

California Department of Corrections and Rehabilitation
COVID-19 Employee Testing Guidance
October 30, 2020

COVID-19 testing does not replace or preclude other infection prevention and control interventions, including monitoring all employees and patients for signs and symptoms of COVID-19 prior to entry to facility, universal masking by employees and patients for source control, use of recommended personal protective equipment (PPE), maintaining appropriate physical distancing, and environmental cleaning and disinfection. When testing is performed, a negative test only indicates an individual did not have detectable infection at the time of testing; individuals might have COVID-19 infection that is still in the incubation period or could have ongoing or future exposures that lead to infection.

All Institution Entrance Screening

Employees who have symptoms that may be due to COVID-19 should seek medical attention and not report to work. In all institutions, all employees, contractors, and visitors shall be screened for fever and COVID-19 related symptoms¹ (new or worsening symptoms not caused by an underlying health care condition) and/or close contact² while not wearing appropriate PPE, with an individual with COVID-19 infection, each time they enter any institution. No one who screens positive shall be allowed to enter the institution, unless a 'yes' response to any screening question is related to an underlying health condition. In this instance the individual will have further triage by a licensed nurse to determine if the individual may be allowed entry. If an employee has a fever, possible COVID-19 related symptoms and/or has had close contact without appropriate PPE with an individual with COVID-19 infection, the employee shall be promptly provided information regarding testing. Symptomatic employees and those who test positive for COVID-19 shall follow the procedures set forth below, in the section entitled "Employee Testing Results."

Institutions without COVID-19 Cases – Surveillance Testing

The purpose of a surveillance testing strategy is to detect new cases, prevent spread, and mitigate outbreaks. This is especially relevant in COVID-19 due to the high proportion of asymptomatic cases.

Three California Department of Corrections and Rehabilitation (CDCR) institutions have been identified by the Receiver as providing Skilled Nursing Facility (SNF) level of care: California Medical Facility (CMF), Central California Women's Facility (CCWF), and California Health Care Facility (CHCF). These three institutions shall follow the Skilled Nursing Facility [testing guidance](#) issued by the California Department of Public Health (CDPH). The SNF protocol for routine surveillance testing is to test 100 percent of employees every 7 days. If there are no cases detected after two (2) weeks of testing all employees every 7 days, then testing can be reduced to testing all employees every 14 days.

¹ COVID-19 symptoms include fever of 100.4, cough, shortness of breath, unexplained or unusual fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or a runny nose, nausea, vomiting, or diarrhea (3 or more loose stools within 24 hours).

² Close contact is defined as within less than 6 feet for a cumulative total of at least 15 minutes in a 24 hour period. See the COVID-19 Risk Assessment Exposure Guide (Attachment 1) for more information.

For all other CDCR institutions that do not have any newly diagnosed COVID-19 cases among patients or employees within the last 14 days, CDCR will follow CDPH recommendations regarding surveillance testing. CDPH recommends surveillance testing of employees every 14 days based upon risk of exposure, job classification, and /or areas worked within the institution to assess the frequency of asymptomatic infection. For optimal benefit, testing turnaround times must be as short as possible and no longer than 48 hours from the time collected.

In addition, specific testing is recommended for the following groups:

- 1) All employees who have not had a prior laboratory-confirmed COVID-19 infection within the prior 90 days and who are regularly assigned to work in a Correctional Treatment Center, Outpatient Housing Unit, Hospice, Psychiatric Inpatient Program, or Mental Health Crisis Bed shall be tested per the SNF testing guidance issued by CDPH, which includes testing 100 percent of employees regularly assigned to these areas every 7 days. If there are no cases detected after two (2) weeks of testing all regularly assigned employees every 7 days, then testing can be reduced to testing all regularly assigned employees every 14 days.
- 2) All transportation and hospital custody coverage employees who have not had a prior laboratory-confirmed COVID-19 infection within the prior 90 days shall be tested every 7 days.

NOTE: CCHCS may adjust the scope and frequency of employee testing for a particular institution based on community spread data and prevalence of the virus in the institution.

Institutions with COVID-19 Cases - Response Testing
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Institutions that have been designated as providing SNF level of care (CMF), (CCWF), and (CHCF): When one or more COVID-19 positive individual (patient or employee) is identified in an institution, contact tracing shall be initiated and serial retesting of all employees shall be performed every 7 days until no new cases are identified in two (2) sequential rounds of testing.

All other institutions: Immediately upon being made aware of a positive COVID-19 test result in an employee or patient, contact tracing shall be initiated and serial retesting of all exposed persons shall be performed every 7 days until no new cases are identified in two (2) sequential rounds of testing. If there are positive cases across multiple yards at any given institution, all employees across all yards shall be tested every 7 days until no new cases are identified in two sequential rounds of testing. The institution may then resume their regular surveillance testing schedule as outlined above.

To the extent possible, movement of employees between yards shall be minimized. Employees shall wear appropriate personal protective equipment at all times.

Employee Testing Results

Employees who are exposed and identified as close contacts of a case:

Employees who have been determined to have been a close contact of a confirmed case, while not wearing appropriate PPE, shall quarantine at home for 14 days. A negative test does not shorten this quarantine period, as infection could still develop later in the incubation period. At the end of that time, the employee can return to work as long as they are asymptomatic for at least 24 hours and have a negative COVID-19 test.

