



Preventing & Controlling COVID-19 Outbreaks in Unlicensed Congregate Living Facilities

This guidance should be used by managers and operators of unlicensed congregate living and transitional housing facilities. It provides guidance to prevent or control a COVID-19 outbreak. Some of the prevention practices will also help control the spread of other communicable diseases. Please also see the Alameda County Public Health Department (ACPHD) COVID-19 Webpage [here](#) for more resources. If your facility is licensed by California Department of Public Health (CDPH) or California Department of Social Services (CDSS), please refer to the [Alameda County COVID-19 Long-Term Care Facility and Adult Day Program page](#) for guidance.

ACPHD recommends that shelters continue to follow [CDC shelter guidance](#) and other unlicensed congregated settings should follow CDC [isolation](#) and [testing](#) guidance for the general public.

If you have identified an infectious disease other than COVID-19 in your facility, please reach out to Acute Communicable Diseases at AcuteCD@acgov.org.

Facilities affiliated with Alameda County Health Care for the Homeless (ACHCH) should pay special attention to the sections highlighted in aqua. Please also refer to your funder(s) for contract guidance and requirements.

Table of Contents

Section	Page #
Definitions	2
Reporting Requirements	3
Vaccination	3
Treatment	4
Monitoring for illness & Exposure	4
Testing	5
Isolation of Cases	6-7
Management & Quarantine of Close Contacts	7-8
Facility Admissions & Operations	9
Ventilation	9
Masking	10
Cleaning & Disinfecting	11
Other Prevention Measures	11
Facility Layout & Other Considerations	12



Employer Resources & Requirements	13
Resources and Links	14-15

Definitions

COVID-19 Outbreak in group living settings: Three (3) or more residents and/or staff within a 7-day period that had close contact with each other and meet one of the positive definitions below.

COVID-19 [Confirmed Case](#): A person who has received a positive result of the presence of SARS-CoV-2 virus as confirmed by a COVID-19 viral test or clinical diagnosis.

Close Contact: See [CDPH Definition of Close Contact](#) for detailed information.

A close contact is someone sharing the same indoor airspace (examples: home-like setting, dining room, kitchen, office, bathroom, break rooms) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) with someone infected with COVID-19.

High-Risk Close Contact: a person who may experience severe illness or death if they become infected with COVID-19 (such as elderly, unvaccinated, or immunocompromised people); OR a person that is more likely to get or transmit COVID-19 due to the closeness/duration (such as being unmasked while sleeping in the same room) to a positive case in the setting.

Isolation: Separates those infected with a contagious disease from people who are not infected.

Quarantine: Restricts the movement of people who were exposed to a contagious disease in case they become infected.

Contagious/Infectious Period:

See [CDPH: Definition of Infectious Period](#)

Vaccination Status:

See the [CDC "Stay Up to Date on COVID-19 Vaccinations" page](#)



Reporting Requirements

Reporting to Alameda County Public Health Department

You must report the following per local reporting thresholds:

- 5 or more COVID-19 cases within a 7-day period in residents and/or staff.

Complete the [Shared Portal for Outbreak Tracking \(SPOT\) Intake Form](#).

Reporting to Cal/OSHA

Employers must report major outbreaks (20 or more employee COVID-19 cases in an exposed group, as defined by subsection 3205(b)(7), visited the worksite during their infectious period within a 30-day period) to Cal/OSHA. Employers must immediately report to Cal/OSHA any work-related death or serious injury or illness.

- Search for the nearest [Cal/OSHA district office](#) to report your major outbreak.

Vaccination

Vaccination is a critical tool for protecting residents and staff. Making vaccinations easy and accessible will increase vaccine acceptance. Facilities are encouraged to provide easy access, education, and outreach to residents and staff on the value and importance of being up to date with vaccinations. See: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect.html> for more information on COVID-19 vaccination timing.

COVID-19 vaccines are safe and effective at preventing severe illness, hospitalization, and death from COVID-19. See [CDC Overview of COVID-19 Vaccines](#). See [Selected Adverse Events Reported after COVID-19 Vaccination](#) for more information.

See [CDC COVID-19 Vaccine FAQ](#) for information about safety, what to expect, and more.

