



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: May 22, 2020

To: Wardens
Chief Executive Officers

From: *Original Signed By*
STEVEN THARRATT, MD, MPVM, FACP
Director, Health Care Operations
Statewide Chief Medical Executive

Original Signed By
CONNIE GIPSON, Director
Division of Adult Institutions

Original Signed By
JOSEPH BICK, M.D., CCHP
Director
Division of Health Care Services

Subject: COVID 19 Pandemic – Road Map to Reopening Operations

In response to the pandemic caused by coronavirus disease (COVID-19), and out of an abundance of caution, California Department of Corrections (CDCR) and California Correctional Health Care Services (CCHCS) have been taking necessary precautions to reduce risk of exposure to both inmates and staff and to mitigate morbidity and mortality related to the disease.

The purpose of this memorandum is to provide updated information since the [memorandum](#) sent on March 20, 2020, and to discuss initial activities associated with beginning Phase 2 of a four-phased approach to reopening operations within CDCR that is consistent with the Governor's Roadmap to Reopening California. Details of Phase 2 Operations within CDCR/CCHCS are available in the Roadmap to Reopening Plan, which will be distributed later this month.

In general, operations during Phase 2 are still restricted to include, but not be limited to, modified reception center intake to allow adequate social distancing and separation of populations, transfer to camps and essential health care related transfers and encounters. Additional details for screening, housing, testing and basic strategies to reduce spread of COVID-19 infections are noted below.

Screening on Entry into the Prison

As stated in the previously issued [memorandum](#), immediately upon entry, all inmates, including inmates who are returning from a routine community outing, must be screened for symptoms of influenza-like illness (ILI), including COVID-19 utilizing both screening questions and a temperature check. Any inmate who answers "yes" to one or more of the screening questions and/or has a temperature above 100 degrees Fahrenheit must be isolated and evaluated by a clinician. A verbal screening for potential exposures to COVID-19 while out of the institution is also recommended.

Determination of Medical Quarantine and Orientation/Sequestration Status

CCHCS, in conjunction with CDCR, has developed the "Covid Screening and Testing Matrix for Patient Movement" (attached). This document addresses our strategy for testing and housing of inmates, given different movement scenarios.

1. Patients who are directly exposed to someone with a confirmed case of COVID-19 shall be placed in Medical Quarantine. These individuals must be housed separately from the general population and must undergo medical monitoring for clinical symptoms of COVID-19. For additional information, please reference the [COVID-19: Interim Guidance for Health Care and Public Health Providers](#) and the California Department of Public Health's [guidance](#) on prioritization for testing for COVID-19.
2. Patients who are transferring from a county jail into one of CDCR's Reception Centers must be placed in quarantine and cohorted for 14 calendar days, which means they must be housed together and separated from other inmate populations. In addition, these inmates must be offered testing for COVID-19 infection (see "COVID-19 Testing" section below for more details).
3. Patients who screen positive on the COVID screen shall not be transferred. Asymptomatic patients who refuse to test and are transferring from one institution to another must be placed in Orientation Status for 14 calendar days and re-offered testing for COVID-19 infection at the new institution.
4. Patients who are returning from an emergency department visit or hospitalization (24 hours or more), or from the Department of State Hospitals must be placed in quarantine for 14 calendar days and offered testing for COVID-19 infection.
5. Patients returning from an out to court appearance that included at least one night away must be placed in quarantine for 14 calendar days and offered testing for COVID-19 infection.

Patients who are in Orientation Status *do not* require medical monitoring and should use the 7362 process for requesting health services. These individuals should not be housed with patients who are symptomatic, pending a test result, or confirmed positive.

Patients who had a routine outside appointment, e.g. radiation, chemotherapy or dialysis, who were screened negative upon return to the institution, maintained social distancing and wore a cloth face covering usually *do not require placement on Orientation Status*.

Patients who are in medical isolation for COVID-19 shall not be double-celled with or housed in the same congregate living area as those who are not in isolation for COVID-19. Further, patients who are in medical isolation for COVID-19 should be housed in conditions that provide adequate temperatures, ventilation, food service, and access to showering opportunities and other out of the cell time, as deemed appropriate.

