect approach” due to the multitude of stakeholders involved in developing and vetting the policy recommendations. Implementation and enforcement were also crucial factors to consider when weighing the evolving science with policies that would balance feasibility, acceptability, and other factors on reducing disease transmission and protecting communities. Consequently, the guidance incorporated not only evolving science, projections, and subject matter expertise but also incorporated considerations of all the additional forces at play, including the potential philosophical, economic, and societal impacts.
- Initially, CDPH “leaned heavily” on the CDC for guidance, according to one SME, but through summer 2020, the CDC did not issue guidance “fast enough” for what the public and various crucial sector specific entities needed. The delay in receiving CDC guidance left local public health officers without direction, and developing consistent guidance across jurisdictions was needed to reduce confusion or arbitrary different practices across jurisdictional borders. Consequently, there was a pressing need to provide interim guidance to fill in the gap while waiting for the CDC.
- Guidance documents on similar topics began to originate in different places, sometimes in a different State department, different parts of CDPH, or in the Governor’s Office. For instance, there were instances where Cal/OSHA would be in the process of drafting a document, unbeknownst to CDPH, which potentially conflicted with CDPH’s recommendations. Similarly, while CDSS was formulating guidance concerning housing for the homeless, CDPH was simultaneously crafting guidance on the same issue.
- Economic guidance, particularly those related to business shutdowns, were spearheaded by the Governor’s Office of Business and Economic Development (GO-Biz) and managed directly by the Governor’s Office. By the time guidance documents were brought to some of CDPH’s subject matter experts, they were nearing completion and sometimes did not contain the appropriate level of detail or were not reviewed by all the



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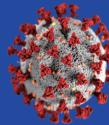
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relevant parties. Furthermore, since policies and guidance were being developed by different entities, each document had a different look and feel, leading to a lack of uniformity.

- CDPH leadership understood the importance of collaborating with other State departments to align COVID-19 policy and guidance across the whole of State government. However, when staff coordinated, this delayed the policy development effort. As a result, policy decisions did not keep pace with the evolving scientific understanding of the virus's transmission and spread.
- Given that CDPH had never issued the volume of guidance for a public health emergency at this unprecedented pace and scope, there were no pre-existing processes for staff to rely on to develop, review, and approve policies that incorporated feedback from a vast number of stakeholders. In the absence of defined procedures, CDPH leadership addressed the most crucial requirements of the moment and did not “let perfection become the enemy of progress,” according to one SME. Consequently, when developing COVID-19 policy and guidance the focus shifted to creating what one SME called the “minimum viable product” and disseminating it as quickly as possible.

### CDPH Established Centralized Unit to Standardize Policy and Guidance Development

- CDPH leadership recognized the need to better organize, manage, and track the development of policy and guidance. This focus addressed the urgent need to disseminate the current scientific understanding and best practices to LJs as quickly as possible. As the pandemic progressed, more structure and staffing were assigned to fulfill this role. By July 2020, there were designees in the Science Branch assigned to coordinate and translate guidance, and leads from outside the department were assigned to direct this work. By December 2020, CDPH formally set up a small unit, known as the Guidance and Policy (G&P) team, initially with two part-time employees, to establish standardized processes for policy development, review, revision, approval, and dissemination.
- One of the most challenging aspects of COVID-19 policy development, according to several SMEs, was navigating the chain of command for approval. To mitigate this issue, the team instituted a uniform process

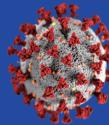


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designed specifically to streamline reviews and approvals. The team established points of contact with the CDPH Science Branch, CDPH Legal Counsel, CDPH Occupational Health Branch, CDPH leadership, Cal/OSHA, CalHHS, and the Governor's Office. Using an electronic routing slip streamlined the review process, ensuring that only essential decision-makers and SMEs were involved, thereby cutting through any redundant layers. Additionally, the routing slip kept reviewers informed about the document's status, indicating both the reviews already completed and the next reviewers in line.

- Internally, the CDPH SharePoint site served as the platform for managing document version control and the review process. However, given that external entities did not readily have access to CDPH's SharePoint, alternate methods were employed: documents were either uploaded to the SharePoint sites of the respective external entities or sent directly via email. To track the progression of documents through the review process, the team used Airtable, an online spreadsheet, to report on reviews and approvals completed. Overall, the infrastructure the team set up successfully clarified roles, responsibilities, and decision-making authorities, contributing to a more efficient policy development process.
- After CDPH issued policies and guidance, the G&P team often fielded questions and inquiries from various sources, including the public, LHJs, healthcare providers, industry, State departments, and other stakeholders. Often the inquiries sought clarification of a policy (e.g., did guidance for doctors' offices include chiropractors). The small team reported that they were unprepared for the volume of incoming questions from such diverse entities. It was time consuming to identify the appropriate SMEs to answer questions and then obtain approvals on the responses that could be disseminated. To handle this influx of inquiries, the team implemented an automated Customer Relationship Management (CRM) system. A dedicated staff member managed the CRM so that inquiries were automatically routed to the appropriate SME for immediate attention. This streamlined approach improved operational efficiency. The CRM supported a structured process for receiving and responding to inquiries, which allowed the team to document its responses, considerations, and decisions.
- Even though the G&P team documented all the incoming questions in the CRM, initially they did not compile them into Frequently Asked Questions



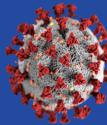
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(FAQs). However, by mid-2021, they came to recognize the usefulness of such a resource, particularly FAQs for more complex public health orders.

Consequently, when a new public health order or guidance was posted on the CDPH website, the team updated the FAQs, which were linked to the relevant policy documents. One key lesson learned from this experience is the value of generating FAQs from the outset, as this could have mitigated the volume of incoming questions when new policies and guidance were released.

- Navigating the policy landscape across the whole of government presented complex challenges, particularly when CDPH issued new guidance that was subsequently impacted by guidance from other State agencies or departments (and vice versa). This necessitated immediate responses to reconcile the impacts, involving various sectors like unemployment, congregate living facilities, social services, food and agriculture, and correctional facilities. The situation was further complicated by the pace at which guidance was being developed, often without adequate consultation or alignment with other agencies' priorities.
- Over time, the G&P team refined its approach, making it standard practice to circulate guidance and policies among other State agencies before submission to approving agencies. This proactive step considerably improved alignment across State entities and helped to preemptively address issues that could arise from conflicting guidance. This evolving process not only improved operational efficiency but also fostered stronger interdepartmental relationships. The necessity for frequent collaboration has led to an ongoing alignment of recommendations and strategies across various State departments.
- In October 2021, the Governor signed SB 336 ([Chapter 487, Statutes of 2021](#)) into law. This law required CDPH and LHJs to post public health orders or mandatory guidance on their respective websites and the date the order or guidance takes effect. As a result, the G&P team developed "Policy Alerts" to disseminate this information. In addition, members of the general public and stakeholders can sign up for the distribution list to automatically receive the alerts.
- By July 2022, the team had grown into the Office of Guidance and Policy to consist of eight redirected staff and one contracted position. Their role continued to support the development, updating, and dissemination of

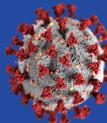


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guidance and policies during the COVID-19 pandemic and address inquiries from the public, stakeholders, partner agencies, and the media. CDPH guidance documents (for local health jurisdictions, healthcare facilities, schools, the general public, and more) are posted online. Much of the guidance is posted on the CDPH COVID-19 guidance and policy page and the California Health Alert Network (CAHAN) page. The Office disseminates guidance to the public and stakeholders through weekly policy alerts, website posting, and coordination with CDPH's Office of Communications.

- A dedicated G&P team brought structure to a previously chaotic environment by defining what guidance documents were being developed, what was needed, what was being updated, who was the lead, and who needed to contribute. This pivotal change effectively "changed our world," according to one SME. Standardized practices and workflows were subsequently integrated into other responses such as mpox and Ebola. The overarching goal for the Office is to leverage this established infrastructure and extend its standardized practices into ongoing CDPH activities for future activations and into CID for ongoing guidance development.
- In January 2023, CDPH conducted an analysis using Lean principles to identify best practices that could be applied to the review and approval of non-emergency policy documents. As a result, the team established a streamlined document management process. That begins when a program submits a document for review and continues through to its eventual approval, release, publication, or further submission to either CalHHS or the Governor's Office. The ultimate goal of the Lean analysis was to develop a unified process that seamlessly integrates both emergency and non-emergency policy formation across the department, thereby fostering operational efficiency and clarity in decision-making.
- While the Lean improvement project reduced the amount of time needed to conduct policy review and approvals, it primarily focused on document management, rather than the entire process starting with initiation and ending with approval and dissemination. Given this, one CDPH leader observed that CDPH still "needs a policy on how to develop a policy." This includes the need for an established structure for content development and formatting. In particular, the CDPH leader recommended that each guidance document should be prepared with standardized elements, such as a title, document number, unit from where it originated, author, expiration



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

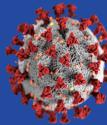
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date, and when to update and/or archive. This would provide useful information for identification, tracking, version control, and archiving purposes.

