



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES





## MEMORANDUM

**Date:** October 28, 2020

**To:** California Department of Corrections and Rehabilitation All Staff  
California Correctional Health Care Services All Staff  
Division of Juvenile Justice All Staff

**From:**

  
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**Subject:** **NOVEL CORONAVIRUS DISEASE 2019 (COVID-19) INSTITUTION ENTRANCE SCREENING PROCEDURES REVISED OCTOBER 8, 2020 - AMENDED**

This memorandum updates expectations related to Novel Coronavirus Disease 2019 (COVID-19) entrance screening procedures at California Department of Corrections and Rehabilitation (CDCR) and Division of Juvenile Justice (DJJ) institutions and youth facilities. Symptom screening is an essential step the Department can take to lower the chance of COVID-19 transmission in the workplace. All institutions and youth facilities shall implement and abide by the procedures outlined in this memorandum to improve the consistency and effectiveness of the entrance screening process.

### Screening Process

All institutions shall conduct entrance screening for all staff, vendors, volunteers, contractors and visitors each time that they enter an institution. The screening shall take place at either the parking lot entrance gate, while individuals are in their vehicles or at a designated screening location (e.g., the institution's first pedestrian access point). Designated screening locations shall be approved by the Regional Health Care Executive (RHCE), California Correctional Health Care Services, and Associate Director (AD), CDCR, or Deputy Director (DD), DJJ, and Chief Physician and Surgeon (CP&S), DJJ. Institutions shall submit their proposed screening plans to their respective RHCE and AD for CDCR or DD and CP&S for DJJ by **November 2, 2020**.

The COVID-19 entrance screening consists of the following two-step process:

## Step 1: Symptom and Exposure Risk Screening

Symptom questions shall be answered verbally by all individuals prior to being permitted to enter an institution.

1) *Do you have any **new or worsening symptoms not caused by an underlying health care condition:***

- *Fever of 100.4 or greater or chills?*
- *Cough?*
- *Shortness of breath or difficulty breathing?*
- *Unexplained or unusual fatigue?*
- *Muscle or body aches?*
- *Headache?*
- *Loss of taste or smell?*
- *Sore throat?*
- *Congestion or a runny nose?*
- *Nausea or vomiting?*
- *Diarrhea (3 or more loose stools within 24 hours)?*

2) *Within the past 14 days, have you while not wearing appropriate personal protective equipment been in close physical contact **(within 6 feet or closer for a cumulative total of 15 minutes or more over a 24-hour period)** with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?*

## Step 2: Temperature Measurement

Temperature measurements shall be taken for each individual with a non-contact, infrared, digital thermometer by screening staff.

## **Determining Entrance into the Institution**

- Individuals who respond “no” to all screening questions and have a temperature measured less than 100.4 degrees Fahrenheit shall be granted entry into the institution.
- Individuals who respond “yes” to any screening questions or have a temperature measured equal to or greater than 100.4 degrees Fahrenheit shall be denied entry into the institution. Individuals with temperatures of 100.4 degrees Fahrenheit or above are considered symptomatic for COVID-19 even if no other symptoms are present.
- Individuals who respond “yes” to any screening questions, which may be related to underlying health care conditions, shall have further triage with a licensed nurse. Based on the clinical judgment of the nurse, the individual may be allowed entry into the institution. Employees providing medical substantiation of an underlying health care condition consistent with COVID-19 symptoms will not need additional triage. Medical substantiation shall be kept by the employee and shown to screening staff each day and shall include the specific COVID-19 like symptom(s) from the list in Step 1 or 2 above and a date the symptom(s) are expected to resolve or if the symptom(s) are permanent.

- Individuals who respond “no” to any of the screening questions but have symptoms observed by the screening staff shall have additional triage conducted by a licensed nurse. Based on the clinical judgment of the nurse, the individual may be denied entry into the institution.