COVID-19 Testing of Patients

In addition to testing all patients who manifest symptoms that could be consistent with a COVID-19 infection or who have a fever, the following inmate populations shall be testing:

- All patients entering CDCR from the county jails shall be offered testing within 24 hours of arrival into a CDCR prison.
- All patients transferring to another CDCR institution or camp shall be offered testing
- All patients returning from an outside healthcare facility (e.g. emergency department, community hospital or Department of State Hospitals) shall be offered testing within 24 hours of arrival to the institution.
- All patients returning from an out to court appearance that included at least one night away shall be offered testing within 24 hours of arrival to the institution.
- All patients releasing back to the community shall be offered testing.

Also, until further notice, all institutions shall implement a monthly public health surveillance process, which consists of testing samples of patients across multiple facilities/yards for the purpose of identifying the presence of asymptomatic COVID-19 infections in prisons where it has not been detected and/or identifying COVID-19 infections among the most vulnerable patients or those using Positive Airway Pressure machines such as CPAP or BiPAP machines. The specific surveillance testing strategies will be detailed in separate communications.

Except for an urgent or emergent healthcare situation, no individual should be transferred to another institution or camp prior to the availability of their test results.

In general, re-testing an individual is usually not necessary if they have been tested in the previous 7 calendar days.

Patients shall not be involuntarily tested for COVID-19 regardless of whether they are symptomatic. All individuals who refuse testing should be given educational information in an accessible format and have an opportunity to have their questions answered. Individuals with symptoms of COVID-19 should be placed in medical isolation per the [COVID-19: Interim Guidance](#)

[for Health Care and Public Health Providers](#). Individuals who are contacts to a confirmed case of COVID-19 who refuse testing should be placed in medical quarantine for 14 days from the date of last exposure. Individuals who refuse testing should not be placed in cohorts with people who are symptomatic, pending a test result, or confirmed positive following testing.

Criteria for Release from COVID-19 Isolation

Patients diagnosed with COVID-19 can be released from isolation once they meet criteria outlined in the [COVID-19: Interim Guidance for Health Care and Public Health Providers](#). For COVID-19 guidance, including criteria to release patients from isolation, and information on testing and aerosol generated procedures, please see the latest version of the COVID-19: Interim guidance for Health Care and Public Health Providers. This guidance is subject to change as new recommendations and new evidence become available.

Social Distancing

Social distancing strategies should continue to be used as much as possible for all individuals with priority given to the most vulnerable patients. Please reference the [memorandum](#) from March 20, 2020 for previously issued guidance.

CDCR issued a memorandum entitled [COVID-19 Guidance for Daily Program Regarding Social Distancing for Cell or Alternative/Dorm Style Housing of Eight Person Cohorts](#) dated May 11, 2020, which includes several measures to ensure safe distance is maintained and movement is limited as much as possible.

Cloth Face Coverings

Pursuant to the [memorandum](#) released on April 16, 2020, staff working or performing duties on institutional grounds and inmates who meet a certain criteria shall wear a cloth face covering. These criteria include:

- Any situation that requires movement outside of cell or while in a dorm setting
- During interactions with other inmates (ex: yard time, canteen, dayroom)
- Movement to and from health care appointments
- Movement to and from medication administration areas

Cloth face coverings are available and should be used by staff and inmates for all public interactions when feasible.

Other Basic Public Health and Environmental Hygiene efforts must continue indefinitely including but not limited to, hand washing, use of personal protective equipment, robust disinfection of all shared and frequently used surfaces and adequate ventilation. Refer to the COVID-19: Interim Guidance document and CDCR/CCHCS Roadmap to Reopening Plan.

Attachment

cc:

Vincent Cullen, Director, Corrections Services
Jennifer Barretto, Director, Health Care Policy & Administration
Renee Kanan, MD, MPH, Deputy Director, Medical Services
Barbara Barney-Knox, Deputy Director, Nursing Services
Kimberly Seibel, Deputy Director, DAI Facility Operations
Lara Saich, Deputy Director, Policy and Risk Management Services
Regional Health Care Executives
Regional Chief Nurse Executives
Regional Deputy Medical Executives
Associate Directors, DAI