



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

Health Care On-Site Contractor's Orientation Handbook

SELF-CERTIFICATION

Direct Care Contracts Section
March 2023



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

This handbook is intended for the use of vendors/contractors/network contractors and health care service providers, subcontractors, and registry staff (for convenience, collectively referred to as “contractors” throughout this handbook) working with the California Department of Corrections and Rehabilitation and California Correctional Health Care Services (CDCR/CCHCS).

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California Department of Corrections and Rehabilitation, California Correctional Health Care Services

Vision

We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs.

Mission

To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.

Values

Service

We serve and are responsible to the public. We value their trust and invite their involvement.

Leadership

We serve as positive role models and foster an environment which supports a balance between professional development, professional job performance, and personal wellness.

Integrity

We conduct ourselves professionally through fair, honest, and ethical behavior. We have the courage to do what is right, even in the face of adversity.

Accountability

We accept responsibility for our actions and decisions as well as their consequences.

Respect

We respect each other's differences and treat others with courtesy, dignity, and consideration.

Trust

We are people of character. We keep our word and honor our commitments.

Collaboration

We work with our stakeholders as partners to support mutual understanding of ideas and open exploration of our differences.

Goals

Organizational Goals

Workforce Excellence

Ensure a well-trained, quality workforce.

Technology

Develop an information technology strategy and implement systems capable of managing both current needs and anticipated growth.

Risk Management/Organizational Effectiveness

Achieve organizational excellence in our operations and systems.

Legal Compliance

Develop preventive strategies to preclude class action suits and remedy identified violations.

Programmatic Goals

Crime Prevention and Safety

Develop a comprehensive crime prevention program and establish evidence-based research to determine the impact of offender programs within the institutions and community to reduce criminality and victimization.

Outreach, Partnerships and Transparency

Seek out partnerships and develop meaningful programs and processes to promote shared responsibility for community safety.

Health Care Delivery

Ensure an organization design and accompanying systems to provide efficient delivery of quality health care.

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Introduction

Welcome to California Department of Corrections and Rehabilitation/California Correctional Health Care Services (CDCR/CCHCS).

CDCR/CCHCS Direct Care Contracts Section (DCCS) works in partnership with vendors/contractors/network contractors to on-board on-site, telemedicine, and/or e-Consult healthcare service providers, subcontractors, and registry staff. This interactive process ensures an appropriate determination of requirements along with timely on-boarding of providers. This process is subject to change as circumstances warrant.

All contracted providers are required to meet all of the following prerequisites prior to entering CDCR institutions/Division of Juvenile Justice (DJJ) facilities to perform health care services on CDCR/DJJ patients:

- Live Scan Clearance
- Submit all the forms in this handbook to their vendor, as applicable, who shall provide them to the DCCS Help Desk at cchcshealthcarecontractshelpdesk@cdcr.ca.gov
 - Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR 181)
 - Security Awareness Self-Certification and Confidentiality (CDCR ISO-3025)
 - Information Access and Security Agreement (CDCR ISO-1900)
 - CCHCS Inmate Patient Health Information Privacy Memorandum and Agreement for New Staff and Contractors
 - Prison Rape Elimination Act Information for Volunteers and Contractors (CDCR 2301)
 - Health Care On-Site Contractor's Orientation Handbook Self-Certification Form
- Tuberculosis (TB) evaluation and complete the related forms
 - Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336)
 - TB Infectious Free Staff Certification (CDCR 7354)
- Vaccine/booster mandates (or accommodation requests)
- Gate clearance (statewide and/or local)
- Respirator Protection Program (RPP) (Fit Testing) (or accommodation requests)

In addition to the above, the following are required of Licensed Independent Practitioners (LIPs) and/or specialist providers:

- Credentialing Verification
- Network Access (if applicable)

Regardless of your contracted services or service location, it is vital you understand the mission and intent of CDCR/CCHCS.

This handbook is an overview of conducting your services within a correctional setting. It provides a brief outline of the policies within CDCR/CCHCS. This is intended to orient you to the correctional setting and to ensure you are familiar with the operational safeguards in place.