### LHJs Provided Limited Input on Policy Development

- The challenge of determining when draft policies could be shared with LHJs was an ongoing discussion. This difficulty was compounded when LHJs received critical information concurrently with the public, limiting the opportunity for timely and constructive LHJ feedback. This dynamic led to some frustration within the G&P team. Occasional information leaks complicated the situation, prompting the Governor's Office to tighten restrictions on disseminating emerging policy information.
- Outreach efforts to LHJs regarding draft policies were largely informal. They were conducted through ad hoc calls aimed at those deemed most likely to be impacted—whether supportively or critically—by upcoming policies. However, as the circumstances evolved, the G&P team made modest progress in sharing information with LHJs in advance, gradually resulting in robust discussions during group calls with LHJs, and eventually more formal workgroups. The ongoing struggle between the need for discretion and the value of collaboration remained a hindrance to establishing effective draft policy feedback loops.
- While CDPH formed a Policy and Guidance LHJ Workgroup to develop short- and long-term goals of the policy achievements CDPH should make, it was not convened to provide input on policies under development. However, the G&P team took advantage of the platform to engage the LHJ Workgroup in a review of an early draft of homeless shelter guidance, further demonstrating the utility of obtaining local input on guidance under development. Based on this experience, one CDPH leader suggested that for future pandemics, CDPH should proactively seek LHJ input early in policy development. This approach would allow for iterative refinement of policies before their public release as well as reinforce the CDPH and LHJs partnerships.
- For a discussion of the LHJ perspective on COVID-19 policy and guidance, see the Local Response chapter in this AAR.

### **Public Health Orders**

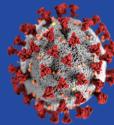


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### State Took Unprecedented Step to Issue Statewide Public Health Orders

- Historically, during public health emergencies, public health orders primarily originate at the local level, while the State provides support and resources to the local jurisdiction implementing the local order. This legal authority is provided in California Health and Safety Code sections [101040](#) and [120175](#), which grants broad powers to local health officers to protect public health during local emergencies and prevent the spread of contagious diseases. As COVID-19 began to rapidly spread across the State, it quickly became challenging for LHJs to impose local public health orders to manage the spread at the local level. The LHJs were operating in an “incredibly intense” environment and getting “pushback from all different angles,” such as elected officials, citizens, healthcare providers and other stakeholders, according to one SME.
- It soon became apparent that the State would need to issue statewide orders to ensure consistency in policies and enforceable actions that could be applied uniformly throughout the State, instead of the LHJs issuing separate, independent public health orders. Thus, the COVID-19 pandemic marked an unprecedented instance where CDPH issued a multitude of statewide public health orders that created requirements and consistent interventions to protect the health and well-being of Californians. In developing the draft language, CDPH leadership worked closely with CalHHS to ensure the public health order aligned with the Governor’s policy direction and executive orders. Once there was agreement on the policy, the public health order could be issued fairly quickly. The State’s public health orders benefited the LHJs by giving them a consistent policy, and “something to point to” which reduced some of the pressures they were facing, especially in jurisdictions with less public health support, according to one SME.
- The State public health orders included requirements, recommendations, and restrictions to help prevent the spread of COVID-19 and safeguard public health. As the science evolved and more became known about COVID-19 prevention, transmission, and treatment, existing public health orders were often amended. These amendments reflected changes in scientific understanding, new recommendations from the CDC or updates to the State’s guidance and regulations. The G&P team worked diligently to amend the orders, as needed, to keep the orders relevant, evidence-based,

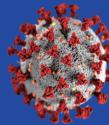


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and aligned with the most current knowledge and best practices. The initial public health orders and subsequent amendments are archived [here](#).

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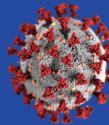
### Guidance on Nonpharmaceutical Interventions

#### Initial Guidance Focused on Handwashing and Disinfection

- Nonpharmaceutical interventions (NPIs), as defined by the CDC, are any type of health intervention, which is not primarily based on medication, that people and communities can take to slow the spread of an infectious disease. NPIs can be categorized as personal, community, or environmental. Personal NPIs include staying home when sick, using a face covering, and frequent handwashing. Community-based strategies include social distancing and closure of settings where people gather. Environmental NPIs encompass routine surface cleaning, personal protective equipment (PPE), respirators, ventilation, and indoor air quality.
- Prior to the pandemic, educational materials on handwashing already existed, enabling CDPH to distribute these materials to the public when the need arose to address COVID-19. However, industries and schools urgently sought information on effective and safe cleaning methods, especially since an overuse of disinfectants could potentially lead to asthma. In response, CDPH began issuing guidance on NPIs, starting with guidance focused on cleaning and disinfecting protocols in February 2020. CDPH's early COVID-19 guidance focused on basic preventative actions that individuals could easily implement on their own. In [guidance issued on April 1, 2020](#), CDPH recommended that the best defense against COVID-19 included frequent hand washing, not touching one's face with unwashed hands, and physical distancing.

#### CDPH Developed Guidance on Face Coverings

- Another common NPI was masking, also known as face covering. Masking policy remained a highly contentious topic from the very outset and throughout the pandemic, which made it challenging for CDPH to navigate. On February 29, 2020, when face masks were in short supply, the U.S. Surgeon General tweeted that wearing a face mask would not prevent the public from contracting COVID-19. A month later, the CDC advised that healthy people who were not taking care of an infected person at home did not need to wear masks; rather, the CDC urged the public to preserve face masks for caregivers. By early April, federal health officials changed their guidance in response to the growing body of evidence that people who did not appear to be sick could still transmit the disease. Shortly thereafter, new

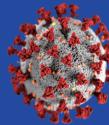


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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federal guidelines recommended masks for all people over age two who were in a public setting, traveling or around others in the same household who might be infected.

- In response to the evolving federal recommendations, in late March 2020 the CDPH Occupational Health Branch (OHB) started drafting a comprehensive State masking policy. This drafting process involved a review of policies from other states, with particular attention given to those with comparable public health infrastructures. Strategies utilized by Washington, Oregon, and New York proved particularly instructive and were leveraged to shape CDPH's guidance. The State's [first guidance on use of face coverings](#) was issued on April 1, 2020 and applied to individuals when they were outside the home. While the guidance pointed out that masking may help reduce asymptomatic transmission, it should not replace the existing recommended nonpharmaceutical interventions of remaining at home, frequent hand washing practices, and physical distancing.
- OHB continued to monitor the scientific evidence and recommended updates to the masking guidance. By late spring 2020, more definitive scientific research had shown that people with no or few symptoms of COVID-19 could still spread the disease, increasing the importance of face coverings. Consequently, on June 18, 2020, CDPH [updated its face covering guidance](#) to require the use of masks statewide in any indoor public space, in healthcare settings, on public transportation, and in workplace settings. This guidance would remain in place for the next year. The following year in June 2021, CDPH [updated the State's guidance](#) to align with CDC recommendations, which loosened masking restrictions for fully vaccinated individuals in certain settings, while maintaining universal masking in high-risk settings.
- Throughout 2021 and 2022, as different COVID-19 variants emerged and some Californians chose not to be vaccinated, CDPH updated its face coverings guidance eight times to address the changing demographics of the population most at-risk of contracting the virus. On December 15, 2021, a universal indoor masking requirement was reinstated to mitigate the Omicron variant. Updates in the spring 2022 strongly urged all persons, regardless of vaccination status, to wear face coverings indoors and on public transportation. Finally, on March 3, 2023, anticipating the end of the public health emergency in May, [CDPH sunsetted its guidance](#) for masking based



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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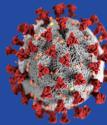
on community transmission levels, and provided education and recommendations on face masks for personal protection and source control use going forward.

### OHB Contributed Technical Expertise to Face Covering Guidance

- During the first year of the pandemic, OHB staff, including its industrial hygienists, served as the subject matter experts for the State's stockpile of personal protective equipment (PPE). Their expertise proved crucial, especially considering the worldwide shortage of PPE, especially respirators. OHB provided guidance on procurement sources, quality assurance, and educated CDPH staff about design specifications, usage protocols, and certified equipment. When a supply shortage of respirators occurred, OHB issued guidance on the use of cloth face coverings. As supplies stabilized, OHB guided the transition back to N-95, KN-95, and KF-94 masks, including child-sized options, supplementing this with educational materials on proper mask fit.
- By November 2021, CDPH leadership requested OHB develop an authoritative fact sheet that would rank various types of face coverings. This document presented an evaluative summary of the pros and cons of different mask types and their appropriate uses, solidifying OHB's role as the go-to authority on masking during this critical period.
- For a discussion of OHB's technical consultation and PPE validation work, see the Medical Surge chapter in this AAR.