Locations & Resources:

- [Alameda County Vaccination Locations & Resources page](#)
- Your facility may qualify for a mobile on-site vaccination clinic if 15 to 300 people at your site will be vaccinated with one or more of the following: COVID-19, Flu, and/or MPX. Submit an [Alameda County Mobile COVID-19 Vaccination Request Form](#).
- Individual and family vaccination appointments can be made [Alco Vax Sign up](#) at [My Turn](#), through a Healthcare Provider, or at local pharmacies (such as Walgreens, CVS, Rite Aid, Costco, etc.).

For more information, call the inquiries line **(510) 577-7080**

Vaccine Status Verification

All facilities are strongly encouraged to verify vaccine status of all staff and residents. Check the [Vaccine Record Guidelines & Standards](#) for preferred proof.



Treatment

- If someone tests positive or is suspected to have COVID-19, they should see a healthcare provider within the first few days of symptoms to see if they qualify for treatment to prevent serious illness, hospitalization, long COVID, and/or death.
- Share the [CDPH Treatment flyer](#) and the [CA COVID-19 Treatment Page](#) with your staff and residents so that they can learn more about available COVID-19 treatments.

Staff and residents should contact their healthcare providers to find out more about eligibility and access to these treatments OR visit [Sesamecare](#) OR [Test2Treat](#).

If staff or residents are interested in treatment and would like more information and/or assistance accessing treatment, please call the **ACPHD Inquiries Line** at **510-577-7080**, or visit [ACPHD Treatment Page](#).

See **Resources and Links** at the end of this document for resources to help residents and staff find a healthcare provider in Alameda County.

Monitoring for illness & exposure

- Encourage self-reporting of illness and high-risk exposure (see definition in above section). Consider putting signs at all entrances reminding people to report if they have symptoms or if they have been exposed outside of the facility.
- Screen all residents, staff, and essential visitors for signs and symptoms of COVID-19 daily. Observe for signs of illness that are not being reported and ask about any NEW symptoms:

<input type="checkbox"/> Fever	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Nausea
<input type="checkbox"/> Chills	<input type="checkbox"/> Cough	<input type="checkbox"/> Stuffy nose	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Muscle/body aches	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Loss of smell	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Fatigue/Tiredness	<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of taste	<input type="checkbox"/> Abdominal pain

- Although not everyone will experience fevers with COVID-19, you may consider performing temperature checks daily. A fever is ≥ 100.4 °F (38 °C).
- If a person develops symptoms, they should immediately isolate and test as soon as possible.

When to Seek Emergency Medical Attention

If someone is showing any of these signs, call 911.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake up or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone



Testing

Follow CDC Testing Guidance for Homeless Shelters: [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities.](#)

Response Testing: Facility-wide testing is recommended if a staff member or resident tests positive. Test all residents and staff (except recent positive cases) at least weekly (more frequent testing is better) until there are no new positive cases for 14 days.

Close Contact Testing: [Get tested](#) at least 5 full days after your last exposure, even if you don't develop symptoms. If you do develop symptoms, test right away.

If a resident or staff member has symptoms and tests negative with an antigen test, they should still isolate away from others. Then they should take another test 48 hours after the first test was taken. If the individual has either TWO negative antigen tests or ONE negative PCR test, the negative result may be accepted, and they may leave isolation when they have had no fever for at least 24 hours without the use of fever-reducing medicines AND their symptoms are resolving. See [CDC's COVID-19 Testing: What You Need to Know](#)

Screening testing involves testing people without symptoms and without known exposure. When screening testing is done for residents and staff in congregate living settings, it helps identify positive cases quickly and can prevent outbreaks.

- Consider implementing screening testing at least once a week when [CDC COVID-19 Hospital Admission Levels](#) are medium or high, during winter respiratory virus season (November-March), or whenever there is a high level of circulating respiratory viruses.
- Residents who had covid within 30 days do not need to participate in screening testing unless they have new symptoms.

People who have had COVID-19 in the last 30 days that develop new symptoms or have been recently exposed should use antigen tests (not PCR) to identify a new infection. See [CDC testing guidance](#).

If your facility does not have antigen tests available, people can get tested through their healthcare provider, at a [community testing site](#)

As an employer, you are required to follow all testing requirements for workplaces outlined in [Cal/OSHA's Non-ETS](#).

Keep a record of test results.

See this [FDA link](#) to check if any of your antigen tests have an extended expiration date.

