contacts, first confirmed case at the institution, first COVID-19 contact investigation at the institution).
The following events require same-day reporting to the COVID-19 SharePoint:

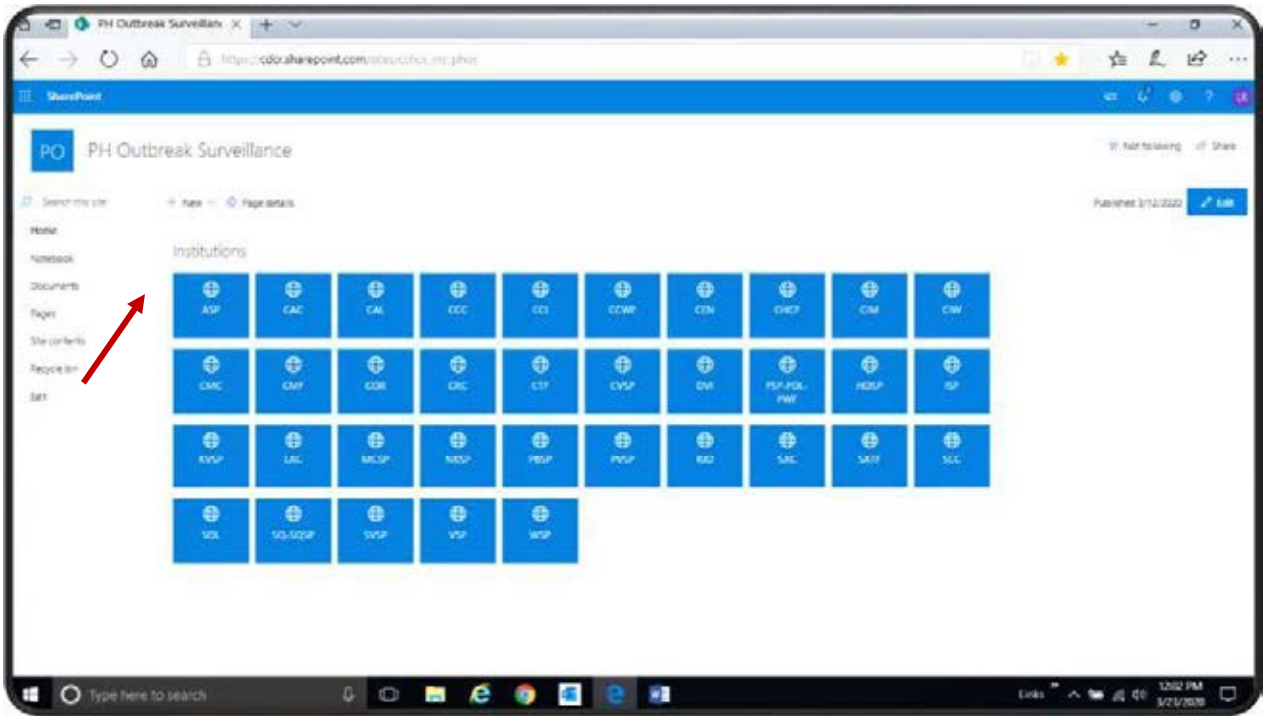
https://cdcr.sharepoint.com/sites/cchcs_ms_phos

- **All new suspected and confirmed COVID-19 cases.**
- **All new COVID-19 contacts.**
- For previously reported cases: new lab results, new symptoms, new hospitalizations, transfers between institutions, discharges/paroles, releases from isolation, deaths.
- For previously reported contacts: new exposures, transfers between institutions, discharges/paroles, releases from quarantine.

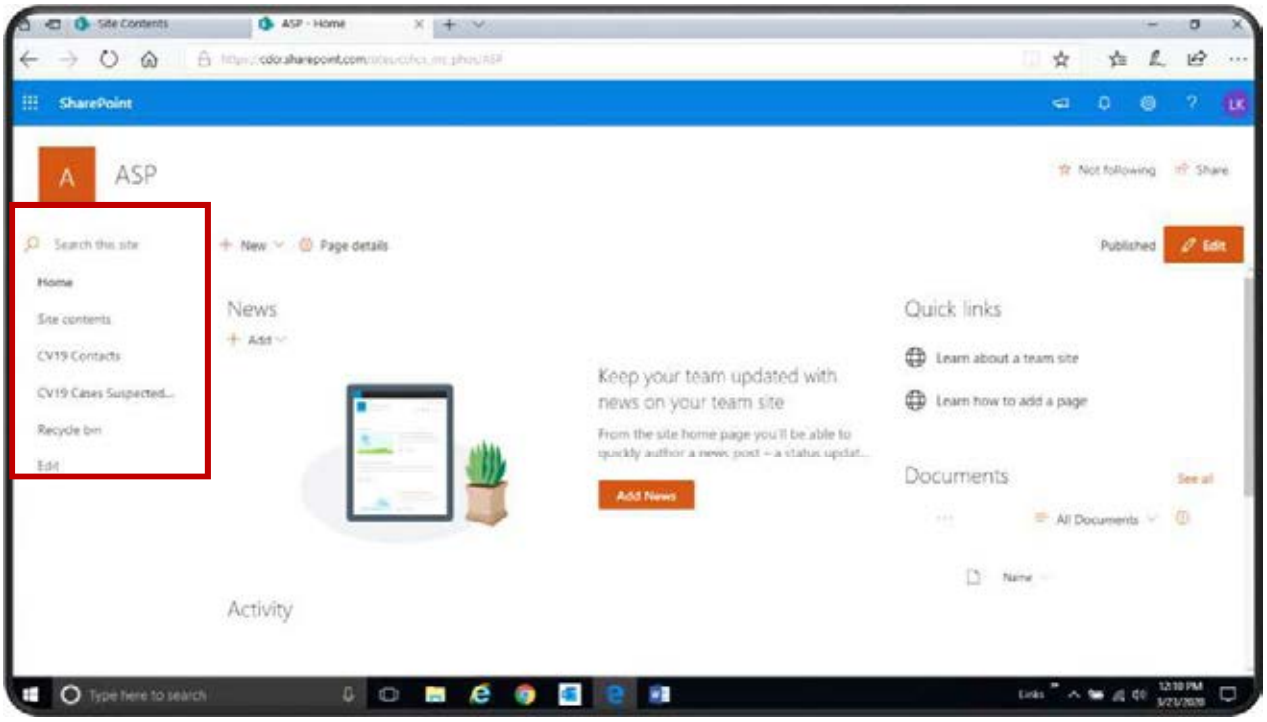
No report is needed if there are no new cases/contacts and no significant updates to existing cases/contacts.

REPORTING IN SHAREPOINT

https://cdcr.sharepoint.com/sites/cchcs_ms_phos Click on your institution.