### Isolation and Quarantine Guidance Evolved as More Became Known about the COVID-19 Incubation Period

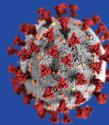
- At the onset of the pandemic, the State relied on CDC guidance to develop the State's isolation and quarantine policies. At that time, CDC recommended a quarantine period of 14 days after COVID-19 exposure. By July 2020, State leadership began to recognize this length of time imposed physical, mental, social, and economic hardship, which potentially reduced compliance and also could dissuade contact tracing outreach. Furthermore, the scientific evidence at the time suggested people with mild to moderate COVID-19 remained infectious for no longer than ten days. Consequently, [CDPH updated its guidance](#) in December 2020 to reduce the quarantine periods for symptomatic and asymptomatic people.



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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- Once vaccines became available (in late 2020 and early 2021) and the scientific evidence suggested that fully vaccinated people were less likely to become infected and transmit COVID-19, [CDPH again updated its guidance](#) in mid-2021. The updated guidance included a symptom-based strategy for determining the duration of isolation for COVID-19 positive individuals and created self-quarantine periods for vaccinated and unvaccinated people. The guidance continued to recommend nonpharmaceutical interventions for all individuals exposed to COVID-19, including wearing a mask, maintaining a distance of at least six feet from non-household members, frequent hand hygiene, and avoiding crowds and poorly ventilated indoor spaces.
- By early 2022, the State moved away from more restrictive quarantine measures, while keeping in mind that the emergence of a more virulent variant or future surges of a new variant could prompt the need to reinstate these public health disease control and prevention measures. In February 2022, California announced the release of the State's [SMARTER Plan](#), the next phase of California's COVID-19 response. The plan offered a multi-pronged approach that included encouraging vaccination and boosters, as well as nonpharmaceutical interventions such as mask wearing, ventilation, case investigation and contact tracing in prioritized settings, and isolation for those infected with COVID-19.
- By November 2022, the COVID-19 virus had evolved to a shorter incubation period of two to three days. Thus, by the time an exposed contact was notified, their incubation period was over and the most relevant time period for restricting movement by quarantine had passed. In addition, the State entered a phase in the pandemic in which many Californians were vaccinated and/or had been previously infected with COVID-19. Furthermore, COVID-19 transmission was low, and the availability of effective vaccines and treatment options reduced the severity of disease and resulting hospitalizations, deaths, and stress on the healthcare infrastructure. Consequently, [CDPH updated its guidance](#) on isolation, recommending five days of isolation for everyone, regardless of vaccination status, previous infection, or lack of symptoms. In addition, asymptomatic individuals exposed to COVID-19 no longer needed to test or quarantine.
- By the time the public health emergency ended in May 2023, CDPH had amended its guidance on isolation and quarantine numerous times, issuing



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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DELIBERATIONS – DRAFT

guidance on May 23, 2023 that aligned with then current CDC recommendations for isolation. Individuals who tested positive for COVID-19 were encouraged to isolate for five days and could leave isolation after five days if they were feeling well, had symptoms that were improving, and had been fever-free for 24 hours.

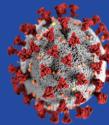
For further discussion on testing, refer to the Testing chapter in this AAR.

For further discussion on case investigations and contact tracing, refer to the Contact Tracing chapter in this AAR.

For further discussion on vaccine policies and guidance, refer to the Vaccines chapter of this AAR.

### Project Roomkey Provided the Unhoused Places to Isolate and Quarantine

- [Project Roomkey](#), a very successful initiative, was established in March 2020 as part of the State's response to the COVID-19 pandemic. Project Roomkey provided non-congregate shelter options, such as hotels, motels, and trailers, for people experiencing homelessness, with the goal to mitigate transmission, reduce hospital surge, and protect lives. The program gave people who were experiencing homelessness and recovering from COVID-19 (or had been exposed to COVID-19) a place to recuperate and properly quarantine outside of a hospital. It also provided a safe place to isolate those who were experiencing homelessness and were at high risk for medical complications should they become infected. The State provided dedicated support teams to counties to help implement this project, which included assistance with identifying hotels and motels and negotiating and executing operating agreements. The State also provided local providers with technical assistance on keeping the records necessary to receive federal reimbursement.
- The Project RoomKey Task Force was led by the California Department of Social Services (DSS) and CDPH participated with several other State departments. In just a few weeks, this group came together to quickly and collaboratively design and implement this vital program for the homeless community. This included funding the effort and providing public health guidance, training materials, a master agreement for wrap-around services (e.g., mobile testing, medical services, transportation to hospitals), and technical assistance in emergency operations. CDPH's comprehensive public health guidance for [Project Roomkey Sites](#) focused on staffing,



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

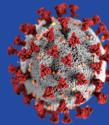
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equipment, supplies, PPE, cleaning and disinfection, laundry, and food safety. The guidance also included procedures for minimizing the spread of infection, screening clients and staff, and safety practices and training. Overall, the initiative exemplified “a whole of government approach” and “the coordination was amazing across state entities,” according to one SME.

- Initially, the Task Force set a goal of securing 15,000 beds. By November 2020, it surpassed the goal with 22,000 beds, which enabled the State to serve over 42,000 people through July 2021, with many thousands more served through the remainder of the pandemic. In addition to serving the urgent public health needs associated with the pandemic, the program also addressed longer-term housing needs, since many locally operated programs helped participants exit the program into permanent housing. Furthermore, some counties eventually purchased the hotels and motels to use for their ongoing sheltering needs.
- In addition to participating on the Project Roomkey Task Force, CDPH also administered the Coronavirus Aid, Relief, and Economic Security (CARES) Act grant funding. The funds were provided to State, local, tribal, territorial governments, and public agencies to address housing instability and homelessness. These entities could apply for CARES funding to acquire or rehabilitate hotels, motels or other Project Roomkey sites. CDPH monitored and reported on how the CARES funds were utilized. For further discussion of CARES grants, refer to the Fiscal Administration chapter of this AAR.

### Limiting Movement as a Nonpharmaceutical Intervention

- In early March 2020, the Governor's Office began discussions about limiting movement across the state. CDPH leadership provided input on the public health and safety impacts of potential closures of various sectors. When the Governor's Office decided to align with U.S. Cybersecurity and Infrastructure Security Agency (CISA) guidelines on essential critical infrastructure, the State Public Health Officer issued a statewide [Stay-at-Home public health order](#) on March 19, 2020, which specified who could continue working. This order allowed Californians employed in one of the 16 CISA-defined critical infrastructure sectors to continue working outside of their homes; all other residents were ordered to stay-at-home. The order also stipulated that, should individuals venture out for activities deemed essential by the order, social distancing measures should be observed at all times. Also, on March 29, 2020

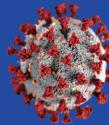


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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the Governor issued an [Executive Order N-33-20](#) directing all residents to heed the State's PHO Stay-at-Home order.

- A month later, the State started planning how it would end the stay-at-home restrictions. On April 14, 2020, the State issued the Pandemic Resilience Roadmap (Roadmap), which laid out a four-stage framework for lifting the stay-at-home restrictions gradually based on specific county metrics. The Roadmap identified four stages of the pandemic: safety and preparation (Stage 1); reopening of lower-risk workplaces and other spaces (Stage 2); reopening of higher-risk workplaces and other spaces (Stage 3); and finally an easing of final restrictions leading to the end of the stay-at-home order (Stage 4).
- Many SMEs referred to the Roadmap as the “dimmer framework,” because it required counties to reintroduce activities and sectors in a gradual, phased manner, similar to a dimmer light switch, rather than reopening up activities and sectors all at once. At that time all counties were operating in Stage 1 of the Roadmap. Local emergency response efforts involved building out testing, contact tracing, PPE, and hospital surge capacity, as well as developing policies and guidance to keep the local essential workforce as safe as possible.
- In early May 2020, the State allowed counties, who met certain metrics, to transition to Stage 2 of the Roadmap to reopen lower-risk workplaces and other spaces. As counties began to move through Stage 2 and loosen restrictions, the State experienced a significant increase in the spread of COVID-19. Consequently, on July 13, 2020, the State Public Health [ordered the statewide closure of operations](#) in certain high-risk sectors, such restaurants, bars, performance venues, movie theaters, and other indoor attractions, to slow community transmission.
- By mid-summer 2020, the Governor’s Office was grappling with the complex challenge of gradually reopening the economy without triggering a resurgence of COVID-19 cases. Lacking guidance and a framework from the CDC at that time, a team comprised of CDPH, CalHHS, and Governor’s Office representatives created a re-opening plan that could be implemented quickly. Working around the clock, the team sought input from nationally recognized experts, scrutinized various models, and performed extensive internal reviews to define the criteria and the metrics that could be used to reopen California. The team ultimately arrived at a consensus on the

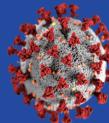


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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key metrics, including case rates per capita and test positivity rates, and then fine-tuned the nuanced calculations to underpin these criteria.

