



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

## MEMORANDUM

**Date:** March 11, 2020

**To:** Regional Health Care Executives  
Deputy Medical Executives  
Chief Nurse Executives  
Chief Executive Officers  
Chief Medical Executives  
Chief Nurse Executives  
Chief Physician & Surgeons  
Chief Support Executives  
Infection Control Nurses  
Public Health Nurses

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**Subject:** **2019 NOVEL CORONAVIRUS (COVID-19)**

The 2019 Novel Coronavirus (COVID-19 related virus, aka SARS-CoV-2) was identified in Wuhan, Hubei Province, China, in December 2019 and is now being detected in many parts of the world, including the United States. For up-to-date information regarding the novel coronavirus, see the [Centers for Disease Control \(CDC\) Novel Coronavirus webpage](#).

Currently, there is no vaccine or pharmaceutical treatments for COVID-19. Person-to-person transmission has been demonstrated and is thought to occur by respiratory droplets, similar to how influenza or a cold is transmitted. At this time, the health risk to the general public in California from novel coronavirus remains low and there are no confirmed cases of COVID-19 among patients or staff within the California Department of Corrections & Rehabilitation (CDCR).

The purpose of this memorandum is to advise California Correctional Health Care Services (CCHCS) healthcare providers of new guidance released by the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH) and California Occupational Safety and Health Administration (CalOSHA) and to share resources for future updates that come available.

1. Risk assessment and initial management of patients with respiratory illness
2. Laboratory testing for COVID-19 related virus (SARS-CoV-2)
3. Surveillance and reporting requirements
4. Resources for up to date information (COVID-19 page on Lifeline and others)

## **RISK ASSESSMENT AND INITIAL MANAGEMENT OF PATIENTS WITH RESPIRATORY ILLNESS**

- Risk factors for COVID-19: Close contact to a laboratory-confirmed COVID-19 patient in the past 14 days, or exposure in an affected geographic area or cruise ship are the strongest risk factors. To date, there are no confirmed cases of COVID-19 among CDCR patients or staff; however, community transmission is now recognized in at least 7 counties in California.
- Incubation period: People with COVID-19 generally develop signs and symptoms on average 5 days after exposure (range 2-14 days).
- Clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock.
- Signs and symptoms of COVID-19 typically include:
  - Fever (100.4° F, 38° C)
  - Cough, dry or productive
  - Fatigue
  - Myalgia
  - Dyspnea occurs in a third of patients hospitalized for COVID-19
  - Upper respiratory symptoms (sore throat, congestion) are less common
  - Nausea, vomiting and diarrhea also have been reported
- COVID-19 is an influenza-like illness (ILI). Be alert to clusters of patients with ILI who test negative for influenza and other respiratory pathogens as they could represent an outbreak of COVID-19.
  - Ensure that infection control recommendations are followed for all ILI patients awaiting diagnosis and disposition:
    - The patient is using a surgical mask
    - The patient is isolated in an airborne isolation or **single room with closed door**
    - Standard, contact, and airborne precautions are followed
    - Personal protective equipment for health care workers includes fit-tested N-95 mask, gloves, gown, and eye protection (face shield or goggles)

## **LABORATORY TESTING FOR COVID-19 RELATED VIRUS (SARS-COV-2)**

- Testing for patients with ILI:
  - COVID-19 related and influenza viral testing is important for establishing the etiology of ILI.
  - Patients with laboratory-confirmed influenza or other etiology are unlikely to be co-infected with COVID-19 related virus.

- While influenza remains prevalent, patients with fever (>100° F) and cough who are not at high risk for severe disease (below) may undergo testing for influenza as a first-line test, with reflex to COVID-19 testing if negative for influenza. Rapid Influenza Diagnostic Tests (RIDTs) are valuable in identifying patients infected with influenza.
- Who to consider immediate testing for COVID-19 related virus:
  - Patients of Concern: Because early diagnosis may improve clinical outcomes, priority for COVID-19 related virus testing should be given to symptomatic individuals who are **older (age ≥ 65 years)** or have **chronic medical conditions and/or an immunocompromised** state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
  - Clinicians should use their judgment in testing patients with ILI for other respiratory pathogens.
- Quest is now accepting specimens for SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR testing:
  - Quest Test Code: **39433**
  - Preferred specimen: Nasopharyngeal (NP) Swab or Oropharyngeal (OP) swab collected in multi microbe media (M4), VCM medium (green-cap) tube or equivalent (UTM) (one swab per tube)
  - Use a separate NP or OP swab for COVID-19 testing; use a separate NP or OP swab for other tests (i.e. influenza). Do not combine swabs in the same tube.
  - Storage & Transport: SARS-CoV-2 RNA specimens must be refrigerated (refrigerated stability is up to 72 hour)
  - Follow standard procedure for storage and transport of refrigerated samples
  - Cold packs/pouches must be utilized if samples are placed in a lockbox
  - SARS-CoV-2 RNA is not a STAT test and a STAT pick-up cannot be ordered
  - Turnaround time (TAT) may be delayed: TAT (published as 3-4 days) may be impacted initially due to high demand
  - The induction of sputum is not recommended
- **Precaution for specimen collection:**
  - When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur: Health Care Personnel (HCP) in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
  - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection. Specimen collection should be performed in a normal examination room with the door closed.
  - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below. [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

- Laboratory-confirmed cases of COVID-19 should be reported immediately to the institution public health nurse, who will conduct a contact investigation and institute quarantine for those exposed. Institution leadership should also be notified immediately.