## **Guidance for Employees who are Sick or Denied Entrance to an Institution**

In an effort to prevent and reduce transmission of illness, the Centers for Disease Control and Prevention recommends that employees should stay home when sick with influenza-like illness including COVID-19. Employees shall self-screen prior to reporting for work and if experiencing any COVID-19 symptoms the employee shall:

- Not report to work,
- Immediately follow existing procedures for calling in sick, and
- Consult with their personal health care provider for additional guidance.

CDCR is developing a process to provide prompt COVID-19 testing for all staff denied entrance to an institution following the screening process. Until that testing process is finalized and implemented, adherence to the following guidelines is required:

- Employees denied entrance to an institution or who develop any COVID-19 symptoms while at work shall immediately notify their supervisor by telephone or email and shall consult with their personal health care provider for additional guidance. State employees can receive COVID-19 testing through their personal health care provider, state run testing sites such as Verily or Optum Serve, or other locally sponsored testing sites. The link to testing sites is at <https://covid19.ca.gov/testing-and-treatment/>.
- Employees who test positive for COVID-19 (with or without symptoms), or who test negative **or refuse to test** but have symptoms shall not return to work until:
  - ✓ At least 10 calendar days have passed *since symptoms first appeared or first positive diagnostic viral test result, if asymptomatic* **and**
  - ✓ At least 24 hours have passed *since last fever of 100.4 or greater without the use of fever-reducing medications* **and**
  - ✓ Symptoms (e.g., cough, shortness of breath) have improved.

All ATO and leave usage questions related to staff COVID can be found by viewing the CDCR and CCHCS decision trees:

[Employee Health Exposure ATO Decision Tree](#)

[Essential/Non-essential Employee Decision Tree](#)

[ATO Decision Tree](#)

## Screener Training

**Excluding Bargaining Unit 06 rank and file staff**, screening staff shall be comprised of trained non-health care or health care staff. **Bargaining Unit 06 Supervisors may be permitted to conduct screening on first watch during traffic times and on an emergent basis on second and third watch. Institution Chief Executive Officers and Wardens shall coordinate and ensure appropriate coverage is available on each watch to conduct entrance screening for all staff, vendors, volunteers, contractors and visitors.**

Institutions shall ensure all staff assigned to conduct screenings are trained in taking a temperature, asking **all individuals including staff to read and respond to each symptom screening question** and referring individuals to a licensed nurse, as needed. All screeners shall be provided On-the-Job Training (OJT) to cover the mandated symptom screening questions; proficiency in thermometer use including proper thermometer calibration and battery replacement; and how to handle screening refusals and denying entrance to symptomatic individuals. Institutions shall submit proof of practice regarding OJT for currently assigned screeners to their respective RHCE and AD for CDCR or DD and CP&S for DJJ by **November 2, 2020**, and OJT shall be documented and maintained for each screener assigned in the future.

## Equipment and Supplies

Institutions shall ensure all screening locations maintain an adequate supply of functioning thermometers for temperature screenings and a three-month supply of batteries. Thermometers utilized for COVID-19 temperature screenings shall be non-contact, infrared, and digital. The Chief Support Executive (CSE) for CDCR or Senior Registered Nurse for DJJ, at each institution shall conduct routine inspections, at least quarterly, and testing of new thermometers prior to use. Institutions shall develop a process for reporting and replacing malfunctioning or broken thermometers. Additionally, as noted above, screeners shall be trained on proper thermometer calibration and battery replacement according to manufacturer guidelines.

## Ongoing Screening Compliance and Monitoring

To ensure ongoing compliance with institution entrance screening procedures, each institution shall submit a monthly proof of practice, to the institution's respective RHCE and AD for CDCR or DD and CP&S for DJJ by the fifth of every month for the preceding month. This proof of practice will certify that a manager, not lower than the level of Associate Warden and CSE or designee, personally observed the entrance screening process and conducted random checks of staff screening compliance.

Thank you for your continued dedication and commitment to reducing the spread of COVID-19 and protecting the health and safety of our inmates, wards, staff, and the public. If you have any questions regarding implementation of this memorandum, please contact the institution's RHCE or AD for CDCR or DD or CP&S for DJJ.