- In preparation for the plan's launch, CDPH staff developed guidance to operationalize the plan, including the State's and counties' responsibilities. The guidance laid out the metrics that each county needed to meet, based on disease burden, testing, and eventually health equity. Counties were assigned one of four risk levels—minimal (yellow), moderate (orange), substantial (red) or widespread (purple)—based on the number of daily new cases adjusted for testing volume and test positivity rate. Counties with substantial risk had to close more categories of non-essential indoor businesses, while those whose data indicated moderate or minimal risk levels could open more sectors.
- The re-opening plan, originally called California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe, launched on August 31, 2020. To better communicate the plan to the public, the title was shortened to [Blueprint for a Safer Economy](#). On a weekly basis, counties were assigned to a tier based on their metrics. CDPH compiled and confirmed the data with each LHJ before submitting the tier assignments to CDPH leadership, CalHHS, and ultimate approval by the Governor's Office. Once approved, CDPH staff worked with the CDPH Communications team to publish the tier assignments on the State's COVID-19 and CDPH websites.
- The Blueprint framework was revised multiple times until sunsetting on June 15, 2021. With each iteration, CDPH staff adjusted the metric calculations. In addition, CDPH staff developed an adjudication process for LHJs to appeal their tier assignment and document their justification for re-assignment. When the Blueprint was in effect, in winter 2020-21, the State experienced an unprecedented increase in COVID-19 cases, hospitalizations, and test positivity rates across California. To mitigate the increase, the State accelerated the application of the Blueprint Framework metrics on November 16, 2020 and issued a [limited Stay at Home public health order](#) on November 19, 2020 restricting movement from 10pm to 5am. Despite these interventions, the number of new cases per day continued to increase and the rate of new cases per day increased dramatically.
- Projections showed that without additional intervention to slow the spread of COVID-19, the number of available adult Intensive Care Unit (ICU) beds in

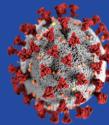


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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the State would be at capacity by mid-December, overwhelming California hospitals. Since vaccines were not yet available, State leadership wanted to impose additional nonpharmaceutical public health interventions to prevent rationing hospital care.

- LHJs in some regions wanted to implement a stay-at-home order to curb the spread. Since such an order would likely encounter resistance within their jurisdictions the State's issued a [Regional Stay-at-Home public health order](#) on December 3, 2020 that superseded the Blueprint's tier system. The order specifically targeted regions where the four-week projected ICU capacity was anticipated to fall below 15%. The metrics utilized current estimated ICU capacity, rates of community COVID-19 transmission, regional case rates, and the daily proportion of ICU admissions.
- The State started to issue orders by region as the metrics warranted and this proved very successful. This unforeseen circumstance acted as a catalyst, compelling LHJs to unite in unprecedented ways. The regional approach induced counties to recognize geographic similarities, which helped align neighboring LHJs due to shared issues and goals. Roles, responsibilities, and decision-making frameworks adapted swiftly to address regional challenges. The regional orders served as an urgent call to action, facilitating a deeper cooperation between counties.
- After the Blueprint concluded in June 2021, California transitioned into a new phase, known as [Beyond the Blueprint](#), marked by readily available COVID-19 vaccines and a decline in transmission rates. CDPH maintained vigilant monitoring of scientific evidence and epidemiological data, adapting guidance as necessary to reflect evolving public health conditions and recommendations from the CDC and other public health authorities. Initially there were still requirements for large “mega-events” with several thousand attendees, and other settings such as schools.
- For further discussion of the Blueprint's implementation, data monitoring, and the adjudication process, refer to the County Data Monitoring and Local Coordination chapter of this AAR.
- For further discussion of vaccine policies and guidance, refer to the Vaccines chapter of this AAR.

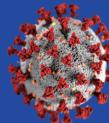


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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### CDPH Pioneered Guidance on Indoor Air Quality

- In August 2020, the debate surrounding the transmission mechanism of SARS-CoV-2 was in full swing. Scientific evidence was beginning to show that indoor transmission could occur directly, through face-to-face interactions with an infected person, and, more importantly, indirectly via inhalation of aerosols that had been dispersed from an individual. In the fall of 2020, OHB partnered with Cal/OSHA to conduct site investigations to determine the role of ventilation in outbreaks.
- At this juncture, no guidance on indoor air quality had been issued by any State agency. CDPH OHB staff emerged as "pioneers for aerosol transmission," according to one SME. Already engaged in work on respirator protection and ventilation, OHB staff provided critically needed guidance on indoor air quality.
- Managing indoor air quality was driven by a straightforward principle: the more people occupying an indoor space, the greater the need for ventilation with outdoor air, in combination with filtration of the indoor air. OHB collaborated with Cal/OSHA and CHCQ's Healthcare-Associated Infections (HAI) Program to co-author guidance, known as [Interim Guidance for Ventilation and Air Quality in Indoor Environments](#), published in February 2021 and subsequently updated in August 2023. This guidance delineated practical steps to enhance ventilation, filtration, and overall air quality, all aimed at mitigating the spread of COVID-19 and other aerosolized infectious agents. The guidance was labeled as "interim" so it could be updated throughout the pandemic based on the evolving understanding how the virus was transmitted and how ventilation could help.
- The interim guidance did not address the specific needs of congregate care facilities, such as skilled nursing facilities (SNFs), long-term care facilities (LTCFs), hospices, drug treatment centers, and homeless shelters. Since these settings often require higher ventilation rates and enhanced filtration measures to maintain effective infection control, OHB crafted specialized guidance for these facilities. [Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities, Long-Term Care Facilities, Hospices, Drug Treatment Facilities, and Homeless Shelters](#) drew from the consensus recommendations set forth by leading organizations, including the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) and the American Society for



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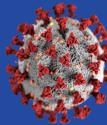
Healthcare Engineering (ASHE). It also aligned with the mandates of the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#).

- OHB continued to field many questions from SNF and LTC facilities. To address these inquiries, OHB partnered with the HAI Program to offer specialized training sessions to LHJs that brought the SNFs together. Additionally, OHB provided consultations to LTC facilities, focusing on how effective ventilation can mitigate the risks associated with COVID-19 and how to best apply these ventilation strategies in areas designated for isolated patients. For further discussion of the HAI Program, see the Infection Prevention chapter in this AAR.
- While the interim guidance served a useful purpose during the pandemic, SMEs pointed to the broader question of whether air quality and ventilation should be more strictly regulated in California. CDPH participates in the State's interagency Indoor Air Quality Task Force, which meets quarterly, to work on this topic and examine the need for new regulations or standards.

### Guidance to Industry

#### Public Health Guidance Aligned to Guidance Issued by Regulatory Agencies

- While CDPH was responsible for developing and issuing public health guidance governing businesses, it also tried to ensure that its guidance did not conflict with the existing or emergency guidance issued by other State agencies that regulate those businesses. This required CDPH staff to establish partnerships with State agencies with which CDPH had not previously collaborated. These partnerships included Cal/OSHA, GO-Biz, the California Department of Education (CDE), California Department of Social Services (CDSS), California Department of Corrections and Rehabilitation (CDCR), and the California Department of Food and Agriculture (CDFA), among others. CDPH developed an understanding of each entity's terminology specific to its area of responsibility and the process flows for the entity's policy reviews.
- CDPH staff synchronized and aligned policies and guidance across numerous government entities. This was no small feat, given that the roles and responsibilities among the different jurisdictions were often ambiguous. In unique settings like childcare, for example, which is regulated by CDSS, CDPH staff rapidly forged connections and established policy workflows. Several SMEs noted that maintaining these partnerships and defining a systematic



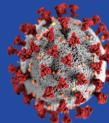
## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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approach for coordination would be indispensable to navigate the next pandemic more effectively.

### Collaboration with Cal/OSHA and GO-Biz on Industry-Specific Guidance

- Within California, Cal/OSHA provides a corollary public health function to regulate and protect occupational health. When the pandemic began, Cal/OSHA guidelines existed for [Aerosol Transmissible Diseases](#), but these only applied to employers anticipated to have employees with higher risk of exposure to aerosol transmissible diseases, such as healthcare and congregate care facilities, emergency medical services, and medical transporters. State leadership recognized that other types of businesses would need guidance to protect workers from exposure to COVID-19 and consequently directed CDPH, Cal/OSHA, and GO-Biz to work together on COVID-19 pandemic guidance. Over the course of the pandemic, the three agencies collaborated on 40 guidance topics covering such diverse industries as agriculture, childcare, construction, energy and utilities, food packing, grocery stores, hotels and lodging, retail, fitness centers, entertainment venues, manufacturing, personal care services, schools, places of worship, restaurants, and bars. CDPH provided subject matter expertise on the guidance and incorporated CDC guidance when available and aligned with CDPH recommendations, and CDPH-issued public health orders (requirements) and guidance (recommendations).
- During this process, CDPH staff co-developed COVID-19 policy and guidance for every industry segment that “we could possibly imagine, beyond the typical scope of public health,” according to one SME. After guidance was developed for individual industry sectors, it became much more difficult to align guidance across sectors. In retrospect, several SMEs commented that guidance should not have been developed separately for restaurants, bars, amusement parks, and “every congregate setting known.” Instead, they suggested taking the basic commonality on the type of space, density, duration, and risk of individuals typically within the space, typical use of the space (e.g., activities where masks can be worn or not), etc. within sectors, such as serving food, and developing the guidance for that commonality (e.g., providing food services rather than focusing on the type of business serving the food).
- CDPH OHB staff also provided input on Cal/OSHA's [COVID-19 Prevention Emergency Temporary Standards](#), which were published at the end of

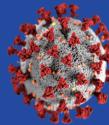


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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November 2020. These temporary standards required employers to protect workers from hazards related to COVID-19 and applied to most workers in California not covered by Cal/OSHA's Aerosol Transmissible Diseases standards. CDPH staff reviewed the standards and subsequent updates so that they did not conflict with other workplace guidance developed by CDC, CDPH, or other State agencies.

