

COUNTY OF SANTA CLARA

Office of the Sheriff

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Laurie Smith
Sheriff

MEMORANDUM

TO: All Staff
FROM: COVID-19 Incident Command Center
SUBJECT: ICC Directive 20-57 (COVID-19 Employee Testing Update)
DATE: December 28, 2020

Sheriff's Office Personnel,

As we are being told of the rise in COVID cases throughout the state, we are witnessing the same within our agency. At this time, more than ever, it is imperative that Sheriff's Office personnel, individually, do all they can to protect the health and safety of all those we come in contact with. Surveillance testing is one step in monitoring our individual health to determine if we are at risk of spreading the virus to others we come in contact with.

TESTING DATES AND TIMES

The Sheriff's Office, with the assistance of Custody Health, has provided a new testing schedule. Please refer to the below links for testing dates and times at the Elmwood and Main Jail facilities. The previous daily testing at the facilities from 11am–1pm and 4pm–8pm is no longer being offered. The following links give the most up-to-date dates and times testing is conducted at each facility.

- [Elmwood](#)
- [Main Jail](#)

As a reminder, surveillance testing is for asymptomatic employees. Staff must wear a mask when entering the facility. In an effort to speed up the registration process, please complete the COVID-19 Symptoms Questionnaire and COVID-19 Asymptomatic Testing Ticket attached to this email prior to arriving at the test location.

ACCESSING TEST RESULTS

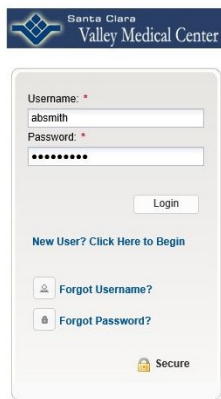
In order to access test results, a Readysset account must be set up. Refer to the attached New Readysset Account Instructions to assist you in the setup. You are strongly encouraged to set up a Readysset account at your earliest convenience.

Employee Health has revised the steps to be taken to view test results.

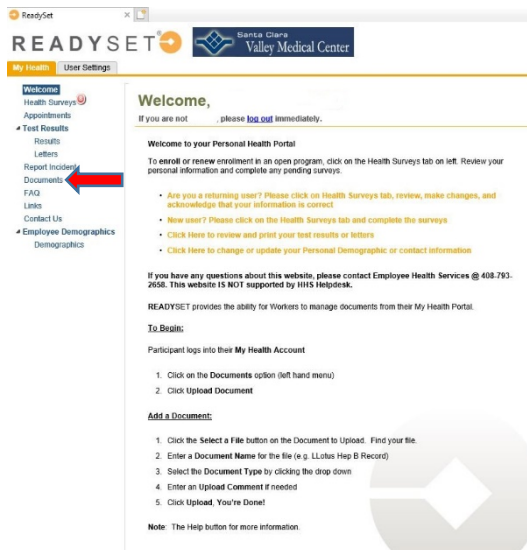
In order to view your results, the following steps need to be taken:

Log in to your ready set account ~

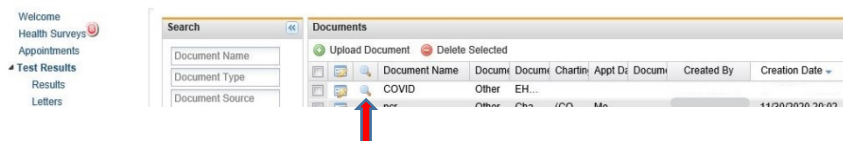
<https://scvmc.readysetsecure.com/rs>



Click on the Documents tab



Click on the magnifying glass next to the results you want to see



As a reminder, if you are experiencing any flu-like symptoms, please notify your supervisor and immediately contact the HIP COVID Team. Do not report to work and do not participate in the surveillance testing. It is essential that we protect our partners, families and others we come in contact with, by isolating if we have any flu-like symptoms.

If you have any questions, contact the HIP COVID Team by calling 408-808-4843 (M-F, 0800 – 1700) or 408-808-4629 (M-F, 0600-0800 and 1700-2200; Sat/Sun, 0600-2200), or by emailing at COVIDteam@shf.sccgov.org.