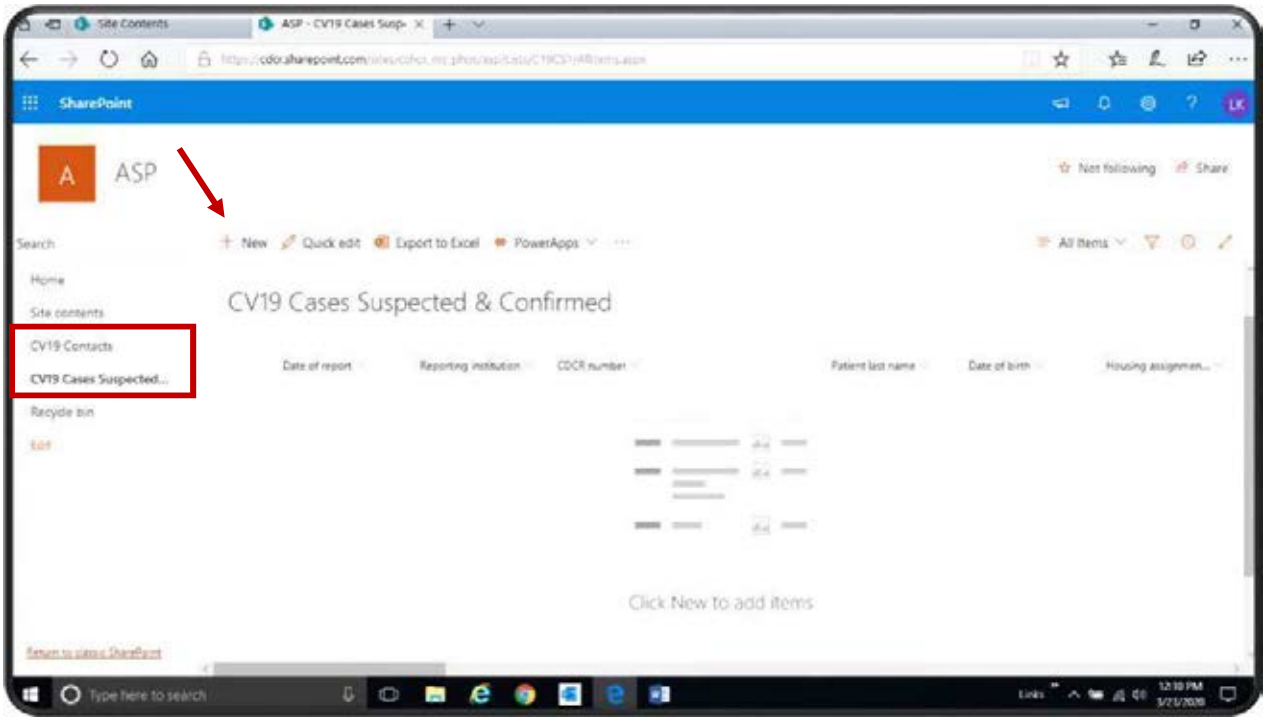


Each institution has a home page with a navigation panel on the left.

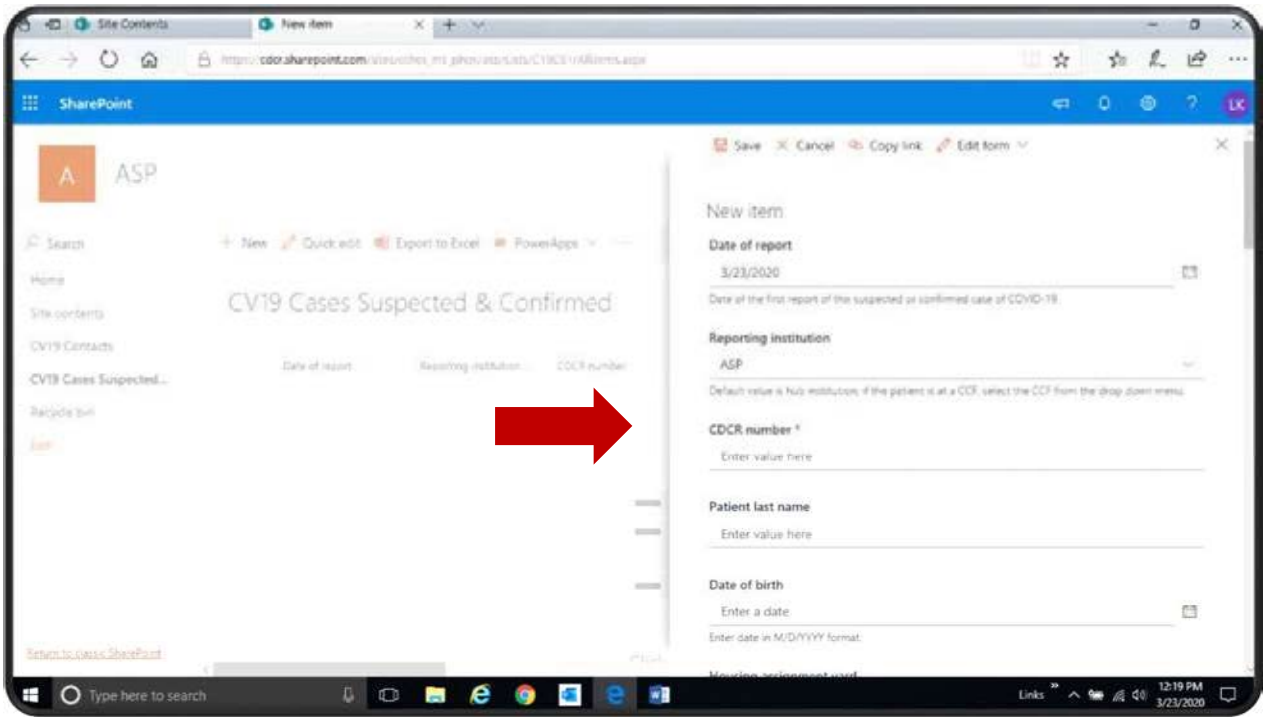


To access the CASES line list, click on **CV19 Cases Suspected & Confirmed**. To access the CONTACTS line list, click on **CV19 Contacts**. This guide applies to both the CASES and CONTACTS line lists.

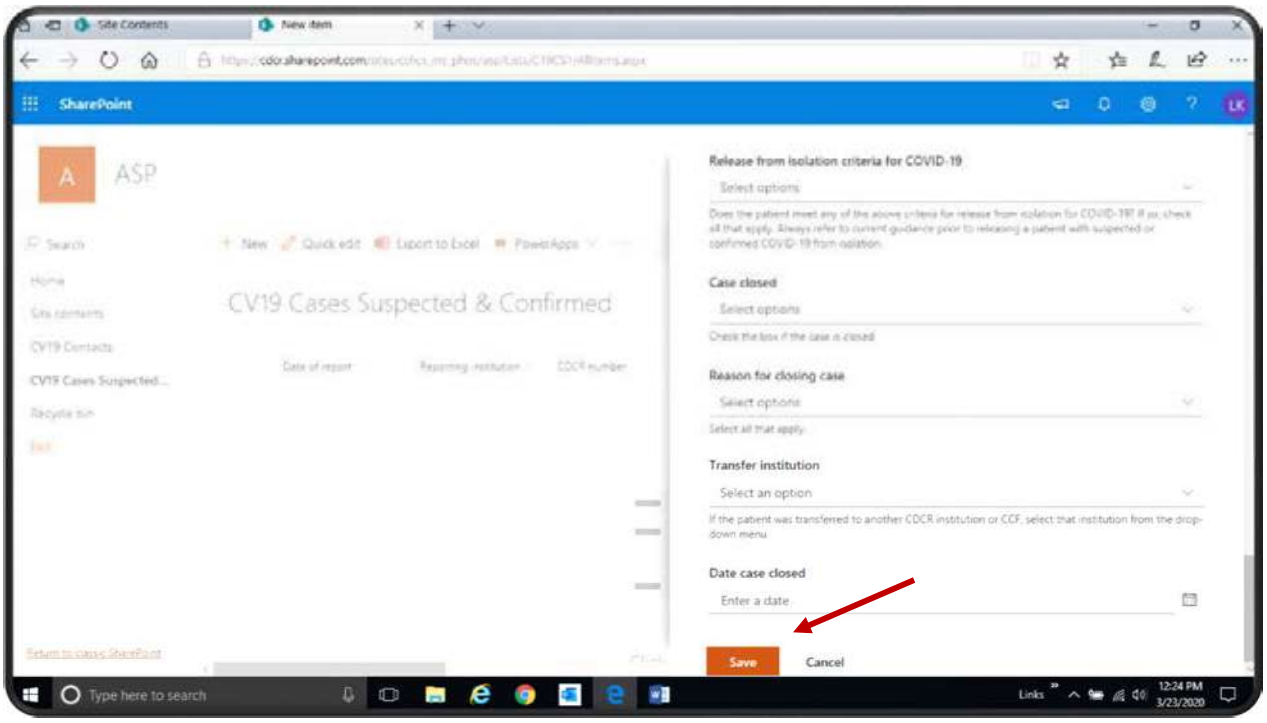
To add a new patient to a line list, click on **New**