- The emergency temporary standards required employers to implement a site-specific written COVID-19 prevention program to address COVID-19 health hazards, correct unsafe or unhealthy conditions, and provide face coverings. When there were multiple COVID-19 infections or outbreaks at worksites, employers were required to provide COVID-19 testing and notify their local public health departments. The regulations also required accurate recordkeeping and reporting of COVID-19 cases. In June 2021, the emergency temporary standards were revised to loosen restrictions on face coverings and testing under certain conditions. There were two subsequent revisions, in January 2022 and May 2022, which updated definitions for certain terms and further loosened previous restrictions. Cal/OSHA proposed these revisions in consideration of updated guidance from CDPH and to make the standards more flexible if changes were made to CDPH guidance in the future.
- Cal/OSHA had an established, structured process for crafting occupational health guidance before the pandemic struck. This process included rigorous vetting and a public comment period—elements Cal/OSHA maintained during the pandemic. Consequently, Cal/OSHA was not able to issue guidance at the same pace as CDPH. This posed a challenge in keeping both agencies' guidance aligned. When CDPH updated its guidance swiftly in response to the evolving situation, Cal/OSHA's existing guidance remained until the updates progressed through the agency's more extensive vetting process, causing a temporary misalignment.
- To address this time lag between CDPH and Cal/OSHA guidance, the agencies collaborated to create standardized language, known as "magic phrases," according to SMEs, which deferred to CDPH public health order definitions as the authoritative reference. For instance, Cal/OSHA established a workplace definition for "close contact," but included the "magic" phrase, "unless close contact is defined by regulation or order of CDPH." If so, the CDPH definition shall apply." This innovative approach was particularly



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

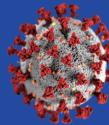
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beneficial given that Cal/OSHA's temporary standards set basic rules for employers on case definitions, contact tracing, data reporting, testing protocols, and other prevention and mitigation strategies like ventilation, and both organizations anticipated frequent changes in the evolving science and impact of these standards. The standards also included a "magic phrase" that stipulated that if either CDPH or local health jurisdictions issued new or more health protective requirements or definitions, employers should consult and adhere to those updates. This successful strategy allowed both agencies to provide guidance to employers consistently and in a timely manner.

- Increasingly over time, CDPH adopted and increased the generation of FAQs to clarify implementation of the guidance. Several SMEs commented that FAQs should have been incorporated into their approach from the beginning. The ease of editing FAQs, as opposed to more formal guidance documents, made it an effective tool for quickly disseminating information that could easily be linked to the associated guidance documents on the CDPH website. FAQs not only facilitated rapid updates, but also reduced the workload associated with issuing more formalized guidance.

### CDPH Developed Educational Materials for Businesses

- In an unprecedented effort that one SME described as "a different ballgame," OHB staff proactively developed educational materials and tools to address COVID-19 in the workplace. These were posted on a CDPH OHB website page dedicated to [COVID-19 & the Workplace](#). While not official guidance, they served as valuable resources to help employers prepare and respond to the pandemic. Working closely with LHJs and health educators, OHB refined the language and format of various materials, including fact sheets and other informational tools. CDPH Health Educators helped shape a worker education campaign, which featured specialized videos for high-risk employees and a paid initiative focusing on Long COVID symptoms and treatment. This comprehensive approach marked a novel venture in workplace public health education.
- In September 2020, OHB staff developed two tools for LHJs and employers to guide them through the complexities of reopening businesses under the Blueprint for a Safer Economy framework. The first tool, [Responding to COVID-19 in the Workplace for Employers](#), assisted employers with the steps they could take to prevent the spread of COVID-19 and to respond quickly



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

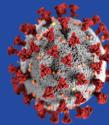
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to COVID-19 cases and outbreaks in the workplace. The other tool, [Responding to COVID-19 Cases and Outbreaks in the Workplace](#), was developed specifically for LHJs. This resource equipped LHJs with best practices and tools to assist employers. Both documents specifically addressed non-healthcare industries and included guidance on managing employees who resided in one jurisdiction but worked in another.

### Guidance to Healthcare Facilities

#### Unprecedented Increase in All Facility Letters

- Within CDPH's Center for Health Care Quality (CHCQ), the Licensing and Certification Program licenses and regulates more than 11,000 healthcare facilities in California. These facilities range from general acute care hospitals to skilled nursing facilities, home health agencies, and hospices. CDPH communicates policy and guidance changes to these entities through All Facilities Letters (AFLs). In 2020 and 2021 CHCQ issued an unprecedented number of AFLs to keep healthcare facilities up-to-date on the State's COVID-19 guidance. The library of these letters can be accessed in the CHCQ [All Facility Letters Library](#).
- CDPH made policy and guidance changes that allowed healthcare facilities to temporarily modify their operations to better respond to surges. [Executive Order N-39-20](#) granted CDPH the authority to temporarily waive or modify certain licensing requirements including training, staffing ratios, use of space, and expansion of services. CHCQ issued these waivers through AFLs, so that all facilities had the same leeway without having to individually request waivers. For further discussion on licensing waivers, see the Medical Surge chapter in this AAR.
- Other AFLs assisted the facilities in their pandemic response efforts, particularly when CDC guidance was forthcoming. One of the main challenges was to align and cross-reference these AFLs to related CDPH guidance—and to guidance that CDC subsequently issued. Another challenge raised by AFLs involved determining what channel to use to communicate guidance. Staff grappled with when to use AFLs (which were directed to healthcare facilities), when to issue CDPH guidance (which was directed to a broader audience), or when to refer Californians directly to CDC's guidance. In hindsight, SMEs suggested that CDPH establish a structured approach to identify the best guidance channel, depending on



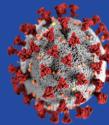
## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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type. Furthermore, in future pandemics the SMEs suggested issuing fewer guidance documents overall. This would have simplified the process and possibly averted some of the challenges faced in aligning and cross-referencing the various guidance documents.

### Working Group Created to Align COVID-19 Policies for Congregate Care Facilities

- The State has approximately 16,000 congregate care facilities, including skilled nursing facilities, assisted living facilities, adult day care centers, and other facility types. Based on the license type, the congregate care facilities have vastly different medical infrastructure and medical staff. In addition, they are regulated by different State departments. For example, CDPH licenses skilled nursing facilities and adult day health care centers, while the California Department of Social Services (CDSS) regulates adult and senior residential facilities and adult day programs. The California Department of Health Care Services (DHCS) regulates residential substance use treatment and mental health treatment facilities. Furthermore, several State departments oversee State-operated congregate care facilities including the California Department of Development Services (CDDS), the California Department of State Hospitals (DSH), and the California Department of Corrections and Rehabilitation (CDCR).
- In spring 2020, CDPH formed a working group comprised of the State departments responsible for overseeing congregate care facilities. The departments engaged in bi-weekly meetings to align guidance consistently across the various types of facilities. However, SMEs observed an initial focus on CDPH-licensed facilities. The SMEs suggested that decision-makers also consider the needs of non-CDPH regulated facilities to keep all congregate care operations "top of mind" in policy development.
- Initially, the working group lacked a centralized system to share and track information, leading to the use of emails and attachments. As the pandemic progressed, SharePoint became a crucial asset to share documents, despite access issues for users external to CDPH. For future pandemics, several SMEs noted a critical need for a robust cross-department document tracking and version control system.
- Not all of the participating State departments had the same level of public health expertise. To bridge this gap, CDPH staff extensively shared its policy



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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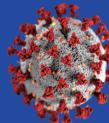
documents and reviewed other Departments' guidance to help provide consistency. By February 2021, CDPH developed well-coordinated processes to craft and align policies, providing a structured framework for collaboration.

- One key lesson learned was the importance of detailed guidance to all the congregate care facilities. For example, while it is a standard practice in skilled nursing homes to screen residents for symptoms, this practice is not common in social service settings, where staff may not have the medical training to identify illnesses. This highlighted the need for guidance that is carefully adapted to the unique characteristics and capabilities of each facility type.
- The importance of adaptation was particularly evident in the approach to infection control measures. While some guidance could be broadly applied, others needed to be adjusted based on the specific needs and operations of different facilities, such as state hospitals or assisted living centers. These modifications were made carefully, taking into account the capabilities of each facility type, as well as the skills of the staff. However, this detailed approach sometimes slowed down implementing new guidance, especially as they needed to be approved by the various governing bodies. Despite these challenges, significant progress was made in creating a cohesive public health strategy across diverse facility types.
- For further discussion of infection prevention efforts in congregate care facilities, see the Infection Prevention chapter in this AAR.