Background

The information has been gathered from a variety of sources to provide contractors with an overview of CDCR and CCHCS and assist contractors in understanding the specific rules, regulations, policies, and procedures adhered to by CDCR/CCHCS.

Excerpts, references and directions include but are not limited to the following: California Code of Regulations (CCR), the Department Operations Manual (DOM), and court mandates.

Any reference to or about CDCR/CCHCS shall apply to all contractors regardless of the entity with which they are contracted to provide services.

Specifics

This handbook is to be provided to any contractor who will provide health care services under contract (in which their contract references this handbook) to CDCR/CCHCS. There are exceptions such as registry staff, who will continue to attend Health Care New Employee Orientation (HCNEO) as formal classroom training.

Contractor Responsibilities

Contractors must read and familiarize themselves with the contents of this handbook upon receipt. As proof of practice, contractors shall return all forms in the handbook, including the Self-Certification form located on the last page.

Specific procedures and other local operating procedures will be part of the contractor's training and are not contained in this document. Contractor shall direct institution-specific questions to your designated institutional contact.

The History of the California Department of Corrections and Rehabilitation

In 1851, California activated its first state-run institution. This institution was a 268-ton wooden ship named "The Waban," which was anchored in the San Francisco Bay. The prison ship housed 30 patients who subsequently constructed the San Quentin State Prison. San Quentin opened in 1852 with approximately 68 patients. In 1880, Folsom State Prison became California's second correctional facility.

The state established an agency in 1912, the California Detentions Bureau, renamed in 1951 as the California Department of Corrections. In 2005, then Governor, Arnold Schwarzenegger initiated a reorganization plan in an effort to focus on reducing recidivism and promoting offender reintegration into the community. This plan consolidated the operations of the various departments such as the former California Youth Authority and the California Department of Corrections and Rehabilitation (CDCR) institutions. Each institution has an individual mission assigned within the Department to support the needs of the population such as:

Reception Centers Mission (RC)

Evaluates incoming patient criminal records, life history, medical and psychological histories, and criminogenic needs to identify the appropriate placement. This mission also provides oversight to the fire camps within California.

High Security Mission (HS)

Houses the most violent and dangerous male offenders while providing opportunities for successful transition to lower levels of custody through rehabilitative programming and services.

General Population Males Mission (GP)

Provides safe and secure housing for minimum to medium custody male patients while maximizing opportunities for rehabilitation through participation in work, vocational and academic programs, substance abuse treatment, and self-help programs.

Female Offender Programs and Services/Special Housing Mission (FOPS)

Provides opportunities for rehabilitation while offering gender-responsive programming and medical and psychological needs through the medical facilities. This mission also provides oversight to the community correctional facilities (Medical Guarding Units) in California.

Being one of the largest state departments in the United States, CDCR operates the prison, parole, and rehabilitation systems in the state of California. The Department employs over 63,000 correctional officers and non-custody staff which oversees 34 institutions, 44 fire camps, seven community correctional facilities, and three juvenile facilities; and is responsible for the safety and security of more than 123,000 patients. The 34 institutions each have unique histories and areas of interest.

**For more information, please visit the CDCR website at
www.cdcr.ca.gov.**



Security Overview & Laws, Rules, and Regulations Regarding Conduct and Association with Patients

The goal of the Correctional Institution is to keep the public safe by keeping persons committed to custody confined and to afford those individuals with rehabilitative activities.

The following is a summary of security regulations and information that generally apply to all institutions. Upon starting at your institution, be sure to obtain more specific information and training applicable to your work site.

Basic Rules

- No alcohol, drugs, weapons, explosives, tear gas, or tear gas weapons may be brought onto prison property.
- Use of tobacco or tobacco products on the grounds that house or detain patients is prohibited and must be secured off grounds.
- No cell phones, personal electronic devices, glass bottles/containers, or metal utensils may be brought into security perimeter.
- All vehicles must be secured; have ignition switches in locked position, keys must not be left in any vehicle, windows must be rolled up and doors locked while on institution or community correctional facility grounds.

Grooming

Employees and contractors shall adhere to grooming standards as prescribed in DOM, Chapter 3, Article 21. Items not specifically addressed in DOM, Chapter 3, Article 21, are considered unauthorized.