If your facility is partnered with Health Care for the Homeless (HCH), please review the [HCH Shelter Health and COVID-19](#) page OR reach out to the HCH team at achch@acgov.org for additional testing guidance.



Isolation of Cases

- Provide staff and residents who have tested positive for COVID-19 with CDC Homeless Shelter guidance: [CDC's Homeless Shelter Isolation Guidance](#)

Note: The Isolation and Quarantine Hotel **permanently closed at the end of February of 2023.**

Facilities are urged to have a plan for isolation and quarantine as needed. See the ACPHD [Guide for On-site Isolation & Quarantine for Unlicensed Group Living Settings](#). The goal is for facilities to have designated areas as well as the information & resources needed to safely isolate residents who have any contagious diseases (including COVID-19, influenza, RSV, etc.). If facilities are unable to properly isolate cases on site, all reasonable efforts should be made to find alternate housing. Consider options such as:

- Sending the case to stay in a motel with the facility coordinating meals & care as needed.
- Having trailers or tents on site for isolation.

You may also see the Alameda County Healthcare for the Homeless (ACHCH) [Shelter Health Guidance](#) page for ideas on how to safely isolate & quarantine residents within congregate settings.

Shelters that are able to isolate individuals on site **should not exit or ask clients to leave** during their COVID-19 contagious period, unless the individual is not following facility rules.

If you are a homeless provider and need assistance developing a safe space to isolate & quarantine residents, you may also reach out to achch@acgov.org

ISOLATION LENGTH:

Homeless Shelters may follow CDC guidance for isolation of staff and residents, please see: [CDC's Implementing Isolation Guidance](#).

ISOLATION LENGTH

Cases in unlicensed congregated settings should follow the isolation criteria below:

- Isolate for at least 5 days from start of symptoms or if no symptom positive test date.
- Until you are fever-free for 24 hours (without the use of fever-reducing medication).

See: [CDC Isolation Guidance](#)

People with **severe illness or weakened immune systems** should isolate through at least Day 10 and may need to isolate for at least 20 days. These individuals should talk to a healthcare provider to find out when to end isolation.

See [CDC's COVID-19 Isolation](#) page for more information about these situations.

Masking guidance following isolation: STAFF who test positive and return to work before Day 11 are *required* to wear a well-fitting mask at all times around others for 10 days while at work per [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations FAQ page](#).



RESIDENTS who test positive and leave isolation before Day 11 are *recommended* to wear a well-fitting mask at all times, except when eating and sleeping, around others through Day 10. After ending isolation, residents may remove their mask sooner than Day 10 if they have two sequential negative tests at least one day apart. If antigen test results are positive, the person may still be infectious and should continue wearing a mask and wait at least one day before taking another test.

Management & Quarantine of Close Contacts

- Provide close contacts with CDC Guidance: [CDC: If You Were Exposed Guidance](#)
- Provide general notification to **all** facility staff, residents, and visitors when a positive person has been on-site while possibly contagious because it may be difficult to identify all close contacts. Do NOT share confidential information (PHI) of any positive individuals.
- Identify and manage close contacts in Homeless Shelters, see CDC's guidance: [CDC Homeless Shelter Guidance](#)**
- Identify and manage close contacts who are RESIDENTS:**
To determine if residents are close contacts, you may observe their behavior and interview them. Ask about time spent within the same airspace as others OR time spent within 6 feet of others for very large indoor spaces for 15 minutes or more over a 24-hour period.
Think about:
 - Roommates
 - People who eat together, smoke together, are partners.
 - People who have shared close spaces to watch TV or socialize.
 - People who work or do chores together.
 - Someone who is a caregiver for others.
- Identify and manage close contacts who are STAFF:**
To determine if staff meet the close contact definition above, ask about time spent while working AND while doing activities not related to work such as:
 - Carpooling
 - Social gatherings outside of work
 - Break times and eating together



QUARANTINE LENGTH

See [CDC Guidance for Homeless Services Sites](#) for more information.

Resident & staff close contacts are **recommended** to wear a mask at all times (except while eating, drinking, and sleeping) while around others for a full 10 days after their last exposure. During an **outbreak**, exposed STAFF are **required** by Cal/OSHA to wear a mask around others when indoors, or when outdoors and less than six feet from another person, until the outbreak is resolved.