Employees who test positive:

Employees who test positive for COVID-19 by polymerase chain reaction (PCR), are not severely immunocompromised, and have NO symptoms shall be instructed to isolate themselves at home and shall not return to work until the following condition is met:

- At least 10 days have passed since the date of the positive COVID-19 diagnostic test.

Employees who test positive for COVID-19 by PCR, are not severely immunocompromised, and either had mild to moderate symptoms or developed mild to moderate symptoms during their 10-day home isolation period may return to work once the following conditions are met:

- At least 10 days have passed since symptoms first appeared; **AND**
- At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Improvement in symptoms³ (e.g., cough and shortness of breath).

Employees who test positive for COVID-19 by PCR, are severely immunocompromised or had severe symptoms initially or developed severe symptoms during their 10-day home isolation period may return to work once the following conditions are met:

- At least 20 days have passed since symptoms first appeared; **AND**
- At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Improvement in symptoms³ (e.g., cough and shortness of breath).

Employees should be provided information in writing about how to appropriately quarantine and isolate within their home.

Testing of New Employees or Employees Returning from a Leave of Absence

All new institution-based employees or employees returning from an extended leave shall be added into the testing cycles referenced above for COVID-19.

³ It is possible that individuals may still have residual respiratory symptoms despite meeting the criteria to discontinue isolation.

Testing of Employees Redirected to Assist with a COVID-19 Outbreak

In the event the employee must be redirected to another COVID-19 outbreak institution, the employee must be tested prior to arriving at the new work location. If the test is negative and the employee is asymptomatic, they may return to work with self-monitoring of symptoms and test again at 14 days.

All employees redirected to assist an institution that has a COVID-19 outbreak (employee or patients), must be tested prior to arriving back to their home institution.

This policy is subject to change as CDC and CDPH guidelines are updated as well as PPE availability and testing resources and availability change statewide.



Employee Health Program

COVID-19 Risk Assessment Exposure Guide

The following COVID-19 Risk Assessment Exposure Guide applies to all CDCR staff, including those at youth facilities and those who interact with parolees. These guidelines in combination with the existing CCHCS guidance [Recommended PPE for Staff and Inmates in the Institutions](#) dated 7/2/2020, will categorize the level of exposure for staff and provide guidance for managing exposures.

Table 1. COVID: Level of Exposure¹ in Correctional Facilities	Minimal Risk	Medium Risk	High Risk
IF SOURCE (i.e. resident/inmate/youth/parolee or coworker with COVID) IS MASKED² , and, there is prolonged close contact ¹ , with:			
Staff wearing all full and appropriate PPE	X		
IF SOURCE (i.e. resident/inmate/youth/parolee or coworker with COVID) IS NOT MASKED , and, there is prolonged close contact ¹ , with:			
Staff with appropriate respiratory protection ² BUT NO Eye Protection		X	
IF SOURCE (i.e. resident/inmate/youth/parolee or coworker with COVID) IS NOT MASKED , and, there is prolonged close contact ¹ , with:			
Staff without appropriate respiratory protection ² +/- Eye Protection			X

¹Exposure to a COVID + person is defined as close prolonged contact, which is being less than 6 feet in distance **AND** for 15 minutes or longer. If you are closer than 6 feet but only interacting for 5-10 minutes, this is not an exposure; if you are farther than 6 feet for longer than 15 minutes, this is not considered an exposure.

²Masked and appropriate respiratory protection is minimally a CDPH-approved cloth face covering for residents/inmates or a surgical mask, an N95 when providing direct patient care/transport or an N95 in outbreak situations.



COVID-19 Risk Assessment Exposure Guide

Table 2. Aerosol Generating Event/Procedure PPE Worn by the Person Exposed					
COVID: Level of Exposure in Aerosol Generating Event/Procedure³	Level of PPE	Unmasked/ NO N95	Face mask⁴ and NO eye protection	Face mask⁴ and eye protection	N95 and eye protection
PPE Worn by Source	Unmasked	High risk	High risk	Medium risk	Minimal risk

³For aerosol generating events/procedures, **any duration** should be considered prolonged. Examples of aerosol generating events/procedures include: CPR, nebulizer treatments, CPAP/BIPAP, dental procedures and certain behaviors, including screaming, shouting, and coughing.

⁴Face mask refers to either an approved CDPH cloth face covering or a surgical mask.

Table 3. Everyday Activities at Work, if one person is COVID+			
COVID: Level of Exposure if closer than 6 feet, BOTH PEOPLE UNMASKED	Carpooling	Break Room	Lunch
15 minutes or less	Minimal risk	Minimal risk	Minimal risk
15 minutes or more	High risk	High risk	High risk

Table 4. Precautionary Removal Guidance per Level of COVID Exposure	
COVID: Level of Exposure	Guidance
Minimal Risk	Return to work
Medium Risk	Return to work with symptom monitoring and testing x 1 (1 st test < 48 hrs from exposure)
High Risk	Home quarantine for 14 days, with symptom monitoring and testing x 2 (1 st test < 48 hrs from exposure and then again at 5-7 days from 1 st test)