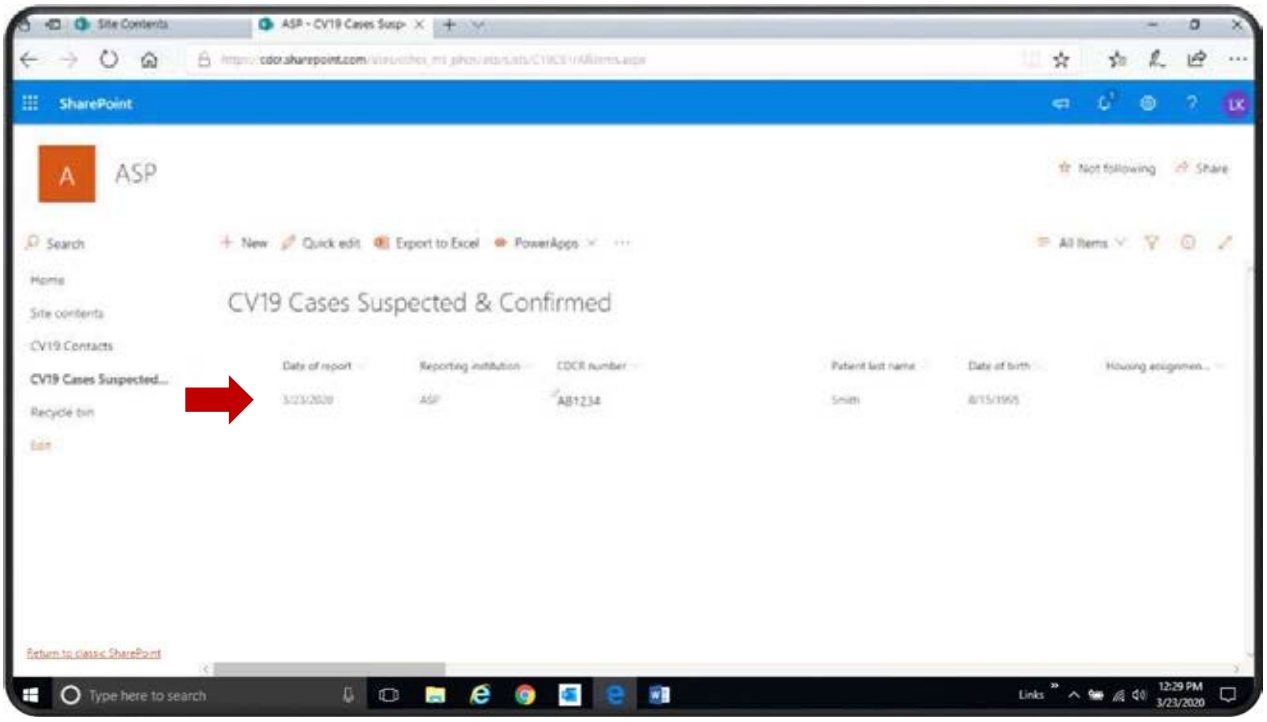
A new record (data entry form) will open on the right.



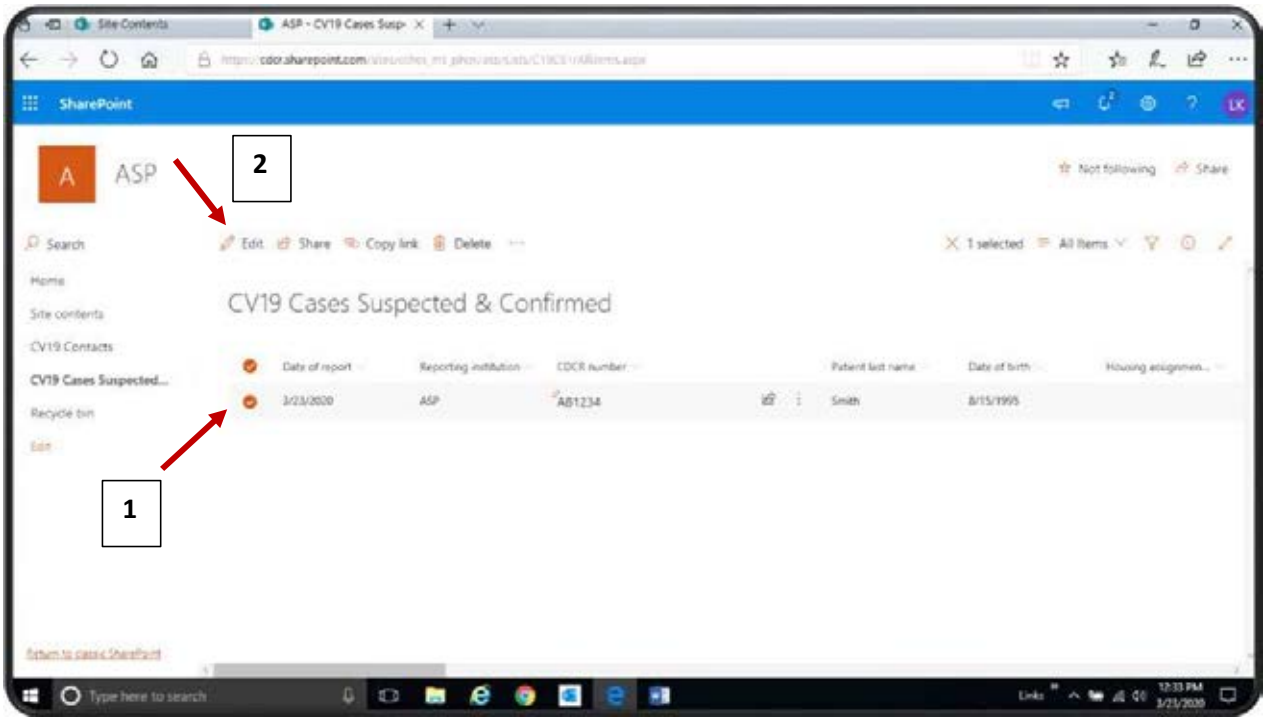
Scroll through the form to enter data. Brief instructions are provided below the form fields. Refer to the **Data Definitions** section on page 9 for detailed instructions for each field in the CASES and CONTACTS line lists. Click on **Save** at the bottom of the form to add the report to the line list.



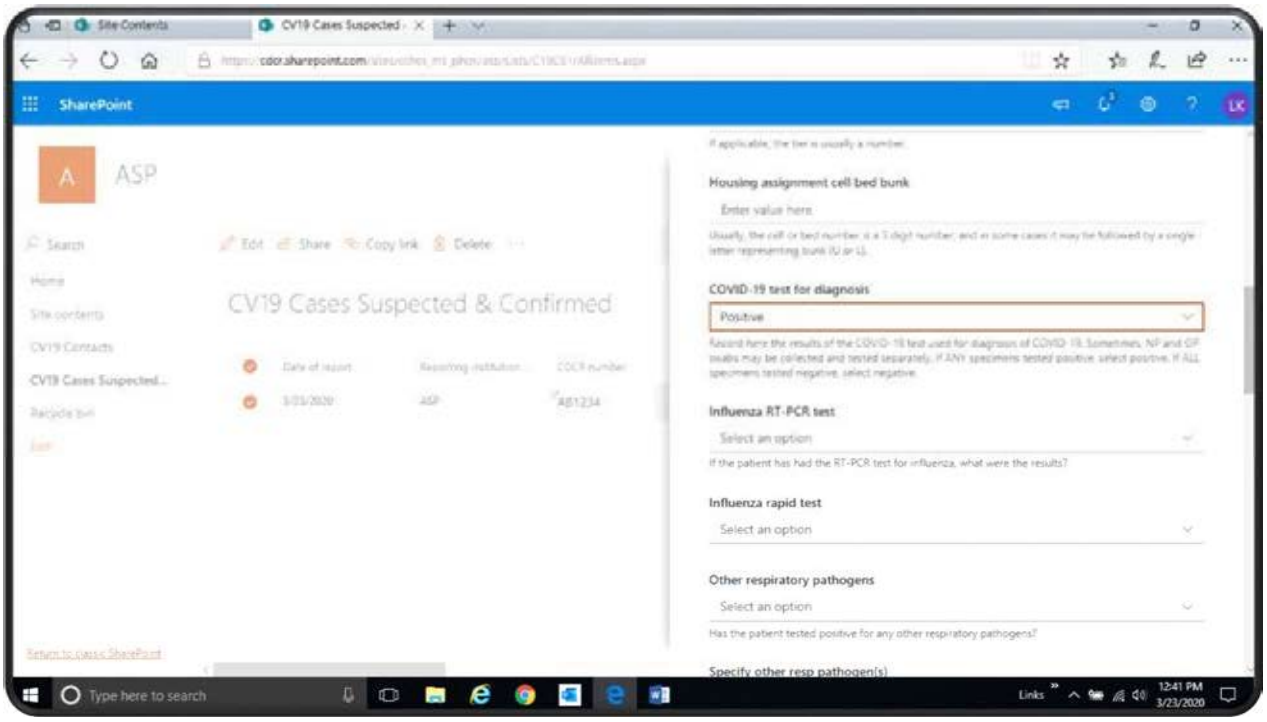
Saving the form adds the report to the line list.