### Guidance to Schools

#### Local School Districts Shut Down Schools in March 2020

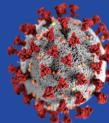
- Guidance for schools was often unique and it required CDPH to collaborate with the California Department of Education (CDE). On March 7, 2020, CDPH and CDE jointly released the State's [first COVID-19 guidance for schools](#). The guidance was based on the then-current knowledge of COVID-19 and aimed to inform local school and public health officials' decision-making to mitigate disease spread and school closures. It covered four different situations: general steps to prevent the spread of COVID-19, what to do if the virus was spreading in the community, how to handle a single case in a school, and how to manage multiple cases across several schools.



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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- A week later, the Governor issued an [Executive Order](#), which ensured continued State funding for schools in the event of physical closures, essentially leaving it up to local school districts to choose whether to close. As outlined in the Executive Order, State officials believed that local school districts, working closely with their respective local health jurisdictions, were in the best position to evaluate the various factors in determining whether to close schools. These factors included the current state of public health, access to food and care, resource availability, and other elements pertinent to the COVID-19 response.
- At the local level, the pressure to close schools grew very quickly with the spread of community transmission and reports of test positivity and exposure in schools. Large school districts started to close in early March 2020. When the Governor issued the statewide [Stay-at-Home Executive Order](#) on March 19, 2020, which effectively closed schools, the vast majority of schools in California were already closed via local decisions and would remain so for the remainder of the academic year.
- Since it was unknown when schools would reopen, OHB staff prepared guidance for schools to potentially implement in-person instruction during the 2020-2021 school year. The document, [COVID-19 and Reopening In-Person Learning Framework and Public Health Guidance for K-12 Schools in California, 2020-2021 School Year](#), was published on July 17, 2020. This guidance recommended layers of infection mitigation strategies for staff and students including face coverings, indoor and outdoor distancing, adequate ventilation, hand hygiene, cleaning and disinfection, symptom and close contact exposure screening, and testing. The guidance advocated for organizing students into “stable groups,” also called “cohorts,” that would stay together without mixing with other groups for activities.
- On August 3, 2020, CDPH and Cal/OSHA issued industry guidance for [Schools and School-Based Programs](#). The guidance was intended to help school and community leaders plan and prepare to resume in-person instructions. This additional guidance aligned with other sector specific guidance and included initial guidance for extracurricular activities such as sports, etc.
- By Spring 2021, many schools were still operating remotely. Through the winter and spring of 2021, a school's ability to reopen depended on its community's COVID-19 case rates and test positivity rates in accordance with the State's Blueprint for a Safer Economy. In efforts to prioritize the youngest students



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

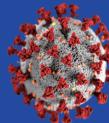
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returning to school sooner, education-specific rules were developed within the Blueprint for a Safer Economy. If a school wanted to reopen, but was restricted from doing so by the county's Blueprint tier placement, it could apply for a waiver to reopen transitional kindergarten through the sixth grade. In addition to the waiver, the school had to submit a reopening plan that addressed cleaning and disinfection, movement within the school, face coverings and protective equipment, health screening, healthy hygiene practices, contact tracing, physical distancing, testing, and triggers for reverting to distance learning. The LHJs reviewed and approved the plans, with endorsement by CDPH.

- The school-based guidance developed for the 2020-2021 school year did not initially include youth sport or other extracurricular activities. As a result, in December 2020 CDPH created a distinct set of guidance, [Outdoor and Indoor Youth and Recreational Adult Sports](#), to address sports, chorus, cheerleading, and inter-team competitions. In addition, CDPH provided resources for testing within sports programs. The guidance evaluated the risk levels within different contexts such as school and non-school settings, private and public activities, and the jurisdiction's Blueprint tier status. CDPH collaborated with the California Interscholastic Federation (CIF), the governing body for school sports, to establish a clear understanding of the guidance. As the guidance and testing protocols evolved, the relationship with CIF strengthened.

### Safe Schools for All Team Established

- Through December 2020, CDPH with extensive input and direction from CDE, CalHHS, and the Governor's office advised schools on various aspects of reducing the risk of COVID-19 transmission in schools. This input included a considerable amount of consultation with stakeholders and partners from many points of view in developing the school-related policies and guidelines. The acknowledged priority of reopening schools safely as soon as feasible amidst a broad perspective of concerns and perspectives led the Governor's Office and CalHHS to designate a specific new lead and team dedicated to developing school-specific guidance and providing technical assistance.
- In December 2020, the Governor unveiled the [State Safe Schools for All](#) (SS4A) plan to reduce in-school transmission and facilitate a phased approach to in-person learning. The goal was to help schools maintain safe in-person operations and increase the number of schools resuming face-to-



## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

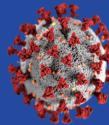
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face instruction. Emphasizing safety and prevention actions, the plan included measures such as testing, masking, contact tracing, and vaccinations. Additionally, a state dashboard was established, allowing Californians to monitor their school's reopening status, available funding, and data on in-school transmission.

- To oversee the effort and assist schools implement the SS4A plan, in January 2021, the Governor established a cross-agency team of staff from CDPH, CDE, the California State Board of Education, Cal/OSHA, DGS, and CalHHS and a new, designated pediatrician working closely with CDPH and CalHHS to lead the initiative. The Governor charged this team with looking at every aspect of how schools could reopen for the remainder of the 2020-2021 academic year.
- The SS4A effort received financial support through Assembly Bill 86, which Governor Newsom signed into law (Chapter 10, Statutes of 2021) on March 5, 2021. This provided \$25 million to mitigate in-school transmission of COVID-19 and enabled safe, in-person instruction for kindergarten through twelfth grade students. CDPH allocated local assistance funding of \$10 million to LHJs and \$10 million to County Offices of Education (COEs) for direct support to schools and districts. CDPH used the remaining \$5 million to enhance the statewide response through statewide technical assistance, communication, data collection, and reporting efforts. For information on support for testing in schools refer to the Testing chapter in this AAR.

### SS4A Team Developed Resources and Tools for Educational Agencies, Local Health Jurisdictions, and the General Public

- In January 2021, State leadership recognized that COVID-19 guidance for schools were scattered across many different websites, including sites belonging to CDPH, CDE, and CDC. The Governor's Office wanted to consolidate the information in one place so that the information was accessible to stakeholders and the general public, including parents and caregivers. As a result, the [SS4A Hub](#) was created as a one-stop-shop to provide up-to-date school guidance, resources, and tools.
- The hub included a SS4A Technical Assistance (TA) Portal, designed to offer LHJs and COEs an electronic platform for technical assistance. The portal, executed in collaboration with experts from CDPH, Cal/OSHA, other relevant agencies, and contracted consultants provided online support on a range of

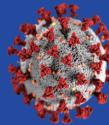


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subjects including K-12 guidance, COVID-19 Safety Plans, and outbreak management strategies, among others. In addition to technical assistance provided through the hub, the SS4A team hosted weekly office hours for LHJs to provide technical updates on guidance, policy, and resources for school safety, solicit input and feedback, and assist local implementation of the safety measures. These meetings continued during the 2022-2023 school year and remained an important touch point to address questions and engage with local partners. For information on technical assistance provided to schools through the Virtual Training Academy on case investigation and contact tracing, refer to the Contact Tracing chapter in this AAR.

- Additionally, the SS4A Grants Management (GM) portal allowed LHDs and COEs to submit their quarterly reports. This portal facilitated the SS4A team in budget monitoring, activity tracking, technical assistance oversight, and the generation of legislative reports. Live technical assistance sessions were organized in May 2021 to acquaint new users with the system. Feedback indicated that the GM portal was intuitive and facilitated easy data input.
- Another notable feature of the website is the School Health Repository of Experiences (SHARE). This innovative feature curated health and safety practices implemented by and for schools and LHJs. These entities often shared innovative best practices on topics such as guidance implementation, workflow efficiencies, communication platforms, and community-based messaging. Many shared “templated” versions of newly created documents and resources so other entities could tailor and apply them within their own settings.
- As the SS4A hub matured, it expanded to encompass resources for parents, communication toolkits, and marketing materials. The utility and value of the hub were evident, with multiple CDPH leaders acknowledging it as a valuable asset for educational institutions and local public health teams. In addition to information hosted on the SS4A hub, the SS4A team supported CDPH communications to provide educational outreach through media campaigns.
- The SS4A team introduced the Safe Schools for All Parent Engagement Campaign, specifically designed to assure parents, especially in African American/Black and Latino communities, that schools were safe for in-person classes. This campaign featured materials in English, Spanish, Chinese, Korean, and Vietnamese, and included a variety of resources like digital ads,



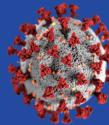
## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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videos, and infographics. They provided multilingual toolkits filled with updated scientific information, videos, and other materials for parents and school staff to promote safe school practices. All these resources were available on the SS4A Hub's dedicated page for parents.