- Hair shall be styled in a fashion which shall not impair vision or create a safety hazard in the work area. Employees shall keep hair, beards, and mustaches clean and neatly groomed.
- Fingernails shall be neat, well-trimmed, and enhance a professional image. Fingernail length and polish shall be appropriate for the specific assignment or task being performed. Acrylic/artificial nails are not allowed due to infection risks.

In addition, contractors may be required to complete fit testing to evaluate the fit of a respirator. Contractors who are required to wear tight-fitting respirators shall not have facial hair that comes between the sealing surface of the face piece and the skin, or any condition that interferes with the face-to-face piece seal or valve function. Some types of facial hair may be acceptable, if it does not interfere with the face piece seal. NIOSH provides a chart that depicts what type of facial hair may work with a tight-fitting respirator.

Dress & Attire

Appropriate attire is clothing that does not present a safety hazard to employees or contractors while performing their duties and is suitable in the presence of patients. Clothing must be neat, conservative, and consistent with the type of work being performed and the setting in which work is conducted:

- Do not wear clothing that resembles the clothing worn by patients.
 - No blue denim pants, shorts, shirts or jackets.
 - No blue chambray shirts, jackets or pants.
 - No blue sweatshirts.
 - No orange (Reception Center) pants, shirts, jumpsuits or shorts.
 - No yellow rain coats or rain pants.
 - No light gray, white, or off-white
 - No fabric made in such a manner to resemble blue denim material or state-issued patient clothing.
- Do not wear clothing that resembles custodial staff uniforms.

- No forest green pants.
- No tan shirts.
- No camouflage.
- Dress conservatively and modestly.
 - No transparent clothing.
 - No tank tops, tube tops, spaghetti straps, strapless, off the shoulder, or bare midriff clothing.
 - No open-toed shoes, or shoes without backs or a heel strap.
 - Tights are an acceptable alternative to hosiery for wear under dresses or skirts; however, tights and spandex type materials will not be worn in lieu of slacks. Skirts may be worn, but shall not be more than three inches above the knee.
 - No sweatpants or sweat suits.
 - No apparel containing images or inscriptions of alcohol, drugs, gang content, or any other non-professional attire.
 - Commercial lettering on clothing is acceptable; however, wording or prints depicting offensive, sexual, racial, or derogatory remarks will not be permitted.

For additional information regarding dress code, please contact the local Public Information Officer (PIO), as certain institutions may have additional restrictions.



Identification Cards

Every contractor is required to have valid picture identification such as: California Driver's License, Identification Card, or Passport. Always keep your CDCR picture ID securely on your person. Present your picture ID promptly to any Custody officer who requests it. A lost CDCR personnel identification card is considered a very serious breach of security and you are to report it immediately to a Custody supervisor. Please check with your institution for additional policies in regards to CDCR identification cards.

Institution-Issued Equipment

Always keep your institution-issued equipment, laptop, cell phone, etc. secured on your person or locked in a safe place as directed by prison staff. Lost equipment is a very serious breach of security. If you lose equipment, report it immediately to a Custody supervisor.

Personal Possessions

Contractors are only required to present photo identification (i.e. state driver's license and/or state-issued identification card) for prison access. Unless necessary, leave all other personal possessions in a locked vehicle out of sight (i.e. trunk). If items are brought inside the prison, contractors must maintain control over them at all times, especially keys, purses, lunches, wallets, and briefcases. In the event of a lost personal or state-issued item, the contractor's supervisor, or nearest custody staff member, shall be notified immediately. These items may be searched upon entry. Valuables and large sums of money are best left at home, or in a locked car in the parking lot. Obtain permission before bringing medications on grounds. Display medications openly. Limit the amount to what is needed while inside the prison.

Personal cell phones are not allowed. If your institution-issued cell phone has camera capability, you may not under any circumstances take pictures on prison grounds without express permission from the Warden or his/her designee. Doing so is cause to have your camera/phone confiscated and your further access to the prison denied. Remember that no personal electronic equipment is allowed on grounds.

Parking

Park in designated marked spots only. Failure to properly park may result in losing the privilege of parking on institutional grounds.

