POLICY AND PROCEDURE

Chapter: A
Section: .1500
Title: Required COVID-19 Employee Testing
Issue Date: 10/09/20
Supersedes: None – New Policy

References
Related ACA Standards
5th Edition Standards for Adult Correctional Institutions 5-ACI-6B-05

.1501 PURPOSE

The purpose of this policy is to establish COVID-19 testing guidelines for the North Carolina Department of Public Safety (DPS), Division of Prisons. The Division of Prisons is committed to promoting the health and safety of its employees, the population it manages, and the public it serves by ensuring its employees are fit for duty and are prepared to safely perform their job functions without concern of spreading the SARS-CoV-2 virus to others. Consistent with this commitment, all Prisons employees shall be subject to COVID-19 testing as outlined in this policy. This policy is subject to ongoing review and may be revised as circumstances warrant.

.1502 SCOPE

Covered individuals: This policy of required testing applies to all employees, contractors, volunteers, and temporary workers working for or within a Division of Prisons facility/location.

Control Measures: When indicated, based on the presence of a communicable disease in the facility or in the community, the Commissioner of Prisons may order control measures that may apply to any covered individual who 1) has regular contact with offenders; or 2) who provides services to offenders; or 3) who work in any facility area. Such control measures may include: screening; testing and/or serial testing to detect the communicable disease or immunity thereto; reassignment; furlough; or physical isolation from offenders.

Required testing will be utilized as a means for the agency to identify potential risks to the health and safety of the populations we serve and our employees. Accordingly, for the purpose of this policy, when a facility/location or group is identified as implementing the required testing protocol, employees must complete testing through the employer-provided test collection method within the required testing time frames set forth for their assigned facility/location or group. Employee-obtained testing will not satisfy required testing protocols at facilities/locations or within groups of staff where control measures have been implemented.

This testing mechanism is not intended to replace a covered individual’s ability to test through independent means outside of the framework of this testing strategy. Covered individuals are encouraged to obtain testing as often as they desire and/or in consultation with their personal health provider, through any additional means available.
.1503 DEFINITIONS

(a) COVID-19 Test: A test to determine the presence of a SARS-CoV-2 viral infection in an individual.

(b) Employee: For the purpose of this policy, employee refers to full-time or part-time permanent employees, probationary employees, trainee employees, time-limited employees, temporary employees, volunteers, and contractors.

(c) Serial Testing: A series of COVID-19 tests administered on a regular, recurring basis to determine the presence of a SARS-CoV-2 viral infection in an individual.

.1504 POLICY

(a) Policy Acknowledgement: Individuals covered by the policy must sign a statement indicating they have read this policy. Newly hired individuals who will be covered by this policy must sign a statement indicating they have read and agree to this policy.

(b) Record Keeping: Each facility shall maintain records as to the proof of employee test. All information obtained as a result of the requirements of this policy will be treated as confidential personal health information and maintained separate from the employee’s personnel file.

(c) Failure to Complete Testing: An employee who refuses to test or otherwise does not complete the facility administered testing within the testing timeframes set forth at each location shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct.

(d) Positive Results: Employees will be provided instructions on how to access and review their individual test results through a web-based resulting portal. The employer will also be notified of test results. Employees receiving a positive test result will be required to quarantine for a period of time as indicated by current Centers for Disease Control (CDC) Guidelines utilizing available employer provided benefits.

(e) Self-Reporting of Positive Results and Exposures:
In order to ensure the safety and health of the employees and offenders within the Division of Prisons’ care, employees have an affirmative duty to notify their local Human Resources staff within 24 hours of the following:

(1) Being in close contact with an individual known to be infected with the SARS-CoV-2 virus, either through personal knowledge or through contact from a Local Health
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Department as part of contact tracing. Close contact is defined as having been in the presence of a known positive individual for a period of 15 or more minutes within a distance of less than 6 feet apart, not utilizing personal protective equipment (mask and/or other face covering).

(2) Receiving COVID-19 laboratory confirmed positive results for specimens collected outside of the employer-administered test collection described in this policy.

(f) Additional Health and Safety Precautions: During the COVID-19 public health emergency, employees are required to wear face coverings while in the performance of their duties and at all times when they are within 6 feet of another individual. Additional health and safety precautions and personal protective equipment (PPE) may also be required as the agency continues to develop strategies to reduce the spread of COVID-19. Staff are expected to adhere to any additional requirements as set forth by the Commissioner of Prisons, the Incident Command System, or other directives received from their facility or location head.

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October 09, 2020
Commissioner of Prisons

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Required Employee COVID-19 Testing Policy Acknowledgement

This document acknowledges receipt and understanding of the Required Employee COVID-19 Testing Policy for all employees of the Division of Prisons.

Employee Name: ________________________________

Personnel ID #: __________________________________

Facility: _______________________________________

_________________________________________  _____________
Employee Signature  Date