WOULD YOU LIKE TO ACCESS YOUR EMPLOYEE HEALTH INFO ANYTIME? Go to <https://scvmc.readyssetsecure.com/rs/>

1. Click the [New User? Click Here to Begin](#) link.

2. Enter the [Access/Org Code](#) **1368**.

3. From the [Program Type](#) drop-down menu, select [NEW HIRE VOLUNTEER DEPT](#)

4. Type in the CAPTCHA code. If you have trouble reading the code click "Refresh Code" to generate a new code.

5. Click the **Next** button to continue.

6. Enter your legal First Name, Last Name, and Date of Birth.

7. If you are a County employee:

a. Complete the [Employee ID](#) field by entering your Employee ID

If you are a contractor or volunteer:

b. Complete the [Employee ID](#) field by entering CONT or VOL and date of birth (MMDDYYYY) without the slashes or spaces, example CONT01011999 OR VOL01011999

8. Enter the last 4 digits of your Social Security Number.

9. Click the [Population Type](#) drop-down menu:

a. If you are a County employee [NEW HIRE](#) (**NOTE:** Select 'New Hire' regardless of how long you have been an employee of the County) **DO NOT SELECT 'EMPLOYEE'**.

b. If you are a Contractor or a Volunteer select [CONTRACTOR](#) or [VOLUNTEER](#) as applicable.

10. Enter your Home Address information.

11. Click the **Next** button to continue.

12. Enter your Gender, SSN, Phone Number, and Email Address.

13. Click the [Job Category](#) drop-down; select [PATIENT CONTACT](#) if you will be in contact with patients through contact tracing, testing, case investigations, or other means. Otherwise, select [NO PATIENT CONTACT](#).

14. Click the [Accreditation](#) drop-down; select the appropriate one. If you are not sure select **NOT APPLICABLE**

15. Click the **Next** button to continue.

16. Verify your registration information is correct and click the **Next** button to continue.

17. Create a [User ID](#) (unique and 5-30 characters).

18. Create a [Password](#) that adheres to [ALL](#) of the following:

- 8-30 characters
- At least 1 upper case
- At least 1 lower case
- At least 1 number
- At least 1 special character (" ! @ \$ %)

19. You'll need to enter your [Email Address](#) twice to help ensure that the correct address is associated with your profile.
NOTE: Your email address is extremely important because it is used for password resets/retrieval.

20. Click the **Next** button to continue.

21. To complete the last step of the Account Setup process, **click the first [Security Question](#) drop-down menu.**

22. Select a question from the list that you feel comfortable remembering the answer to.

23. Now type your answer in the first [Answer](#) field.

24. Repeat these steps for the last two **Security Questions**.

25. Click the **Next** button to continue.

[Login to ReadySet](#)

-To view Covid-19 results, see the "How to view Covid-19 Results" attachment to the email containing your testing instructions.

ASYMPTOMATIC CUSTODY TESTING TICKET

EMPLOYEE INFORMATION (print legibly)

Date: _____

[Legal Name] Last Name: _____ First Name: _____

Employee ID: _____ DOB: _____ Gender: Male Female

Phone # _____

Assigned Work Location: ☐ Main Jail ☐ Elmwood ☐ Juvenile Hall ☐ James Ranch ☐ Other: _____

Department: ☐ Custody Health Services Staff ☐ Sheriff's Office Personnel/DOC ☐ Other: _____

Last PCR Test Date: _____

☐ I am participating in the voluntary employee COVID-19 screening. I understand that a positive PCR **nasal/NP** swab result will require absence from work.

☐ I certify that I am **symptom-free** at this time and have not had previously positive COVID testing within the last 90 days.

☐ At this time, I give my consent to **SARS- CoV-2 PCR, Qualitative Test**

Signature: _____

Date: _____

LABELS

☐ Nasal

Place Nasal Label Here

DATE COMPLETED: _____

TIME COMPLETED: _____

INITIALS: _____

COVID-19 ASYMPTOMATIC TESTING HEALTH QUESTIONNAIRE

Name: _____ Badge #: _____ Employee ID #: _____

Previous Name: _____ Phone #: _____

DOB: _____ Sex: ☐ Male ☐ Female Weight (lbs): _____ Height: _____

Department: ☐ Sheriff's Office Personnel/DOC ☐ Other: _____

Division: ☐ Main Jail ☐ Elmwood ☐ Other: _____ Team/Shift: _____

1. Have you experienced any of the symptoms below **within the past 3 days?**

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fever ($\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$) or chills |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Shortness of breath or difficulty breathing |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sore throat (new or unexplained) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fatigue (new or unexplained) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Muscle/body aches (new or unexplained) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Headache (new or unexplained) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss of taste or smell |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Nausea, vomiting, or diarrhea (new or unexplained) |

2. Have you previously been tested with a **positive COVID-19 result within the last 90 days?**

☐ Yes ☐ No If Yes, date of positive COVID-19 result: _____

3. Do you acknowledge and understand that you will require absence from work with a **positive** SARS-CoV-2 PCR nasal swab result?

☐ Yes ☐ No

Signature: _____

Date: _____

This portion is to be completed by Supervising Medical Staff only

Staff appropriate for testing? ☐ Yes ☐ No Reason: _____

Initial: _____ Date: _____