STAFF and RESIDENT close contacts who had a test-confirmed COVID-19 infection in the past 30 days are not recommended to quarantine or be restricted from work if they remain without symptoms, but they should monitor for new symptoms which could mean they have a reinfection.

- Tell all close contacts (regardless of vaccination status) to monitor themselves closely for symptoms of COVID-19 for 10 days after their last exposure. They should report immediately if they start having symptoms of COVID-19. Staff members (especially those who are off work, quarantining at home) should be instructed to contact their health care provider.
- If any close contacts develop symptoms and/or test positive for COVID-19, go to the isolation section above for guidance. If their first test is negative, they should follow the repeat testing guidance under the Testing section.



Facility Admissions & Operations

- Pausing Admissions/Intakes:** Consider the facility layout, capacity, current census, and staffing when deciding whether to pause new intakes after positive individuals have been identified among residents or if there was high-risk exposure to residents from a positive staff member. If admissions are paused, resume new intakes when it has been at least 10 days since the last exposure and all other residents have been tested (see testing section).
 - Facilities with multiple occupancy (5 or more beds) within one large area are recommended to pause admissions while there are current COVID-19 cases, unless the new people can be put in an unexposed room and there is a designated isolation room for the positive people.

***ACPHD has the authority to suspend operations while an outbreak is being investigated.

- Accepting New Admissions/Intakes:**
 - Consider testing new residents upon intake with an antigen test. Refer to the testing section for more information on when to conduct screening testing. New residents may quarantine away from others for 5-10 days. Monitor new residents for symptoms of COVID-19 and encourage them to report any new symptoms, even if they are mild.
 - Only accept COVID-19 positive residents if they can complete their isolation safely at your site. If you have questions, email ACPHD at COVIDOB@acgov.org.

- Transfers:** If a resident transfers to a different facility after an exposure or outbreak, it is recommended to tell the other facility that the person may have been exposed.
 - Try to keep residents at your facility until they have finished their isolation or quarantine periods. If they move out, give them written isolation and close contact recommendation: See: [CDC Isolation Guidance](#)

- Group Activities:** Consider stopping indoor group activities when there are cases among residents. If there are therapy or treatment groups, try to move them outdoors or use online platforms, such as Zoom.

Shelter sites: Please discuss admissions and operations with your funder(s).

Ventilation

Per the [Cal/OSHA COVID-19 Non-Emergency Regulations](#), implement ventilation changes to mechanical ventilation systems including increasing filtration efficiency to at least MERV-13, or the highest efficiency compatible with the ventilation system. Evaluate whether HEPA air filtration units are needed. See CDPH [Interim Guidance For Ventilation, Filtration, and Air Quality in Indoor Environments](#) and [Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk](#).

Homeless Services Providers: Please see the [ACHCH Environmental Health Page](#) for a Ventilation Toolkit and information about their Clean Air Program.

- Keep windows open and consider using a box fan to increase circulation.
- Keep bathroom exhaust fans running as much as possible, especially during/after showers.



Masking

- Residents & staff should make sure that their masks provide the best fit and filtration. See the [CDPH 'Get the Most Out of Masking'](#) page for more information.

Requirements:

Per the Cal/OSHA COVID-19 Non-Emergency Regulations effective through February 3, 2025, masks are required for STAFF that:

- Tested positive and returned to work before Day 11.
- Were exposed during an [outbreak](#). They must wear a mask when indoors or when outdoors and less than six feet from another person until the outbreak is resolved.

Per Cal/OSHA, employers must also:

- Provide face coverings to any staff, if requested, unless it creates a safety hazard.
- Upon request, employers must also provide respirators (such as an N95 mask) for voluntary use to all staff who are working indoors or in vehicles with more than one person. Whenever respirators are provided for voluntary use, you must provide effective training and instructions.

General Recommendations:

Read when people are recommended to mask here [CDPH: When and Why to Wear a Mask Guidance](#). Also see the [CDC COVID-19 Hospital Admission Level](#) for additional recommendations.

The risk of spreading COVID-19 within a congregate living facility is reduced when all residents & staff wear masks. Consider implementing masking for residents and staff within indoor communal areas when [CDC COVID-19 Hospital Admission Levels](#) are medium or high, during winter respiratory virus season (November-March), or whenever there is a high level of circulating respiratory viruses.