## **SURVEILLANCE AND REPORTING REQUIREMENTS**

Effective immediately, California Correctional Health Care Services (CCHCS) Public Health Branch (PHB) will be assessing, monitoring and making a statewide report for leadership. This will require the institutions experiencing an outbreak or monitoring contact to report COVID-19 data *seven days a week, including holidays*. Reporting will be done via a SharePoint system described later in this memo.

Use the COVID-19 [Case Definitions](#) below to guide data reporting:

- **Confirmed COVID-19 Case**
  - A positive laboratory test for the virus that causes COVID-19 in at least one respiratory specimen (whether or not the positive test has been confirmed by the CDC).
- **Suspected COVID-19 Case**
  - Fever and cough or shortness of breath (dyspnea) with evidence of a viral syndrome (influenza-like illness [ILI]) in a person without high risk exposure and without a positive test for influenza **OR**
  - Any fever, respiratory symptoms, or evidence of a viral syndrome in a patient with epidemiologic linkage to a confirmed case of COVID-19 or linkage to a group defined by public health during an outbreak.
- **Close Contact to COVID-19 Case**
  - Close proximity (within approximately 6 feet) to an individual with confirmed COVID-19 for a prolonged period of time without the use of recommend Personal Protective Equipment
  - Direct contact with infectious secretions from an individual with confirmed COVID-19

**Reporting:** Every institution shall report daily, *seven days a week including holidays*:

- Notify CCHCS PHB **immediately** at [CDRCCHCSPublicHealthBranch@cdcr.ca.gov](mailto:CDRCCHCSPublicHealthBranch@cdcr.ca.gov) if there are significant developments at the institution, e.g., first time the institution is monitoring one or more contacts, first suspect case at the institution, first confirmed case at the institution, first COVID-19 contact investigation at the institution.
- By noon, report all new suspected and confirmed COVID-19 cases and all new COVID-19 contacts to the COVID-19 SharePoint: [https://cdcr.sharepoint.com/sites/cchcs\\_ms\\_phos](https://cdcr.sharepoint.com/sites/cchcs_ms_phos)
- By noon, update all case records on the COVID-19 SharePoint to reflect up-to-date information on lab results, symptoms, and patient status.

- By noon, update all contact records on the COVID-19 SharePoint to reflect up-to-date information on date of last exposure and monitoring status.

Training on use of the COVID-19 SharePoint reporting tool will be provided several times over the course of the next two weeks. Currently, institution Chief Nurse Executives, Public Health Nurses (PHN), PHN backup (including Infection Prevention and Control Nurses), Utilization Management (UM) nurses, and UM backup have access to the SharePoint. To ensure seven-day a week, including holiday coverage for SharePoint reporting, institutions should request SharePoint access for additional nurses who will be reporting the above data by sending their email addresses to [CDCRCCCHCSPublicHealthBranch@cdcr.ca.gov](mailto:CDCRCCCHCSPublicHealthBranch@cdcr.ca.gov). Please allow one business day for SharePoint access to be granted.

## RESOURCES FOR UP TO DATE INFORMATION

### COVID-19 PAGE ON LIFELINE:

For updates and guidance, please visit:

- [COVID-19 Page on Lifeline](#)

### CDC GUIDANCE FOR COVID-19:

- [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#)
- [Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States](#)

### CDPH GUIDANCE FOR COVID-19:

- [Guidance Documents: Coronavirus Disease 2019 \(COVID-19\)](#)

### CDPH ALL FACILITIES COVID-19 LETTERS:

- [CDPH AFL 20-17: Guidance for Healthcare Facilities on Preparing for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDPH AFL 20-15: Infection Control Recommendations for Facilities with Suspect Coronavirus \(COVID-19\) Patients](#)
- [CDPH AFL 20-14: Environmental Infection Control for the Coronavirus Disease 2019 \(COVID-19\)](#)

### CalOSHA GUIDANCE:

- [Interim Guidance for Protecting Health Care Workers from Exposure to 2019 Novel Coronavirus \(2019-nCoV\)](#)
- [Interim Guidance on Coronavirus for Health Care Facilities: Efficient Use of Respirator Supplies](#)

# MEMORANDUM

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