### Preparation for Schools to Reopen in the 2021-2022 Academic Year

- On July 9, 2021, the CDC published its updated recommendations for K-12 schools, which the SS4A team utilized to apply a California context. California's guidance, [2021-2022 K-12 Schools Reopening Framework and Guidance](#), was first published on August 2, 2021 and updated three times over the school year. The SS4A team developed comprehensive guidance with a focus on schools opening safely for in-person instruction. Recognizing the diverse challenges and situations that each school might face, the team introduced a measure of flexibility, allowing schools to operate within certain criteria.
- Several SMEs noted that the SS4A team's most significant accomplishment was the production of guidance that prioritized schooling that is both safe and in-person. Notably, the guidance was more comprehensive than the previous academic year guidance because it went into every aspect of how schools could open, explained one SME.
- In summer 2021, the emergence of the Delta variant coincided with the onset of the school year, necessitating an ongoing focus on robust tools and strategies to mitigate in-school transmission of COVID-19. The focus shifted from emphasizing physical distancing to prioritizing mask-wearing. The rationale was that masks were now more widely available, and the science demonstrating their effectiveness at source-control and infection protection were becoming increasingly strong, including in school settings. Physical distancing, despite ongoing CDC recommendations to consider this tool, was also increasingly recognized as challenging to implement in school setting (e.g., difficult to fit all desks in the classroom, difficult to monitor given student movement).
- In certain communities throughout the state, mask requirements were met with resistance. To address this, the SS4A team identified several strategies. One of the more assertive measures included sending letters to non-compliant schools, signed by legal counsel, outlining the potential risks they faced for not adhering to the mask requirements. These risks included

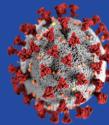


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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potential fines from LHJs and certification restrictions enforced by the school districts' insurance carriers. Challenging situations included when parents sent their children to school without a mask or did not pick them up when being told to do so. In such cases, these students were encouraged to don masks by school staff and sometimes accommodated in larger areas like cafeterias. Collaborative efforts provided schools with comprehensive guidance in managing these situations.

- Certain non-pharmaceutical interventions were found to be ill-suited in the educational setting. The practice of maintaining social distancing, both indoors and outdoors, was still prevalent. However, logistically, it was difficult to space 30 students in a classroom six feet apart. The contact tracing guidance that recommended schools to record individuals who were within a proximity of six feet for a duration of 15 minutes proved challenging to implement. While the scientific community still valued contact tracing, the practical implications and operational challenges associated with its timely execution and staff time deferred from other educational activities in the school setting became evident. Consequently, California was among the first states in the nation to transition away from traditional (individual-level) contact tracing.
- Experts also began to emphasize the importance of improving the air quality in schools, particularly as there became increasing scientific consensus on the airborne spread of disease. Focusing on air quality "was a game changer," according to one SME, as schools could take a comprehensive approach to reduce transmission risks. This shift was not only about addressing immediate COVID-19 concerns but also had benefits for other public health issues like the respiratory syncytial virus (RSV), asthma, and poor air quality due to wildfire smoke. Furthermore, since it did not require students and staff to change their behaviors, like masking and social distancing orders did, there was less community resistance to improving air quality.
- CDPH encouraged schools to use portable air cleaners. These devices have special filters to catch harmful particles in the air. Another recommendation was for schools to upgrade their HVAC systems to improve air quality. To support these changes, CDPH informed schools about federal and state funding opportunities. One notable program was the California Energy Commission's Cal Schools Healthy Air and Plumbing Efficiency Program.



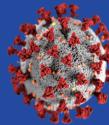
## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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- School feedback indicated that some of this guidance was too technical for the average user. In response, the SS4A team in consultation with OHB worked to simplify the information. They focused on offering clear, easy-to-understand advice about indoor air quality. This updated guidance was then shared with schools through webinars, documents, and a website. The online resources were organized into easy-to-navigate categories, like "ventilation," making it simpler for users to find what they needed.

### SS4A Team Transitioned to the CDPH Center for Healthy Communities

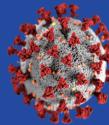
- For the 2022-2023 academic year, the SS4A team transitioned their focus from emergency response to long-term recovery. Alongside developing relevant guidance, the team maintained relationships with health and education officials across the State. By leveraging platforms such as the SS4A Hub, Technical Assistance Portal, frequent meetings, and office hours, they enhanced the outreach and impact of the State's COVID-19 schools response and other responses. These efforts enabled them to sustain and expand valuable relationships with local and state education officials in addition to existing local public health stakeholders, which deepened their understanding of the education landscape and its complex administrative layers.
- CDPH leadership integrated the SS4A team into the CDPH Center for Healthy Communities under a newly formed Office of School Health. This move aimed to continue their role in formulating policies and supporting dissemination on priority topics beyond COVID-19 to the education sector, including mental health, substance abuse, tobacco use, and fentanyl.
- For information on testing in schools, refer to the Testing chapter in this AAR.
- For information on contact tracing in schools, refer to the Contact Tracing chapter in this AAR.
- For information on vaccinations in schools, refer to the Vaccines chapter in this AAR.



## Equity

This section describes equity considerations specific to this chapter.

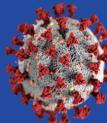
- The Blueprint for a Safer Economy, issued on August 31, 2020, provided the State's plan and associated policies to gradually open the State's economy. The plan addressed the variation in COVID-19 prevalence among counties. The plan included criteria and measures that would be used to assess when and to what degree counties could reopen. In October 2020, the State updated the plan to introduce a health equity metric emphasizing the State's commitment and investment in equity. California pioneered this innovative approach and was "one of the only states to get the health equity concept defined and measured," according to one SME.
- The health equity metric measures the COVID-19 positivity rate in the most disproportionately impacted communities. These communities are identified in the [Healthy Places Index](#) (HPI), developed by the Public Health Alliance of Southern California, as census tracts that have less healthy community conditions such as low median income, education completeness, and health care access. The HPI categorizes communities into four quartiles that range from less healthy community conditions in Quartile 1 to more healthy community conditions in Quartile 4.
- The Blueprint explicitly incorporated health equity considerations into reopening decisions, using the HPI indicator. The measure was designed to monitor COVID-19 test positivity rates in the most disadvantaged neighborhoods to determine whether they significantly exceeded a county's overall rate. This successful approach formed an objective basis for making equity-based policy decisions, and also identified disadvantaged communities where CDPH could provide more resources to address the pandemic.
- In early March 2021, the State further updated the Blueprint for a Safer Economy by establishing a Vaccine Equity Metric (VEM), which was tied to the four HPI quartiles and combined HPI with CDPH-derived scores. The State allocated 40% of its vaccine doses to the hardest-hit communities based on the VEM. The Vaccine team also used the VEM to focus other resources and community-based organization resources in the most disproportionately impacted communities. For further information on vaccine policy and guidance and use of the VEM, refer to the Vaccines chapter in this AAR.



## Information Technology

*This section describes technology specific to this chapter.*

- Internally, the Office of Guidance and Policy utilized the CDPH SharePoint site as the platform to manage policy and guidance document review and version control. However, given that external entities did not readily have access to CDPH's SharePoint, alternate methods were employed: documents were either uploaded to the SharePoint sites of the respective external entities or sent directly via email. To track the progression of documents through the review process, the team used Airtable, an online spreadsheet, to report on reviews and approvals completed.
- When CDPH issued policies and guidance, the team fielded questions and inquiries from various sources, including the public, LHJs, healthcare providers, industry, State departments, and other stakeholders. To handle this influx of inquiries, the team implemented an automated Customer Relationship Management (CRM) system. A staff member managed the CRM, ensuring that inquiries were automatically routed to the appropriate SME for immediate attention. For a discussion of the Safe Schools For All website and portal tools, see the Analysis of Activities above.

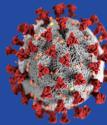


## Communications

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### External

- During the policy and guidance development process, CDPH leadership and staff conducted extensive and frequent communication with the Governor's Office and CalHHS, who actively vetted the documents to align them with the Governor's overarching policies. This coordination was hampered by the lack of common access to documents, since these external entities could not readily access CDPH's SharePoint site. Consequently, staff conducted extensive back and forth emailing of documents for feedback, which caused challenges with document version control.
- Since CDPH was responsible for developing and issuing public health guidance governing businesses, it tried to ensure that its guidance did not conflict with the existing or emergency guidance issued by other State agencies that regulate those businesses. This required CDPH staff to establish new partnerships with State agencies, which included Cal/OSHA, GO-Biz, CDE, CDSS, CDCR, and the California Department of Food and Agriculture (DFA), among many others.
- CHCQ took the lead to communicate with other State agencies that regulated congregate care facilities. CHCQ staff led an inter-departmental workgroup that collaborated on the development of public health policies for the diverse array of congregate care facilities. The group communicated often and included the CDSS, CDDS, the California Department of State Hospitals, and CDCR.
- In providing guidance to the healthcare facilities that CDPH regulates, CHCQ communicated in different ways. CHCQ hosted weekly calls with long-term care facilities. Due to the rapidly evolving pandemic situation, CHCQ issued an unprecedented number of All Facilities Letters to keep healthcare facilities up-to-date on the State's COVID-19 guidance. In addition, CHCQ utilized the California Health Alert Network (CAHAN) to disseminate treatment and infection prevention guidance to licensed healthcare facilities.
- The SS4A team communicated extensively with the California State Board of Education, CDE, DGS, Cal/OSHA, and CalHHS, since representatives from all of these agencies served on the team. In addition, through its SS4A hub and

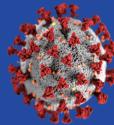


## CDPH COVID-19 After Action Report Chapter 4 – Policy Development and Guidance

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technical assistance portal, trainings, and weekly office meetings, the SS4A team had extensive interactions with LHJs, COEs, and the broader education community.