Residents & staff should also consider their individual risk when determining whether they should wear a mask. It is especially important for vulnerable people to consider masking within indoor communal areas of the facility and within indoor public spaces.

- Vulnerable people include those who: are NOT up to date with recommended vaccine doses, are immunocompromised, and/or have disabilities or health conditions that put them at higher risk for severe illness or death from COVID-19 infection.

The following individuals should **not wear masks**:

- Children younger than 2 years old must not wear a mask because of the risk of suffocation.
- People with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes people with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- People for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.



Cleaning & disinfecting

- See CDC Guidance on [Cleaning and Disinfection for Community Facilities](#).
- When a resident or staff tests positive for COVID-19, carefully clean and disinfect all areas they touched using EPA approved cleaning agents.
 - See [List of EPA approved cleaning agents](#).
 - Pay close attention to dilution instructions and contact time on the product label.
 - Make sure that staff who are doing the cleaning wear the proper PPE and follow [safety instructions](#).
 - Close off areas visited by the ill persons until carefully disinfected.
 - Open outside doors and windows and use fans to increase circulation while cleaning.
- High-touch surfaces should be cleaned and disinfected at least once per day.
- For shared bathrooms, kitchens, and dining areas, consider keeping disinfecting wipes available for individual(s) to wipe surfaces after each use.

Other Prevention Measures

Follow [CDC's COVID-19 guidance for homeless service sites](#) or [CDC guidance for congregate living situations](#) depending on your setting type.

If you run a homeless shelter or other homeless service provider facility, check with the Alameda County Health Care for the Homeless (HCH) program at achch@acgov.org or (510) 891-8950 for additional guidance and resources.

If you run a residential program for behavioral/mental health clients, email aaron.chapman@acgov.org with Alameda County Behavioral Health for additional health guidance.

Staff and residents should:

- [Wash hands](#) and/or use [hand sanitizer](#) often.
- [Cover mouth](#) when coughing or sneezing.
- Consider [social distancing](#) by staying 6+ feet apart

Employers shall evaluate the need for personal protective equipment (PPE) to prevent exposure to COVID-19 hazards, such as gloves, goggles, and face shields, and provide such personal protective equipment as needed.

Put hand sanitizer in multiple locations around the facility, especially:

- Near entrances
- Dining and kitchen areas
- All bedrooms
- All bathrooms

Teach your staff and residents how to prevent COVID-19. Plan to check and remind them often. Encourage [COVID-19 Prevention Actions](#).

Put up [signs](#) in key locations to remind staff and residents about [prevention measures](#).



Facility Layout & Other Considerations

Shared Bedrooms:

- Consider placing beds at least 6 feet apart.

Shared kitchen and dining rooms:

- Following an exposure or during an outbreak, consider having residents eat meals in their rooms or outside.
- If possible, have people eat at least 6 feet apart.
- Residents may eat in shifts to limit the number of people eating together.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items should be handled with gloves and washed with dish soap and hot water or in a dishwasher.

Shared bathrooms:

- Make sure bathrooms are stocked with soap and paper towels or automated hand dryers.
- Make sure trash cans are emptied regularly.
- Provide information on how to wash hands properly. Hang [signs](#) in bathrooms.
- Residents should be instructed that sinks/counters could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.

Shared laundry rooms:

- Maintain access and adequate supplies to laundry facilities.
- Consider restricting the number of people allowed in laundry rooms at one time.
- Post [guidelines](#) for doing laundry such as washing instructions and handling of dirty laundry.

Shared living areas:

- During an outbreak, consider closing TV rooms and other shared spaces.
- Encourage physical distancing and post signs where people gather.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.

Staff Areas and Considerations:

If there is a shared office, consider staggering use or set up workstations at least 6 feet apart.

Staff should avoid sharing equipment; if equipment must be shared, clean it between use. Staff should not share objects (like phones) that may come into contact with their face, mouth, or nose.

Consider creating stable work groups (by shifts, locations, and/or work duties) so that the same staff stay together without mixing across groups, especially following an exposure/outbreak.

When staff remove masks to eat, drink, or smoke, they are at higher risk for spread of COVID-19.

