



MEMORANDUM

Date: October 16, 2020

To: California Department of Corrections and Rehabilitation (CDCR) All Staff
California Correctional Health Care Services (CCHCS) All Staff

From: – *original signed by*
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Subject: ESTABLISHMENT OF A STATEWIDE EMPLOYEE HEALTH PROGRAM

Since the start of the Coronavirus 2019 (COVID-19) pandemic, the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) have worked in collaboration to quickly establish a system for identifying and managing COVID-19 outbreaks. Although significant effort was placed on proper identification and management of COVID-19 spread among the patient population, a comparably robust system did not exist for staff. In a joint decision, supported by the Federal Judge, CCHCS is assuming oversight of employee and occupational health functions by establishing an Employee Health Program (EHP) to address this gap. The purpose of the EHP is to develop and implement a consistent process for the control and prevention of the spread of any communicable diseases in Correctional Institutions, Headquarters, Regional Offices, and surrounding communities. This includes the implementation of new processes and operational tools to support local, regional, and statewide COVID-19 management.

The immediate focus of the EHP is on staff COVID-19 monitoring, including, but not limited to, screening, testing, case investigation, and contact tracing. The CCHCS EHP Team consisting of Registered Nurses, Medical Assistants, Occupational Medicine Physicians, administrative staff and CDCR Return to Work Coordinators (RTWC), are trained to protect employee privacy and will only ask for information necessary to slow or stop the spread of COVID-19. In an effort to protect employee health information as required by HIPAA, CDCR/CCHCS will be limiting who has access to COVID-19 test results. The onsite Employee Health RN will receive the results in addition to the Return to Work Coordinator. For those institutions without an onsite Employee Health RN, there are always nurses working remotely to receive test results.

The Employee Health RN can provide regular updates on general information such as number of positive employees or how long an employee will be out of work; however, test results will only

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be disclosed to the hiring authority on a 'need to know' basis. All HIPAA and privacy laws are followed as regulated (click [here](#) for more information).

The EHP will continue to provide updates to CDCR/CCHCS leaders across all levels of the organization as decisions are made and program elements are developed and implemented.

Rollout of the EHP will be phased as follows:

Phase 1 – By October 5, 2020

- Establish local EHP Core Teams at each institution, which include clinical and non-clinical team members
 - Registered Nurse (RN) – Two (2) positions to allow for 7-day a week coverage
 - Medical Assistant (MA) – One (1) position
 - Staff Services Analysts (SSA) / Associate Governmental Program Analyst (AGPA) – One (1) position
- Implement local case investigations and contact tracing
- Establish dedicated EHP e-mail box (EHP@cdcr.ca.gov)
- Procure dedicated space, laptops, phones and office equipment for team members
- Establish communication strategies to ensure stakeholders are aware of program developments where stakeholders have a dedicated forum for Q&A and staff have access to COVID-19 resources
- Continue onsite serial staff COVID-19 testing

Phase 2 – By January 1, 2021

- Establish an onsite Testing Team at all 35 institutions
- Establish an information system to centralize EHP data
- Design and implement staff COVID-19 reporting, management, and operational tools

Phase 3 – TBD

- Expand program to possibly monitor other communicable diseases, such as TB, flu, etc.
- Assist with or manage a Respiratory Protection Program

Since EHP activities began, a number of questions have been submitted to Headquarters and we have provided answers to common questions in the attached Employee Health Program FAQs (Attachment A).

Please contact EHP@cdcr.ca.gov with questions or comments. Thank you for your ongoing support to ensure the safety of our CDCR/CCHCS staff and patient population.

Employee Health Program FAQs



The health of California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) staff and your families is extremely important and valued. Collaboratively, CDCR and CCHCS have worked with the California Department of Public Health and the California Department of Human Resources, and used guidance from the Centers for Disease Control and Prevention (CDC) to develop COVID-19 precautions that are unique to a complex congregate setting such as our correctional institutions and youth facilities. A portion of the COVID-19 precautions are specific to staff, which results in infection prevention and control within institutions, youth facilities, and the communities you live in. Your patience, adherence, and understanding during these evolving times is appreciated. The following are frequently asked questions about staff COVID case investigation and contact tracing processes.

Last Updated: October 16, 2020

Employee Health Program

1. What is the Employee Health Program (EHP)?

The Employee Health Program is a newly establish CCHCS program that will provide oversight of employee and occupational health functions for all CDCR/CCHCS employees. The purpose of the EHP is to implement a sustainable system for managing employee occupational health as required by state law. Because this program is very new, program elements will be phased in as they are developed – the current program focus is on staff COVID monitoring.