- LHJs often received critical information concurrently with the public, limiting the opportunity for their timely and constructive feedback. Determining when to deliberate with the LHJs proved a continual challenge and led to frustration within the G&P team. Occasional information leaks further complicated the situation, prompting the Governor's Office to further tighten restrictions on information dissemination. Several SMEs suggested that in future pandemics CDPH should proactively seek LHJ input on selected policies prior to dissemination, and can build upon ad hoc workgroups developed for input for other public health policies and recommendations.
- CDPH's Center for Preparedness & Response manages the California Health Alert Network (CAHAN), which is the official public health alerting and notification program for California. CAHAN is designed for emergency preparedness information sharing, distribution of pertinent public health related events and alerting materials, dissemination of treatment and prevention guidance, coordinated disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. Enrollment is limited to administration and selected staff with emergency preparedness roles in State Agencies, LHJs, and CDPH licensed Health Care Facilities.
- The G&D team established a system whereby CAHANs that were disseminated were posted on the CPH COVID-19 website so that members of the public and other stakeholders could reference current and older CAHANs. The system also allowed for updates or corrections on the website, without having to reissue the health alert in PDF format. The team also developed a leadership review and approval process.
- In October 2021, the Governor signed SB 336 ([Chapter 487, Statutes of 2021](#)) into law. This law required CDPH and LHJs to post public health orders or mandatory guidance on their respective websites and the date the order or guidance takes effect. As a result, the G&P team developed "Policy Alerts" to disseminate this information. In addition, members of the general public and stakeholders can sign up for the distribution list to automatically receive the alerts.

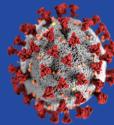


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- CDPH's COVID-19 guidance and policies are generally posted on the CDPH COVID-19 guidance and policy webpage. The Office disseminates guidance to the public and stakeholders through weekly policy alerts, website posting, and coordinates with CDPH's Office of Communications.

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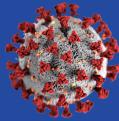
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### Internal

- The Office of Guidance and Policy manages the policy development, review, approval, and dissemination of policies and guidance. G&P staff communicate with SMEs in different CDPH Centers and Programs, depending on the subject matter and their role in the process, to contribute content or review guidance in development appropriate to their role. This team also communicates and coordinates with CDPH leadership on the approval process. Once the COVID-19 response demobilized, OGP transitioned to an Office in the Center for Infectious Diseases where the role will evolve to focus on CID and can continue to support future public health emergencies as needed.
- For additional information see the discussion in the Analysis of Activities above.

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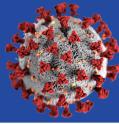
## Workplan

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.

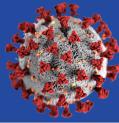
Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Planning; Initial start-up; Ongoing operations	Establish roles and responsibilities for policy development	<ul style="list-style-type: none"><li>• Designated position and team in the MHCC /response to coordinate policy development.</li><li>• Designated SMEs and decision-makers contribute at the appropriate time.</li></ul>	<ul style="list-style-type: none"><li>• Designate CDPH, CalHHS, and Governor's Office points of contact.</li><li>• Establish communications channels with LHJs for input on policies and guidance.</li></ul>	<ul style="list-style-type: none"><li>• Policy Development and Guidance 1, 2, 9</li></ul>	



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Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
		<ul style="list-style-type: none"><li>LHJs and other designated stakeholders participate as a partner in policy development.</li></ul>	<ul style="list-style-type: none"><li>Designate a LHJs working group to vet policy considerations.</li><li>Collaborate with LHJs to identify parameters when issue should be addressed through local health order vs. statewide health order.</li><li>•</li></ul>		
<b>Planning; Initial start-up; Ongoing operations</b>	Partner with other State entities to collaborate on public health policies	<ul style="list-style-type: none"><li>Public health policies and guidance align with emergency guidance developed by regulatory agencies.</li><li>CDPH understands implications and impacts of public health policies on different regulated sectors.</li></ul>	<ul style="list-style-type: none"><li>Designate points of contact for other State entities and stakeholders.</li><li>Establish communications channels and tools with other State entities to collaborate on policy development.</li><li>Develop guidance that has wide applicability across sectors based on setting characteristics rather than sectors to the extent possible.</li></ul>	<ul style="list-style-type: none"><li>Policy Development and Guidance 3, 6, 8, 9, 10</li></ul>	

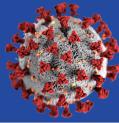


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Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
<b>Planning; Initial start-up; Ongoing operations</b>	Establish formal process for policy development, review, approval, and dissemination	<ul style="list-style-type: none"><li>Policies and guidance are reviewed and approved in a timely manner.</li><li>Policies are properly vetted.</li><li>Policies are disseminated through the most suitable platform.</li></ul>	<ul style="list-style-type: none"><li>Document processes and workflows for cross-agency collaboration.</li><li>Document policy and development processes and procedures and update, as needed to address the evolving needs of the response.</li><li>Ensure coordination and frequent communication occurs with Governor's Office, CalHHS, and other State entities.</li><li>Define the difference between policy, guidance, health orders, and educational or outreach materials.</li><li>Create plans and playbooks in advance.</li><li>Develop parameters for the appropriate</li></ul>	<ul style="list-style-type: none"><li>Policy Development and Guidance 1, 2, 6, 10, 11</li></ul>	

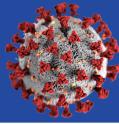


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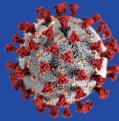
Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			<p>dissemination vehicle (e.g., AFLs, CDPH guidance document, etc.).</p> <ul style="list-style-type: none"><li>• Create a process to reconcile policies with CDC policies and for demobilizing policies that are no longer relevant.</li></ul>		
<b>Planning; Initial start-up; Ongoing operations</b>	Identify document sharing, routing, and tracking tools for policies and guidance	<ul style="list-style-type: none"><li>• CDPH can track, search, and locate current and past work products.</li><li>• Guidance in development is easily accessible by SMEs and decision-makers, both internally and externally.</li></ul>	<ul style="list-style-type: none"><li>• Identify potential technology solutions to support document management and the review and approval workflows.</li><li>• Ensure processes exist for version control and archiving.</li><li>• Evaluate, select, and implement the optimal solution(s).</li><li>• Train CDPH staff and key stakeholders to use the new tools.</li></ul>	<ul style="list-style-type: none"><li>• Policy Development and Guidance 1, 4, 13</li></ul>	
<b>Planning; Initial start-up; Ongoing operations</b>	Implement tools and educational resources to supplement official guidance	<ul style="list-style-type: none"><li>• Stakeholders have resources to help them understand public health guidance.</li></ul>	<ul style="list-style-type: none"><li>• Utilize online platforms to disseminate information.</li></ul>	<ul style="list-style-type: none"><li>• Policy Development and Guidance 5, 7</li></ul>	



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Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			<ul style="list-style-type: none"><li>• Use multi-media formats to develop content.</li><li>• Create communications campaigns including interactive opportunities such as webinars, etc. to create awareness of the tools and resources.</li><li>• Incorporate equity considerations to reach the widest audience possible.</li></ul>		
<b>Planning; Initial start-up; Ongoing operations</b>	Periodically review guidance on nonpharmaceutical interventions for relevance	<ul style="list-style-type: none"><li>• Guidance is based on current evidence that supports the intervention and is up-to-date for use.</li></ul>	<ul style="list-style-type: none"><li>• Develop template for review of evidence and options with pros and cons to inform policy decisions.</li><li>• Refresh guidance on nonpharmaceutical interventions as new scientific evidence becomes available.</li><li>• Create working group to finalize guidance on ventilation and air quality.</li></ul>	<ul style="list-style-type: none"><li>• Policy Development and Guidance 12</li></ul>	



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Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
<b>Planning; Initial start-up; Ongoing operations</b>	Incorporate equity considerations in policy and guidance documents	<ul style="list-style-type: none"><li>Disproportionate impacts on vulnerable communities are reduced.</li></ul>	<ul style="list-style-type: none"><li>Leverage lessons learned from the use of the health equity and vaccine equity metrics.</li><li>Continue to ensure products are inclusive, available in multiple languages and ADA compliant and as accessible as possible for communities who are often at highest risk for severe outcomes during public health emergencies.</li></ul>	<ul style="list-style-type: none"><li>Policy Development and Guidance 3</li></ul>	