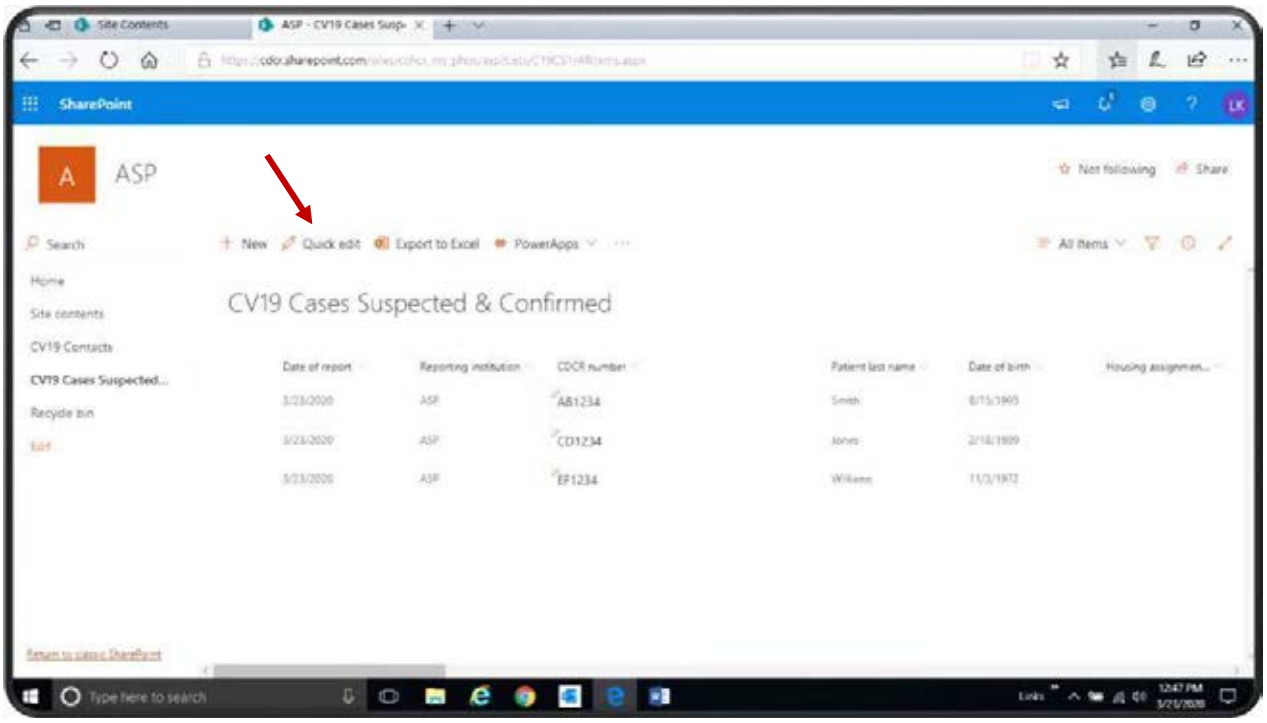
To enter updated information after saving the form, click on the row [1] to select the record in the line list, then click on **Edit** [2] to re-open the form.



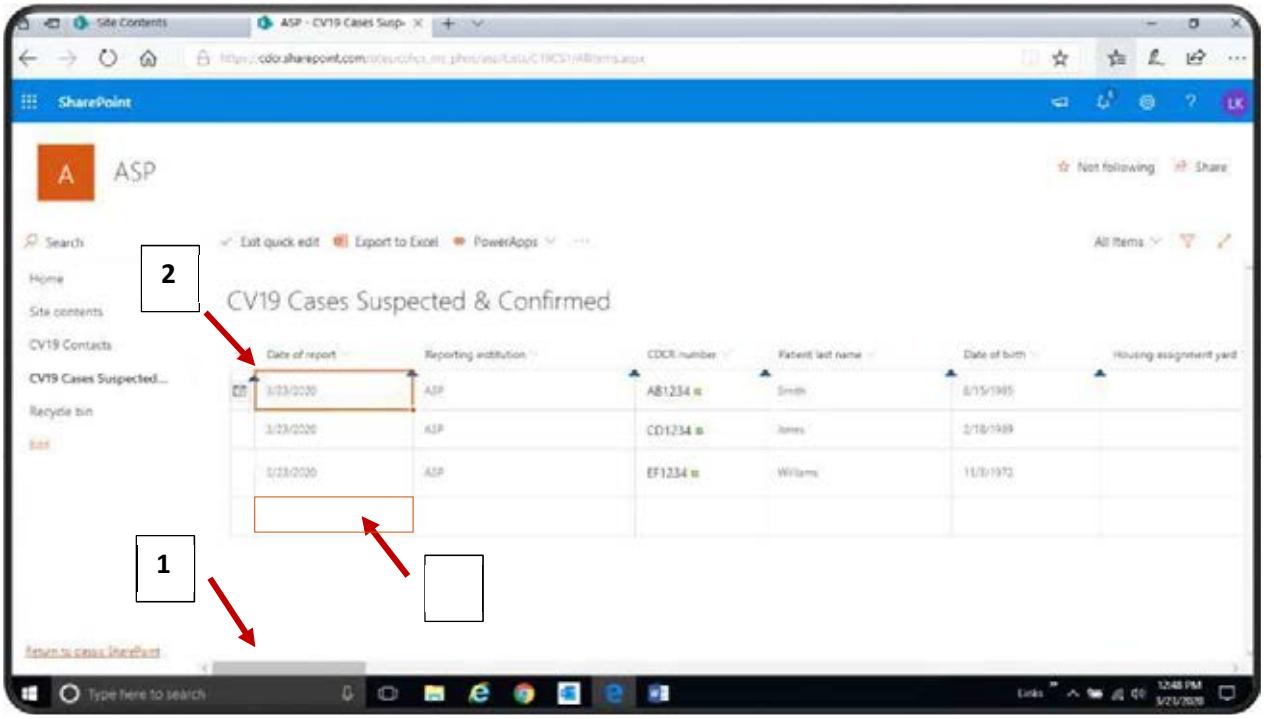
Enter your new information (e.g., diagnostic test, isolation dates) and click on **Save** (as above).



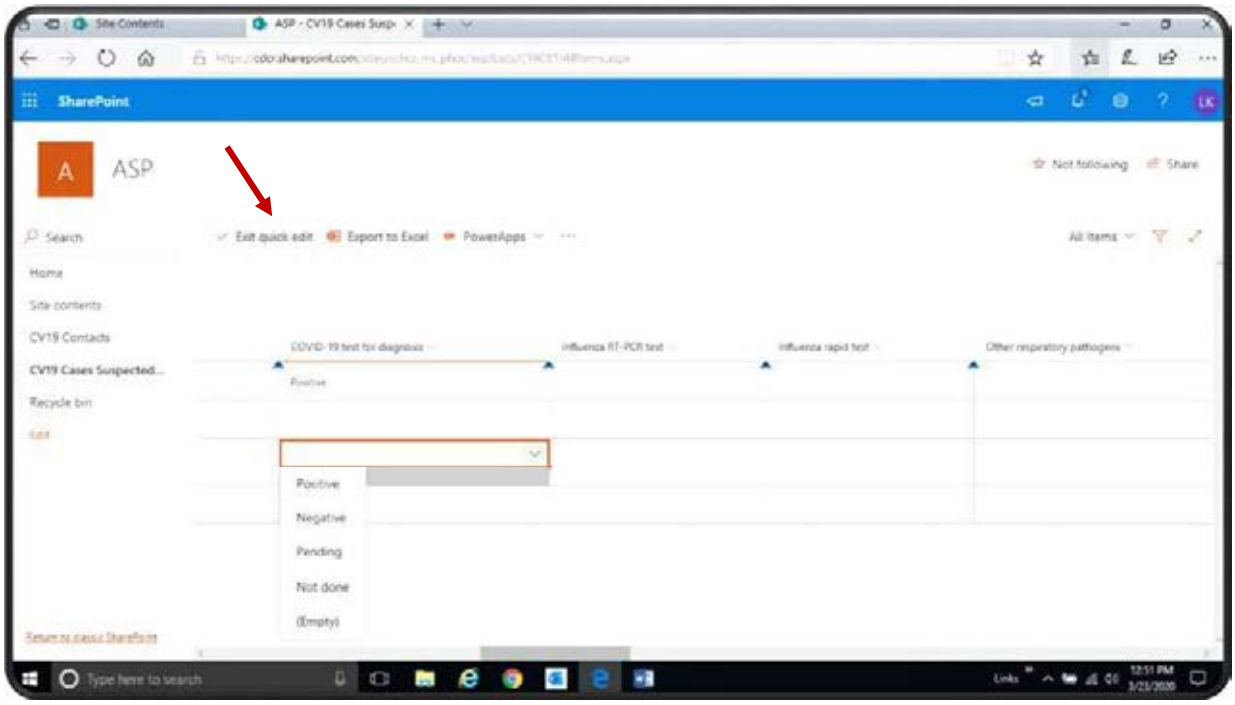
To edit a record directly in the line list, you can also click on **Quick Edit**.



