MEMORANDUM

Date: May 6, 2021

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

From: Connie Gipson
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Subject: NOVEL CORONAVIRUS DISEASE 2019 (COVID-19) INSTITUTION AND YOUTH FACILITY ENTRANCE SCREENING, TESTING PROCEDURES AND eLEARNING COURSE REVISED

Effective immediately, this memorandum supersedes and replaces all previous memorandums titled, Novel Coronavirus Disease 2019 (COVID-19) Institution and Youth Facility Entrance Screening, Testing Procedures and eLearning Course, issued for the California Department of Corrections and Rehabilitation (CDCR) and Division of Juvenile Justice (DJJ) institutions and youth facilities. Changes were necessary to improve the consistency and effectiveness of the entrance screening process including the removal of temperature checks and updates to the Symptom and Exposure Risk Screening decision tree. Symptom screening and testing are essential steps the Department has taken to lower the chance of COVID-19 transmission in the workplace. All institutions and youth facilities shall abide by the procedures outlined in this memorandum.

Guidance for Employees who are Sick

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 or flu-like 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.
Training for Entrance Screeners
The COVID-19 Entrance Screening eLearning Course, which is training designed for all staff assigned to conduct entrance screenings, has been revised to reflect the removal of temperature checks and the updated Symptom and Exposure Risk Screening decision tree. All entrance screeners, including those newly appointed to perform entrance screening or those who completed the previous version of entrance screener training prior to May 6, 2021, shall complete the revised eLearning Course entitled “COVID-19 Entrance Screening,” in the Learning Management System (LMS). Please note, if you are assigned to conduct entrance screening you will not automatically be enrolled for this eLearning course. The revised COVID-19 Entrance Screening eLearning course is available for self-enrollment on the LMS by searching the course name “COVID-19 Entrance Screening” or BET Code 11062470.

The Chief Executive Officer (CEO) for California Correctional Health Care Services (CCHCS), and Warden for CDCR are responsible for ensuring all staff assigned to conduct entrance screening are trained as follows:

• New screeners shall complete training prior to conducting entrance screening.
• Current screeners shall complete revised training within 14 business days from the date of this memorandum.

A compliance report entitled “COVID-19 Entrance Screening” is available in LMS that lists employees who complete the training. The CDCR In-Service Training Offices and CCHCS Institution Training Coordinators have been provisioned access to the compliance report.

COVID-19 entrance screening is an equally shared responsibility and as such, screening staff shall be comprised of trained non-health care and health care staff. Institution CEOs and Wardens shall continue to coordinate and ensure appropriate coverage is available on each watch to conduct entrance screening for all staff, vendors, volunteers, contractors and visitors.

Entrance Screening Process
The COVID-19 entrance screening shall continue to take place at either the parking lot entrance gate, while individuals are in their vehicles or at the designated screening location (e.g., the institution’s first pedestrian access point) per the institution’s entrance screening plan approved by the Regional Health Care Executive (RHCE), CCHCS, Associate Director (AD), CDCR, or Chief Physician and Surgeon (CP&S) for DJJ. Screening locations shall continue to be strategically placed to prevent circumvention thus ensuring every person coming onto grounds is screened.

The entrance screening process requires all individuals including institution, headquarters and regional staff; contractors; vendors; volunteers and visitors to verbally answer screening questions prior to being permitted to enter a CDCR or DJJ institution or youth facility. See the attached Symptom and Exposure Risk Screening dated May 6, 2021. Temperature checks are no longer required as a part of the entrance screening process.
Determining Entrance into the Institution
Entrance screeners shall refer to the updated Symptom and Exposure Risk Screening decision tree, dated May 6, 2021, to determine who shall be granted or denied entrance to grounds or referred to the onsite Employee Health Program (EHP). The entrance screener is required to log the name and PERNR # or date of birth of all individuals referred to the onsite EHP on the Referrals for EHP Assessment Log.