2. Who are a part of the local EHP Core Team and what do they do?

The local EHP Core Team will consist of two (2) Registered Nurses, a Medical Assistant, and an Analyst at each adult institution. At this time, the goal is for all institutions to have at least one (1) Employee Health (EH) Registered Nurse (RN). Click [here](#) to access the EHP Core Team contact list.

The role of the EHP Core Team is to support their respective institution in identifying and communicating with staff who have received a positive COVID-19 test result or who may have been exposed to the coronavirus (COVID-19). For example, this team can address issues that arise during the front entrance screening process, staff who begin experiencing symptoms while on shift, provide coronavirus education, and collect information from staff who have received positive COVID-19 test results. These staff are in their own confidential spaces to ensure staff privacy.

EH RNs will communicate with the hiring authority (HA) and return to work coordinator (RTWC) regarding employees who will need to remain offsite for a set period of time. The RTWC will work with the employee and personnel office to determine which type of leave is applicable for their specific situation.

Contact tracers are responsible for contacting employees who may have been exposed to COVID positive staff or inmates. Contract tracers will collect information, provide education about COVID-19, and make recommendations to prevent the potential spread of the virus.

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3. Are there EH RNs at all adult institutions?

The goal is for all institutions to have at least one (1) EH RN. Click [here](#) to access the EHP Core Team contact list.

4. Who is responsible for recruiting for the EHP Core Team?

HQ and Regional HR units are handling the recruitment process for these staff positions.

5. Will the local EHP be expanded?

Yes, the EHP will recruit two LVN positions in the near future to support onsite intermittent COVID testing.

6. Are there plans to add modular spaces to support the EHP staff?

The HQ Nursing Program has been working with institutions individually to identify workspaces for the local EHP Core Team.

7. Do the EH RN or contact tracers provide care to inmates or parolees?

No, the local EHP Core Team members will not provide care services to inmates or parolees as a standard part of the job, however, they have a responsibility to respond to inmate emergencies and protect the public.

Staff COVID Monitoring Resources

8. Where can I go to access staff COVID-related resources?

An EHP Portal is currently in development and will be your go-to resource for staff COVID monitoring. In the interim, please utilize the following (click any link below to access that resource):

- [COVID-19 Testing Guidance When Entering an Institution](#)
- [Institution Entrance Screening Procedure](#)
- [ATO General Decision Tree](#)
- [ATO Decision Tree Based on Exposure Risk Level](#)
- [COVID-19 Risk Assessment Exposure Guide](#)
- [Essential Non-Essential Employee Decision Tree](#)

9. Does the new administrative time off (ATO) decision tree (10/9/2020) supersede information sent out July 17th indicating that an employee can get up to 160 hours of ATO?

Yes, all updated procedures, decision trees, and guides supersedes previous guidance. Click [here](#) to view the general ATO decision tree. Click [here](#) to view ATO based on exposure risk level.



Entrance Screening

10. Is the EHP responsible for the entrance screening process?

The local EHP Core Team is not responsible for this process but will work collaboratively with the screeners if questions, concerns, or additional nursing review is required. At this time, the onsite intermittent testing has not begun – HQ is working with laboratory vendors to establish a system to support this function. We will continue to provide updates as this part of the program develops.

Staff COVID Positive Case Investigation and Close Contact Tracing

11. What is an index case?

The COVID-positive staff person.

12. I have tested positive for COVID via my personal health care provider or community testing site. What should I do?

Do not go to work and notify the RTWC immediately who will inform the EH RN. The EH RN will contact you for an interview within 24 hours. Please answer all questions to help identify impacted persons.

13. My partner (non-CDCR employee) has tested positive for COVID. What should I do?

Inform the RTWC and the EH RN so that exposure risk can be assessed and the exposure matrix applied. Click [here](#) to view the COVID-19 exposure risk level guide.

14. Will the EH RNs be able to respond quickly to positive case results, especially afterhours?

Yes, EH RN coverage extends to afterhours and weekends. Contact the regional EHP Nurse Consultant III (NC III) Supervisor for afterhours and weekend support.

- Region 1 – Shante Kumar (Shante.Kumar@cdcr.ca.gov)
- Region 2 – Ray Rodriguez (Ray.Rodriguez2@cdcr.ca.gov)
- Region 3 – Thomas Moll (Thomas.Moll@cdcr.ca.gov)
- Region 4 – Doina Rus (Doina.Rus@cdcr.ca.gov)

15. Am I required to answer the questions that the EH RN and/or contact tracer asks me?

Yes, staff who refuse to speak with the EH RN or contact tracer will be referred to the HA for consideration of progressive discipline.

EH RNs and contract tracers are trained to protect your privacy and will only ask for information they need to slow or stop the spread of COVID. EH RNs and contract tracers will verify your name, date of

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birth, address and other contact information. They will also ask about the areas of the institution where you worked, whom you've been around, and whether you're experiencing any COVID-19 symptoms.