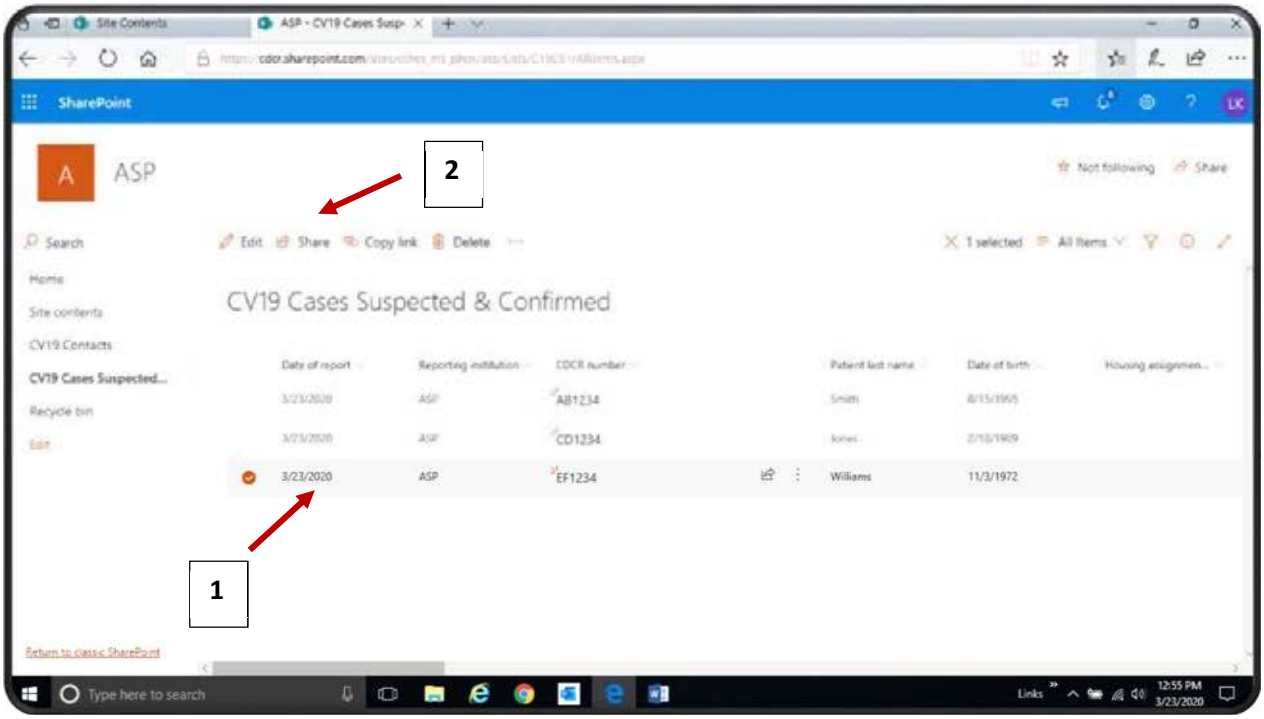
Use the scroll bar [1] to move across the line list. Clicking on any field [2] will highlight it and enable an update to be entered. You can also cut and paste from an Excel spreadsheet into a blank row [3] in SharePoint (e.g., to add a list of CDCR numbers to initiate reports for new patients).



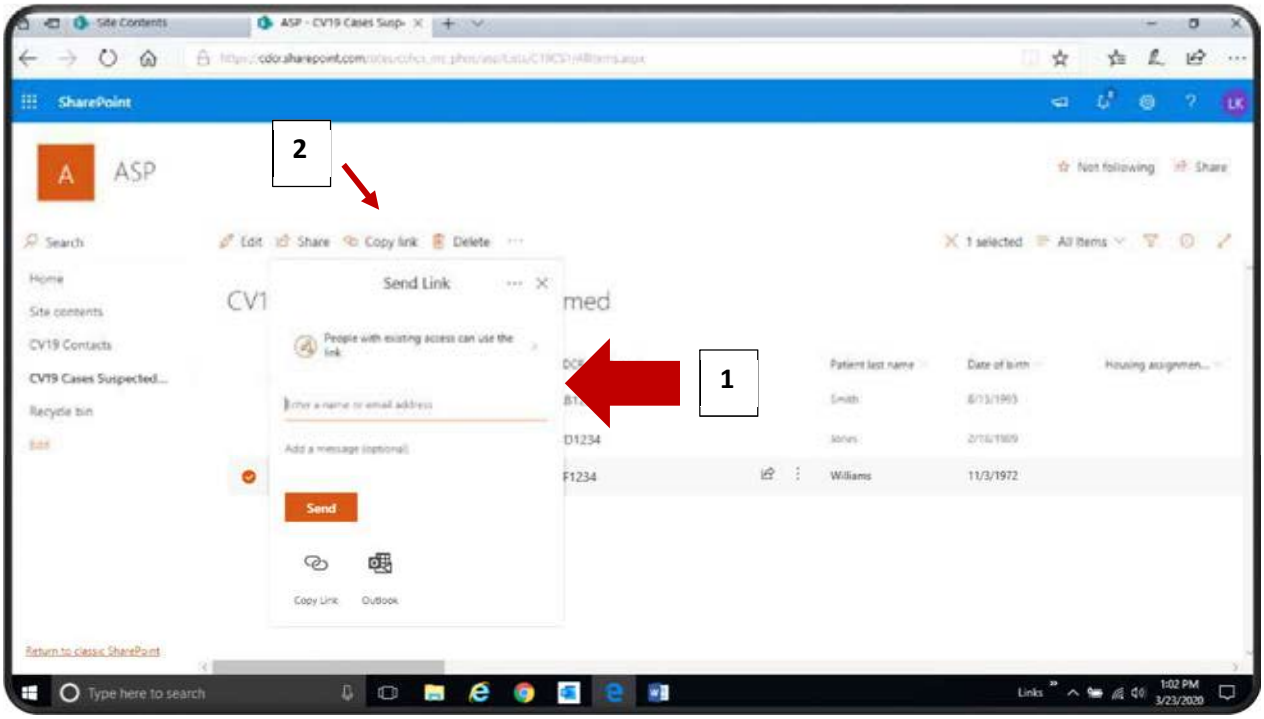
After entering new information into the line list, click on **Exit Quick Edit** to save the update.



