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Updated Draft COVID-19 Temporary Guidelines for Transfer to DSH

Inpatient Care

January 4, 2021

- I. Clinical referral Process
 - a) CDCR will upload referral packets to SharePoint and notify DSH of the names of referrals. This action initiates Program Guide transfer timelines which will be reported as such beginning with the date these guidelines are implemented.
 - b) Referrals will be shared with the Coleman Special Master Expert small workgroup team and may be discussed in small workgroup team meetings.
 - c) If DSH has clinical questions or concerns regarding a referral, the DSH Medical Director designee and the CDCR clinical designee will consult regarding the case. CDCR may rescind referrals it determines to be not clinically appropriate after this discussion.
 - d) If the two designees are not able to agree regarding the disposition of a case, the case will be forwarded to the DSH medical director and the CDCR Chief Psychiatrist for resolution. This consultation shall result in acceptance, rescission or lack of consensus of the referral.
 - e) If there is no consensus reached, the referral will follow normal rejection procedures as per the MOU to include CCAT.
 - f) All rejections shall also be reviewed by the Coleman Special Master Expert small workgroup.
 - g) DSH will provide the list of accepted patients to the IRU and issue a Decision Form of acceptance for each accepted patient.
 - h) When notified of a projected admission date, CDCR will order a PCR COVID-19 test for each accepted patient no more than 5 days before the projected admission date.
 - i) Once a negative COVID-19 test is obtained, CDCR shall promptly endorse the patient to DSH per the program guide and DSH will issue an Acceptance Transfer Chrono for accepted patients in accordance with section I.m and section IV of these guidelines, utilizing the admission protocol.
 - j) Immediately prior to transfer the patient will undergo the current COVID-19 medical screening as outlined in Section III below.
 - k) The COVID-19 test results, the date of the test, the date of the

result, and screening results shall be promptly communicated to the receiving DSH institution's Medical Director prior to transfer.

- l) COVID-19 test results and COVID-19 screening shall be prominently and clearly communicated in the referral packet so that the receiving institution's Medical Director receives this information prior to transfer.
- m) DSH shall follow the newly developed DSH COVID-19 Admission Protocol delineated in Section IV.
- n) For referrals from Closed Institutions the following process shall apply:

DSH will consider transfers from closed institutions where there is adequate public health data demonstrating an acceptably low risk of exposure to the patient. These cases will be discussed in the small workgroup and will require physician contact from the person most knowledgeable at the referring institution to the accepting facility medical director. The discussion will include relevant public health information such as potential exposure to infected employees and/or inmate patients, effects of physical plant on exposure risk, availability and use of PPE, status of serial location-based testing, floating of staff to and from relevant units, etc. The discussion will also include a consideration of whether the patient is in a presumed immunity period. The presumed immunity period is defined as follows:

- 1. If the patient has been asymptomatic - 14 to 90 days after positive test, or
- 2. If the patient has been symptomatic - 14 to 90 days after first symptoms, AND one day without fever without fever reducing medication AND other COVID symptoms have improved, or
- 3. If the patient is immunocompromised and has been symptomatic - 20 - 90 days after first symptoms AND one day without fever without fever reducing medication AND other COVID symptoms have improved.

II. DSH Discharges to CDCR

- a) DSH will send a weekly list of patients who are ready for discharge to CDCR's Inpatient Referral Unit (IRU) and put the COVID screen and discharge packet on SharePoint.
- b) Immediately prior to transfer the patient will undergo the current COVID-19 medical screening as outlined in Section III below and shall be tested for COVID.
- c) The COVID-19 test results, the date of the test, the date of the result, and screening results shall be promptly communicated to the receiving

CDCR institution's Medical Director prior to transfer.

- d) Prior to transport IRU will ensure that the Chief Medical Executive at the receiving facility is notified and prepared to accept the arrival of the patient.
- e) Transport shall be held until the IRU notifies the Classification and Parole Representative that the CME has approved transport.

III. Information to be provided as a part of current COVID-19 pre-transfer medical evaluation

- a) Referring Institution
- b) Receiving Institution
- c) Does the patient have a new or worsening cough? [Y/N]
- d) Does the patient have a fever (>100 F)? [Y/N]
- e) Is the patient experiencing new or worsening shortness of breath? [Y/N]
- f) Is the patient currently on isolation? [Y/N]
- g) Is the patient currently on quarantine? [Y/N]
- h) Is the patient known to be a contact of a confirmed COVID -19 case? [Y/N]
- i) Include the patient's vitals for the last 14 days as available

IV. DSH COVID-19 Admission Protocol

All new admissions to DSH will follow the following protocol:

DSH ADMISSION AND TESTING FLOWCHART

3. Patients are admitted in a cohort/group and are housed together in one unit during sequestration/observation period (one cohort = one admission unit). If patients are asymptomatic during the admission screening, they are housed in an observation unit preferably in a single room specially if there is any significant risk of exposure. At any time pt test results (+), they move to isolation. The patient is re-tested at Day 5 post admission (Test 2) and 14 days (Test 3). If test result at day 5 (+) pt moves to Isolation Unit and if (-) stays until results of test at day 14. Staff are assigned/dedicated to this units and tested as needed.