The following prevention measures may help decrease risk, **especially during outbreaks**:

- Stagger break times
- Use outside space for breaks if weather permits.
- Limit the number of people in any space at one time and arrange seating of chairs and tables to be 6 feet apart.
- Put EPA approved disinfectant wipes and hand sanitizers in break rooms and shared offices so that staff can clean surfaces, such as keyboards and telephones, between uses.



Alameda County Health Care Services Agency

Public Health Department

www.acphd.org

Public Health Department: Main Line (510) 267-8000

COVID-19 Information: (510) 268-2101

Colleen Chawla, Director
Kimi Watkins-Tartt, Director
Nicholas Moss, MD, Health Officer

Employer Resources & Requirements

Employers are required to do what they can to keep staff safe from COVID-19 in the workplace. Please review the [CAL/OSHA COVID-19 Prevention Non-Emergency Regulations](#). These regulations have replaced the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) and apply to most employers & staff in California.

[Cal/OSHA's COVID-19 Non-Emergency Regulations FAQ](#) includes a helpful summary and a [COVID-19 Model Prevention Procedures fillable document](#).

The Cal/OSHA COVID-19 Prevention Non-Emergency Regulations requires that employers provide thorough staff training.

See [Cal/OSHA's training requirements](#) for more information.

Follow [AB 2693 notification requirements](#) when there has been a potential exposure at the facility.

Homeless shelters, drug treatment programs, and facilities that house inmates/detainees may need to follow [California Code of Regulations, title 8, section 5199](#). See the [Cal/OSHA Guide to Aerosol Transmissible Diseases](#) for more information.

For on-site or phone consultations with Cal/OSHA: <https://www.dir.ca.gov/dosh/consultation.html>

Consultations are free, information is not shared with enforcement, and there are no penalties or citations. See site for more information.

See the [ACPHD Workplace Steps to Controlling and Preventing COVID-19 Outbreaks](#) for additional information.

ACPHD has a [list of workplace resources](#) that should be shared with staff.

See Equal Employment Opportunities Commission's (EEOC) [info on staff protection laws](#).



RESOURCES and LINKS

Please review and bookmark these important links. They include national, state, and local guidance on COVID-19.

Alameda County

Alameda County Public Health Department (ACPHD) MAIN COVID-19 website

<https://covid-19.acgov.org/index.page>

ACPHD Masking Resources

<https://covid-19.acgov.org/face-masks>

ACPHD Isolation Resources

<https://covid-19.acgov.org/isolation.page>

Alameda County Resources for Help Finding a Healthcare Provider

- **Family Health Line Toll Free Number:** 1-888-604-4636
 - Use this number if you currently have or recently applied for Medi-Cal.
- **Health Insurance Enrollment Assistance Toll Free Number:** 1-800-422-9495
- **Health PAC:** 1-877-879-9633; <http://www.acgov.org/health/indigent/pac-all.htm>
 - Use this number for help applying for free or low-cost health insurance including Medi-Cal and Covered CA. Visit the page linked above to learn more about HealthPAC.
- Alameda County Child Health and Disability Prevention (CHDP) program's Find-a-Doctor web page: <https://acphd.org/chdp/find-a-doctor/medical/>
- **CHDP Information Line:** 1.510.567.2070
- **CHDP Family Help Line:** 1.888.604.4636
- Resource locator for low-cost healthcare services in Alameda County: <http://achealthcare.org>

Alameda County Health Care for the Homeless Shelter Health Guidance:

<https://www.achch.org/shelter-health-guidance.html>

ACBH COVID-19 Web Page: <https://www.acbhcs.org/providers/COVID-19/index.htm>

Alameda County COVID-19 Recovery Resources for the Workplace

<https://covid-19.acgov.org/recovery>

ACPHD Vaccination Information webpage

<https://covid-19.acgov.org/vaccines>



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California

CDPH Guidance for The Use of Face Masks

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

CDPH AB 2693

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2693

Cal/OSHA COVID-19 Prevention Non-Emergency Regulations

https://www.dir.ca.gov/dosh/coronavirus/Non_Emergency_Regulations/

United States

CDC COVID-19 Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>

CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

CDC Guidance for Community Congregate Living Settings (e.g., Group Homes, Assisted Living)

<https://www.cdc.gov/coronavirus/2019-ncov/community/community-congregate-living-settings.html>

CDC Ventilation Page

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>