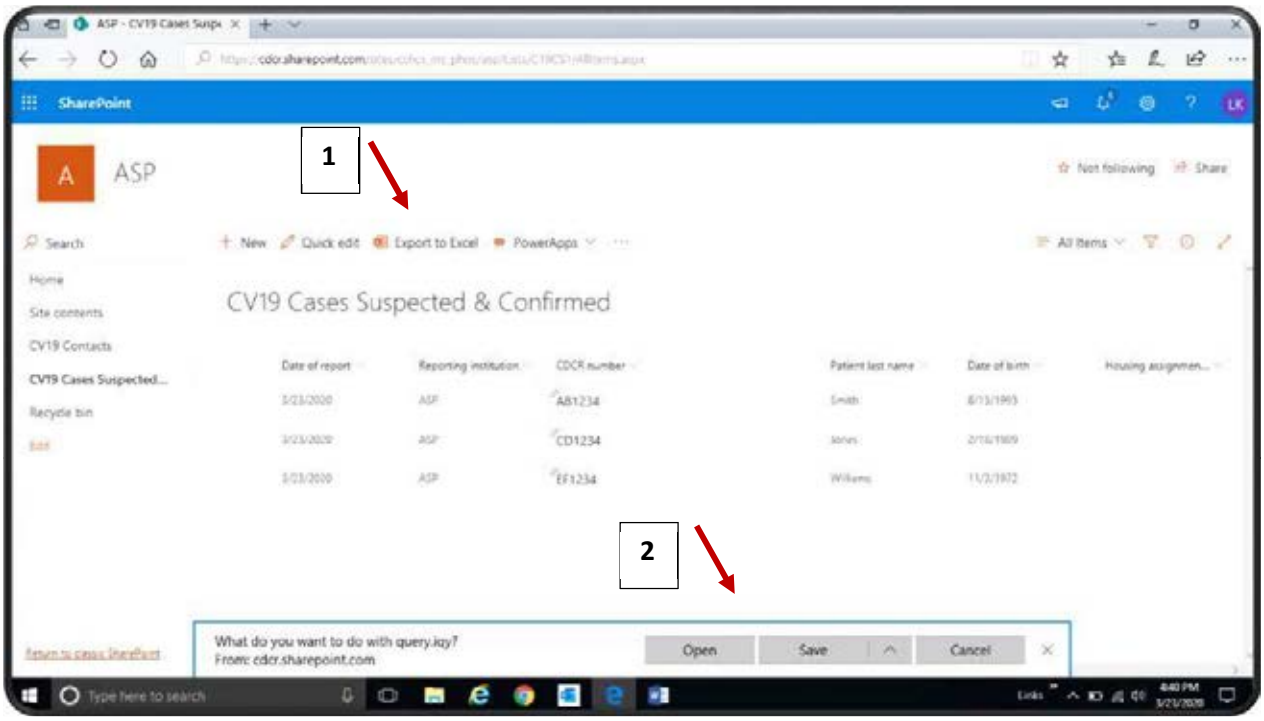
To share a link to an individual case report (e.g., to communicate with other health staff in the institution), select the record by clicking on it [1] and then click on **Share** [2].



A link to the case or contact report can be sent by entering an email address in the pop-up [1] or by clicking on **Copy Link** [2] and pasting the generated link into a separate email thread.



Click on **Export to Excel** [1] to create a copy of your CASES or CONTACTS line lists into a spreadsheet that can be saved for other non-reporting activities. Click on **Open** or **Save** [2] to view or save the spreadsheet in Excel.



DATA DICTIONARY

COVID-19 CASES SUSPECTED AND CONFIRMED

Field	Definition / Instruction
Date of Report	Date that the suspect or confirmed case-patient was initially reported. This field is auto-populated and should not be edited.
Reporting Institution	The default value (auto-populated) is the hub institution. If the patient is at a Community Correctional Facility (CCF), select the CCF from the drop-down menu.
CDCR number Patient last name Date of birth	In addition to the CDCR number, enter the patient's last name and date of birth. These are needed for PHB identification if the CDCR number is entered in error. Enter the birth date in M/D/YYYY format.
Housing assignment yard Housing assignment building Housing assignment tier Housing assignment cell bed bunk	Enter the patient's housing location (optional, for institutional use). Usually, the cell bed or number is a 3-digit number. In some cases it may be followed by a single letter representing upper or lower bunk (U or L).

Field	Definition / Instruction
COVID-19 test for diagnosis	Select an option from the drop-down list to record the result or status of the COVID-19 test used for diagnosis. Sometimes NP and OP swabs may be collected and tested separately. If ANY specimens tested positive, select Positive. If ALL specimens tested negative, select Negative.
Influenza RT-PCR test	Did the patient have the RT-PCR test for influenza? Select the result or status from the drop-down list.
Influenza rapid test	Did the patient have the rapid test for influenza? Select the result or status from the drop-down list.
Other respiratory pathogens	Did the patient test positive for any other respiratory pathogen besides COVID-19 or influenza? Select and option from the drop-down list.
Specify other resp pathogen(s)	If the patient tested positive for another respiratory pathogen, enter the pathogen(s) in the text box.
Symptoms	Select all symptoms that apply at any time during this illness from the drop-down list.
Date of symptom onset	Enter the first date that the patient had any of the symptoms checked above. Enter the date in M/D/YYYY format.
Date of symptom resolution	Enter the last date that the patient had any of the symptoms checked above. Enter the date in M/D/YYYY format.
Close contact	In the 14 days prior to symptom onset, did the patient have close contact with a confirmed case of COVID-19? Refer to the current COVID-19 guidance for definitions of close contact. Select an option from the drop-down list.
Cluster of influenza like illness	Is the patient linked to a cluster of influenza like illness? Select a response from the drop-down list.
Patient hospitalized (outside hospital)	Has the patient been hospitalized at an outside hospital for this illness? Select an option from the drop-down list.
Isolation status	Select the patient's current isolation status (e.g., alone in AIIR, at an outside hospital, released from isolation) from the drop-down list.
Date isolation began	Enter the date the patient was isolated. Enter the date in M/D/YYYY format.
Date released from isolation	Enter the date the patient was released from isolation (M/D/YYYY). Enter the date in M/D/YYYY format.
Release from isolation criteria for COVID-19	Check all that apply to indicate the criteria the patient met to be released from isolation or indicate the patient does not currently meet any criteria for release from isolation.
Case closed	Check if the case has been closed (i.e., the patient is no longer an active case in your institution).

Field	Definition / Instruction
Reason for closing case	If the case has been closed, select all reasons that apply from the drop-down list (e.g., the patient was ruled out for COVID-19, recovered, died, or was transferred or released).
Transfer institution	If the patient was transferred to another institution or CCF before the case was closed, select the institution or CCF from the drop-down list.
Date case closed	Enter the date that the case was closed in M/D/YYYY format.
Modified	Auto-populated date and time of the most recent edit/update to the report. This date/time cannot be edited by the user.
Modified by	Auto-populated user who last edited the report. This entry cannot be edited by the user.

COVID-19 CONTACTS

Field	Definition / Instruction
Date of report	Date that the contact to a confirmed case of COVID-19 was initially reported. This field is auto-populated and should not be edited.
Reporting institution	The default value (auto-populated) is the hub institution. If the patient is at a Community Correctional Facility (CCF), select the CCF from the drop-down menu.
CDCR number Patient last name Date of birth	In addition to the CDCR number, enter the patient's last name and date of birth (M/D/YYYY). These are needed for PHB identification if the CDCR number is entered in error. Enter the birth date in M/D/YYYY format.
Housing assignment yard Housing assignment building Housing assignment tier Housing assignment cell bed bunk	Enter the patient's housing location (optional, for institutional use). Usually, the cell bed or number is a 3-digit number. In some cases it may be followed by a single letter representing upper or lower bunk (U or L).
Quarantine reason	Select all reasons that apply to the current quarantine from the drop-down list. Use "close contact" as defined by the current COVID-19 guidance.
Date of last exposure	This date is used to calculate the end of the quarantine period. This value must be updated if the patient is re-exposed to COVID-19. Enter the date in M/D/YYYY format.
Quarantine start date	Enter the earliest date that the patient was placed on quarantine. Enter the date in M/D/YYYY format.
Quarantine end date	Enter the anticipated (future) or actual (past) end date of the quarantine for this patient. Enter the date in M/D/YYYY format.
Type of quarantine	How is (or was) the patient being quarantined. Select an option from the drop-down list.
Reason quarantine ended	Select all options that apply for reason(s) the patient's quarantine ended (e.g., the patient completed the quarantine without re-exposure, developed symptoms [i.e., suspect case], transferred) from the drop-down list.

Field	Definition / Instruction
Transfer institution	If the patient transferred to another CDCR institution or CCF before completing quarantine, select the institution or CCF from the drop-down list.
Modified	Auto-populated date and time of the most recent edit/update to the report. This date/time cannot be edited by the user.
Modified by	Auto-populated user who last edited the report. This entry cannot be edited by the user.