• Individuals who will have inmate contact including CDCR, CCHCS and DJJ employees will be referred to the onsite EHP if any of the following occur:
  o Answers to screening questions indicate referral is necessary
  o Observed to have COVID-19 or flu-like symptoms by screening staff
  o Become symptomatic for COVID-19 while on grounds

• Individuals who respond “yes” to any symptom questions, which may be related to underlying health care conditions, shall be referred to the onsite EHP for further triage. Employees providing medical substantiation of an underlying health care condition consistent with COVID-19 symptoms will not be referred to EHP. 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) and a date the symptom(s) are expected to resolve or if the symptom(s) are permanent.

• Individuals referred to the onsite EHP shall be provided a KN95 or procedure mask, which shall be donned prior to entering the grounds and provide their name and PERNR# or date of birth to the entrance screener. They shall immediately report to the designated onsite EHP location and follow the directions provided regarding testing and subsequent protocol. Onsite EHP is available from 5 am to 4 pm.
  o For CDCR, CCHCS and DJJ employees, if EHP is unavailable, you shall answer the screening questions and if asymptomatic, be allowed to report to work. Employees are required to report to the onsite EHP for assessment as soon as EHP is available but prior to leaving grounds at the end of their shift.
  o All non-employees with inmate contact will be denied entrance if the onsite EHP is unavailable.

Employees Denied Entrance by EHP
• Employees denied entrance to an institution or youth facility shall follow the directions of the onsite EHP. If an employee tests positive for COVID-19 (with or without symptoms), they shall immediately be sent home to self-isolate. Employees shall not return to the institution or youth facility until:
  ✓ At least 10 calendar days have passed since symptoms first appeared or first positive diagnostic viral test result and
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- 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.

- Employees who test positive shall immediately notify their supervisor pursuant to established call in procedures. All COVID-19 Administrative Time Off (ATO) and leave usage questions 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**

Thank you for your continued dedication and commitment to reducing the spread of COVID-19 and protecting the health and safety of our inmates, staff, and the public. If you have any questions regarding implementation of the entrance screening procedures as set forth in this memorandum, please contact the institution’s RHCE for CCHCS, AD for CDCR, and CP&S for DJJ.

For LMS related issues, CCHCS staff shall contact the Staff Development Unit at cchcsSDULMSTrainingHelp@cdcr.ca.gov and CDCR staff shall contact their respective In-Service Training Office.

Additional information on entrance screening, rapid testing, and other COVID-19 topics can be found on CCHCS Lifeline Coronavirus (COVID19) webpage. Click [here](#) to access these resources.

Attachments
Symptom and Exposure Risk Screening
For Entrance to CDCR and DJJ Institutions and Youth Facilities

Revised 05-06-21

Have you been fully vaccinated (2 weeks post final shot) and are you asymptomatic?

- Yes
- No

Have you cleared the 10-day isolation period?

- Yes
- No

Within the last 10 days, have you called-in sick with or do you currently have any of the following new or worsening symptoms not caused by an underlying health care condition?

- Shortness of breath or difficulty breathing?
- Loss of taste or smell?
- Sore throat?
- Nausea or vomiting?
- Cough?
- Congestion or runny nose?
- Diarrhea (3 or more loose stools within 24 hours)?
- Fever of 100.4 or greater or chills?

Individuals who respond “no” to screening questions but have symptoms observed by the screening staff shall be referred to EHP.

- Yes
- No

Do you have unexplained or unusual fatigue, muscle or body aches or headache?

- Yes
- No

In the past 14 days, have you while not wearing appropriate PPE been in contact* with a person known to have lab-confirmed COVID-19 or COVID-like symptoms?

- Yes
- No

Received COVID-19 vaccine within the last 3 days?

- Yes
- No

**Refer to EHP if inmate contact or employee**

- OR

Allow Entry and Provide KN95 or procedure mask

- Deny Entrance

For CDCR/CCHCS employees, if EHP is unavailable, screen and allow to report to work, if asymptomatic. Notify employees they are required to report to EHP for assessment as soon as EHP is available.

For all others, deny entrance if after hours.

*Contact means within 6 feet for 15 minutes or more cumulatively over a 24-hour period.
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