16. I was already called by a contact tracer in the county where I live or work – what's the difference?

The contact tracer that called you on behalf of a local public health office is collecting information for community COVID-19 exposure.

The EH RN and contact tracers are collecting information specifically for CDCR/CCHCS worksite exposure. It is important that you speak to both, if contacted.

17. What does the EH RN or contact tracer do with my personal information?

All HIPAA and privacy laws are followed. The EH RN provides a daily report to the HA and RTWC of employees excluded from work and the dates for which they will be absent.

18. How does case investigations and contact tracing work for registry staff?

The EH RN will notify Management Solutions so that they may conduct a case investigation and identify close contacts. Management Solutions will provide information to the EH RN and contact tracers will communicate with close contacts.

Staff on Quarantine

19. The EH RN or contact tracer told me that I need to quarantine and cannot come to work for 14 days. Do I have to follow what they say?

Yes, whether you have symptoms or not, if you have been identified as having a high risk exposure to COVID-19 – you are expected to follow the direction of the EH RN or contact tracer. The HA and RTWC will be notified.

20. I feel fine and have no symptoms but I am being told by the EH RN or contact tracer to quarantine. Can I sign a form that I am ready willing and able to go back to work?

No, you are expected to follow the direction of the CDCR/CCHCS EH RN or contact tracer. CDC guidelines state that it can take up to 14 days after exposure to COVID-19 for a person to develop symptoms. The HA and RTWC will be notified of your status.

21. My personal health care provider or the local public health office note is different than the direction from either the EH RN or contact tracer. Which direction am I required to follow?

You are expected to follow the direction of the CDCR/CCHCS EH RN or contact tracer. The HA and RTWC will be notified.

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22. What if an employee refuses to test because they don't want to pay for it?

Most counties offer free COVID testing for people who were identified as an exposure risk. Staff can also consider using other community testing sites or their personal health care provider for COVID testing. Click [here](#) to find a testing site near you.

23. I am currently quarantining at home. Can I go to the institution to get my first or second COVID test if the laboratory vendor happens to be onsite?

No, staff are expected to use community resources or their personal health care provider to get their COVID tests completed while on quarantine.

24. What if a staff person who starts off with administrative time off (ATO) (i.e., high risk asymptomatic) becomes symptomatic or COVID positive while on quarantine?

Employees must notify and coordinate with the RTWC when there is any change in condition. Once the RTWC receives notice of your change in status, the ATO will be switched to the use of personal leave to cover the remainder of the isolation period.

25. If I do not get my 1st or 2nd COVID test while on quarantine, can I return to work after 14 days?

Staff can return to work after 14-days quarantine if they are asymptomatic.

26. Can I file a workers compensation claim form if I am COVID positive or on quarantine?

Yes, you can always file a workers compensation claim. Please ask if the RTWC does not offer.

27. Does pregnancy apply as a chronic health condition with a doctor's note?

Pregnancy is listed as a high risk condition per CDC guidelines. Work with your RTWC, Disability Coordinator, and health care provider to determine your work status.

28. When staff leave the USA, do they need to quarantine 14-days before returning to work?

If an employee lives outside of the USA and works at an adult institution, they do not need to quarantine for 14-days prior to reporting to work. Employees will be subject additional testing.

If an employee travels outside of the USA, they are considered a high risk exposure upon return and must quarantine for 14-days using their own leave credits.



EH RN, Public Health Nurse, RTWC, and Personnel Office Coordination

- 29. A last name alone can be difficult for the HA or RTWC to identify staff who are excluded from work when multiple employees can have the same last name.**

EH RNs will provide the HA and RTWC with enough information so that you can identify the specific staff person who is on isolation or quarantine. Medical diagnoses and information, however, will not be shared.

- 30. If an inmate identifies a staff person as a close contact, who is responsible for sharing that information with the EH RN?**

The local Public Health Nurse is expected to notify the EH RN immediately.

- 31. What is the role of the RTWC as it relates to staff positive COVID cases and high risk close contact exposures?**

The RTWC and EH RN will coordinate activities around staff who have been tested COVID positive and staff who have been identified as a high risk exposure.

The RTWC will ensure that staff return to work timely and when appropriate.

The EH RN will send the RTWC a daily list of staff who are excluded from work. The information provided will include staff name, classification, and the start/end dates of exclusion. Medical diagnosis and other medical information will not be provided.

- 32. What is the role of the Personnel Office as it relates to staff positive COVID cases and high risk close contact exposures?**

The Personnel Office will apply the appropriate decision trees and guidelines to determine the leave-type that is appropriate for a staff person's specific situation.

The Personnel Office will ensure that timesheets and the use of leave are accurate.

- 33. Who determines whether ATO or use of personal leave credits is appropriate?**

The Personnel Office will make this determination.