REQUESTING ACCESS TO THE COVID-19 SHAREPOINT

1. Each person who needs access must individually fill out a Secure Area Access Form.
    a. This form may not be completed on the behalf of another person.
    b. The form is located at http://cchcssites/SitePages/NewSecureRequest.aspx
    c. The name of the SharePoint is PH Outbreak Surveillance.
2. The delegated approver for the institution submit the name(s) of the person(s) requesting access to the SharePoint Team by email.
    a. The CNE for each institution has been delegated the authority to approve users from their institution. If the CNE is not available, the Public Health Branch can delegated the authority to another supervising nurse or to the PHN.
    b. The email address for the SharePoint team is m_SharePointTeam@cdcr.ca.gov.
3. Verify access by visiting the URL for the SharePoint: https://cdcr.sharepoint.com/sites/cchcs_ms_phos.

APPENDIX 6: COVID-19 INDEX CASE - PATIENT CONTACT INVESTIGATION TOOL

COVID-19 Case-Patient Contact Investigation Tool

Institution:
Interviewer:
Interview Date:

CDCR#
Last Name
First Name
DOB
Nicknames / aliases

Symptom onset date:
- ☐ Cough (new onset/worsenting of chronic cough)
- ☐ Shortness of breath (dyspnea)
- ☐ Fever >100.4 °F (38 °C)
- ☐ Subjective fever (felt feverish)
- ☐ Other symptoms

Date isolated:

Diagnostic specimen date:

Infectious period dates (from/to):
(from 2 days prior to symptom onset to isolation date)

Locations during infectious period (housing, out to hospital, other)

Yard / Facility	Building	Cell/Bed	Dates From	Dates To

Case-patient activities and close contacts during infectious period

Activity*	Location	Indoors (Yes/No)	First Date	Last Date	Time Spent / Day	# Contacts identified	# Contacts developed symptoms	# Contacts Isolated	# Contacts COVID-19 Positive	Notes
Housing close contacts (cells/bunks within 6 feet)										
					Totals					

* Examples: work, vocational, education, dining, library, groups, appointments (medical, dental, mental health, legal), religious, day room, recreational, socializing, visiting

v. 4/1/2020

APPENDIX 7: COVID-19 INDEX CASE - PATIENT INTERVIEW CHECKLIST

Prior to the index case-patient interview, a review of the case presentation or physician conference should take place. The interviewer should be prepared to gather a detailed account of the case-patient's movements and activities during their infectious period to identify individuals who had close contact (within 6 feet and prolonged [generally ≥30 minutes]) with the patient or direct contact with any of the patient's secretions during the infectious period (from 2 days prior to symptom onset to isolation).

The index case-patient interview should take place as soon as possible after laboratory confirmation. If the patient is at an outside hospital, coordination with the local health department (LHD) or hospital should occur, to ensure timely completion of the interview so that close contacts can be identified and placed on quarantine.

Use the COVID-19 Index Case-Patient Contact Investigation Tool and this Interview Checklist to guide and document the interview. Initiate the contacts line list in the COVID-19 SharePoint:

Interview Objectives

- Confirmation of medical information (e.g., symptoms and onset date)
- Determination of the infectious period
- Determination of where the patient spends time
- Identification of all close contacts during the infectious period
- Providing patient education and answering the patient's questions
- Conveying the importance of sharing information about close contacts to help stop the spread

Pre-Interview Activities

- Review medical record and consult with physician as necessary for case presentation
- Establish a preliminary infectious period
- Collect housing, movement history, and work or program assignments from SOMS
- Determine if the patient is expected to be released from CDCR within the next 30 days
- Arrange interview time, space, and interpreter, if needed

Defining the Infectious Period

The infectious period during which others may have been exposed to COVID-19 starts 1 day before the onset of symptoms and ends when the patient was isolated or hospitalized at an outside facility.

INTERVIEW CHECKLIST

Personal Information

- ☐ Full name
- ☐ Aliases

Symptoms / Onset Date

- ☐ Cough (new onset or worsening)
- ☐ Shortness of breath (dyspnea)
- ☐ Fever >100.4°F (38°C)
- ☐ Subjective fever (felt feverish)
- ☐ Other symptoms

Contact Information

Identify and list contacts exposed for each group and activity. Document approximate duration of exposure during the activity.

Friends and Family

- ☐ Friends the patient spends the most time with
- ☐ Cell/dorm mates patient spends the most time with
- ☐ Family visits
- ☐ Visitors

Routine Activities and Assignments

- ☐ Work
- ☐ Vocational training
- ☐ Educational classes
- ☐ Dining areas
- ☐ Library time
- ☐ Group activities
- ☐ Regular appointments (medical, dental, legal)
- ☐ Committee presentation
- ☐ Religious, worship or spiritual activities
- ☐ TV room / day room
- ☐ Exercise
- ☐ Sports team participation
- ☐ Other

Notes

Any other relevant information

APPENDIX 8: EMPLOYEE CASE VERIFICATION AND CONTACT INVESTIGATION

COVID-19 Patient Positive Verification and Contact Investigation

PART 1 Initial steps to determine valid COVID -19 CASE
Notification to employee, health to begin an investigation

1. **Receive Notification from institution(s), name and contact information of suspected positive COVID-19 patient.**
2. **Nurse Consultant gathers available information on the patient**
    a. Nurse Consultant contacts the patient for interview
        i. Patient provides evidence of Positive test if available
        ii. Patient provides dates of symptom onset
        iii. Patient provides the dates of the work schedule.
    b. Determine initial dates of the infectious period
        i. Review patient interview
    c. Contact the local Public Health Department to determine positive status if needed
        i. Confirm the status of Patients test
        ii. Refine infectious period if necessary
3. **Determine if this referral is a valid positive case for COVID-19**
    a. Verified positive continue on as a case
    b. Verified negative; conclude the investigation

PART 2 VERIFIED POSITIVE COVID-19 CASE

1. **Develop plan for investigation**
    a. Prepare contacts list based on the refined infectious period
    b. Prioritize contacts
    c. Conduct contact assessments
2. **Determine need to expand or conclude an investigation based on evaluation of the information gathered.**
    a. Expand investigation
        i. Repeat steps in Part 1 (steps 1-3 for each contact)
    b. Conduct contact assessments
        i. Complete all report forms and forward to appropriate staff.

APPENDIX 9: MEMO TEMPLATE FOR NOTIFICATION OF COVID-19 CASES AND CONTACTS RELEASED TO THE COMMUNITY

State of California
Department of Corrections and Rehabilitation

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Memorandum

CONFIDENTIAL

Date :

To : Local Health Officer: _____
OR Designee: _____
Local Heath Jurisdiction: _____
Fax # or email: _____

Subject: **COVID-19 Contact or Case (Confirmed or Suspected)**

The person identified below was or will be ☐ *transferred* ☐ *paroled* ☐ *released to post-release community supervision (PRCS)* to your institution/region on _____ (Date).

☐ The person is a **contact** to a confirmed case of COVID-19. The last date of exposure was _____(Date). The incubation period will end on _____(Date).

☐ The person has a ☐ *confirmed* ☐ *suspected* **case of COVID-19.**

The date of symptom onset was _____(Date).

Symptoms ☐ *have improved.* ☐ *have not improved.*

☐ Fever resolved w/out antipyretics on _____(Date).

☐ The patient subsequently tested negative for COVID-19 on _____(Date/s).

Identifying information for the person:

Name (Last, First): _____ Date of Birth: _____
Soc Sec #: _____-_____-_____ CDCR #: _____
Address and phone (if available): _____

If paroled or released to PRCS, contact info for parole or probation officer:

_____

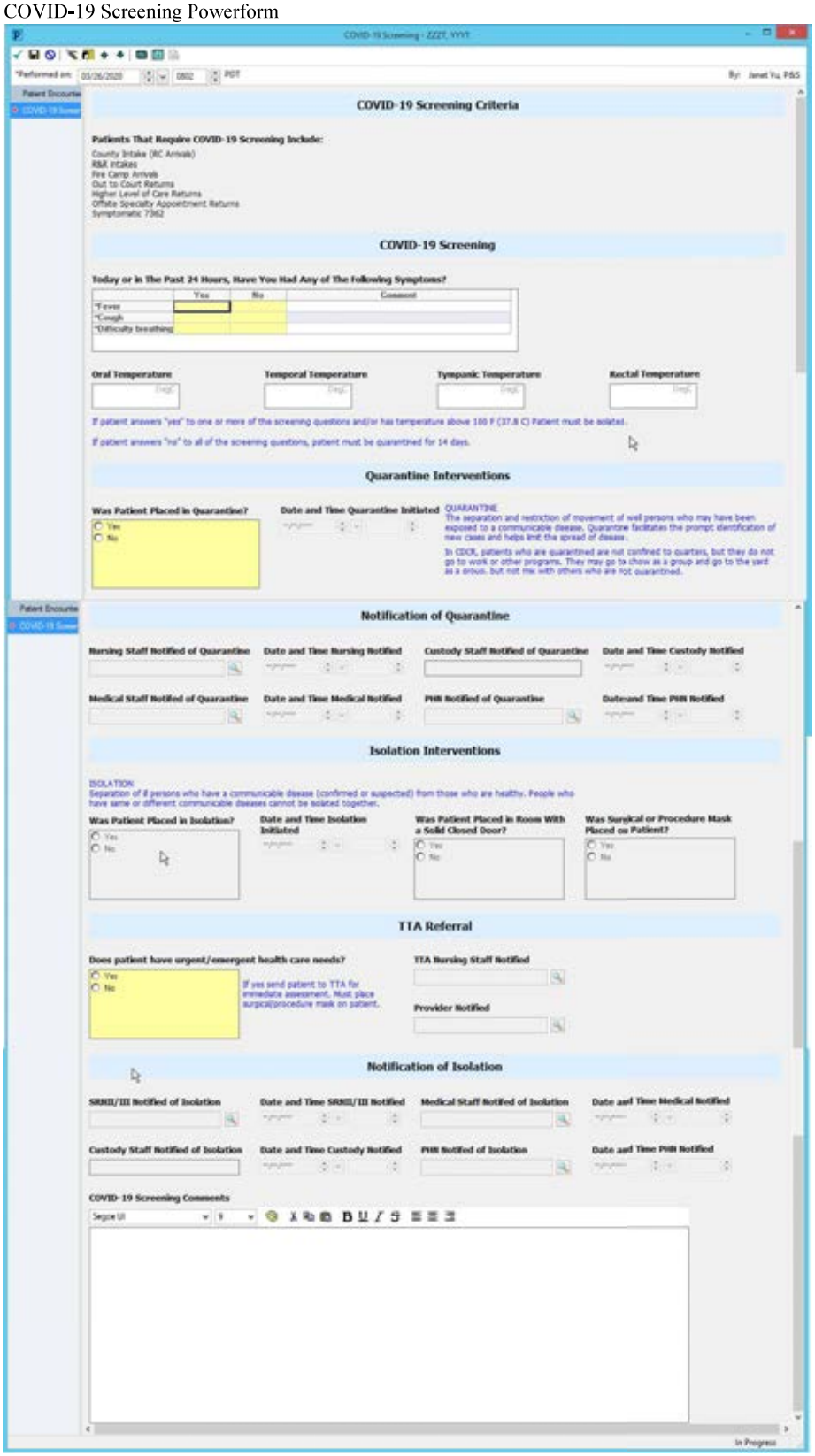
For further information contact:
Institution: _____
Name of Public Health Nurse or Designee: _____
Phone Number: _____ Fax Number: _____

March 2020 *Page 1 of 1*

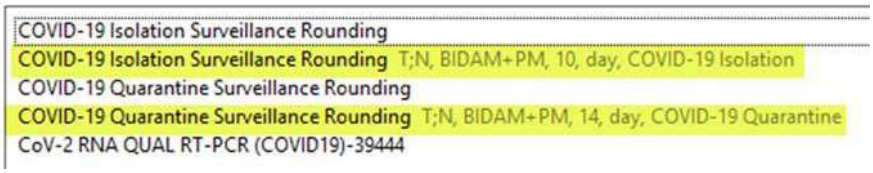
APPENDIX 10: COVID-19 POWERFORM INSTRUCTIONS; SCREENING, ISOLATION, AND QUARANTINE SURVEILLANCE

ORDERING PATHWAY: Adhoc > All Items > CareMobile Nursing Task > Surveillance Round

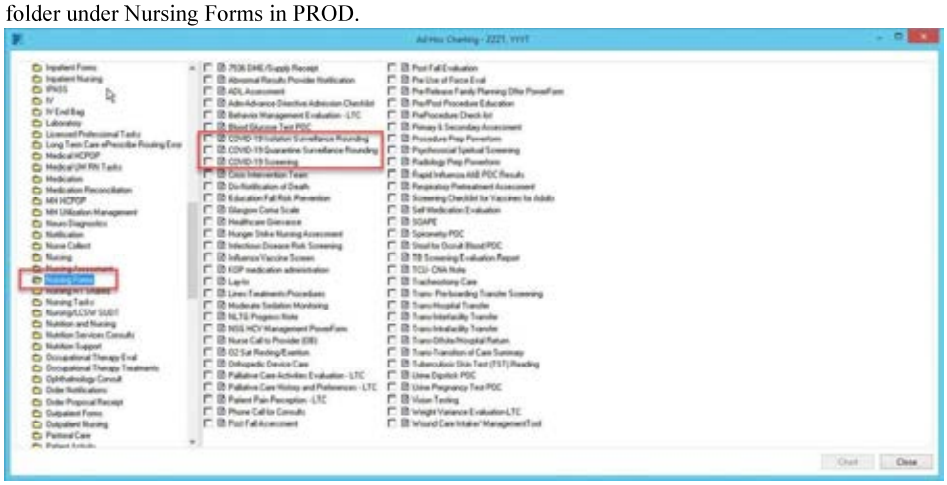
1. COVID-19 Screening Powerform



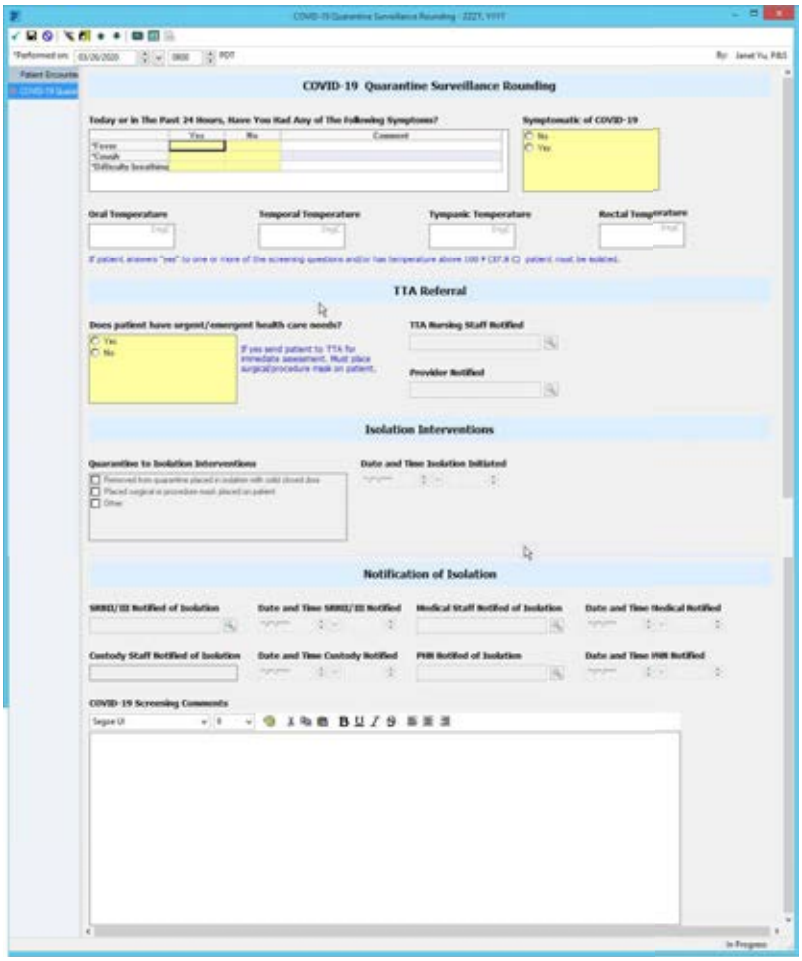
2. COVID-19 Isolation Surveillance Rounding twice a day for 10 days and COVID-19 Quarantine Surveillance Rounding twice a day for 14 days.



3. Once these orders are placed, it will trigger a task for the nurse to complete the appropriate Surveillance Rounding Powerform. These powerforms are currently viewable in the Adhoc folder under Nursing Forms in PROD.



COVID-19 Quarantine Surveillance Rounding



COVID-19 Isolation Surveillance Rounding