Contraband

Contraband is anything not approved by the institution for patients to have in their possession. Some items are obvious, like guns, alcohol, knives, etc., while others are not as obvious such as, magazines, pointed end umbrellas, glass containers, electronic devices, personal tools, duffle bags, and wheeled suitcases. If in doubt, it is recommended that contractors seek the guidance of a supervisor, the PIO, or any uniformed custody supervisor. Materials specific to the job must be cleared by the Warden, or designee, in advance of scheduled work.



Gates and Security

Officers assigned gates are responsible for identifying and clearing all persons passing through their area. Additionally, these officers are also responsible for searching and clearing all vehicles, packages, and purses that move through their respective security area. When an officer at the gate is processing a line of patients through the gate, do not distract or otherwise interrupt him/her during the performance of vital security functions.

Keys

Keys are very important in an institutional setting. Patients are never to handle your keys. A lost key is considered a very serious breach of security, and you are to report it immediately to a Custody supervisor. Please check with your institution for more information on policies for tool and key control.

Sign-In/Sign-Out Policy

Contractors must sign in and sign out upon entry and exit of the facility. Signing in and out is a critical safety component of ensuring staff accountability. At the end of each shift, the list of contractors is checked to account for all individuals who have entered the institution. Failure to sign out may result in an unnecessary missing persons search.

Emergencies

Contractors are required to obey any order, command, direction, or instruction given by a uniformed custody officer. This is for the contractor's protection, the protection of others, and the security of the institution. Upon the sounding of an alarm, all patients will be directed to "GET DOWN" over the Public Address (PA) System and/or upon the arrival of Custody staff, orders will be given to the patients to "GET DOWN." You are to remain standing, and to be as still as possible, which is done so Custody can quickly determine who the combatants are, and their location. You should quickly position yourself in a safe location, out of the way (do not run) to allow the custody staff to quell the disturbance. If you are inside and

near a hallway, or interior wall, outside and near an exterior building wall, move toward and stand next to the wall. Always follow all instructions given to you by the Custody staff during the emergency.

A whistle is an alternative method for summoning assistance in an emergency. Custody staff will respond to the sound of a whistle. You are required to have a whistle with you at all times while you are on institutional grounds. Do not blow your whistle unless your personal safety is threatened, or you see patients involved in physical violence. Do not lose your whistle.



Use of Force

It is the policy of CDCR/CCHCS to accomplish the custodial and correctional functions with minimal reliance on the use of force. Contractors may use reasonable force as required in the performance of their duties, but unnecessary or excessive force shall not be used.

- **Reasonable Force:** The force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.
- **Unnecessary Force:** The use of force when none is required or appropriate.
- **Excessive Force:** The use of more force than is objectively reasonable to accomplish a lawful purpose.
- **Non-Deadly Force:** Any use of force that is not likely to result in death.
- **Deadly Force:** Any use of force that is likely to result in death. CDCR/CCHCS recognizes the sanctity of human life. Therefore, deadly force will only be used when it is the reasonable force, as defined in CCR, Title 15, Section 3268(a)(1).

Security Threat Group

A term used to identify and prioritize criminal gangs (defined as organizations of three or more persons who have a common name or identifying sign/symbol) into groups based on the level of threat the group presents that affects the safety and security of the institution and public safety. Level of threat is determined by instances of planning, organizing, threatening, financing, soliciting, or committing unlawful acts or acts of misconduct on behalf of the organization, whether individually or collectively.

Patient Housing and Count Guide

Designation of a degree of a patient's custody is reasonably related to legitimate penological interests. CDCR/CCHCS uses patient custody designation to establish where a patient is housed and assigned, and the level of staff supervision required ensuring institutional security and public safety. Institutions must account for all patients at all times; CDCR/CCHCS utilizes patient counts. Please check with your designated institutional contact for information regarding designations and/or procedures.

Patient Movement

Controlling patient movement is a process that ensures the accountability of the patients, and is a requirement for the security of the institution and the safety of patients, staff, and the public.

- **Routine Movement:** Each facility has an established schedule of routine patient movement to and from facility activities. Examples of routine movement are work and education releases, meal releases, and pill lines.

- **Scheduled Non-Routine Movement:** A CDC Form 129, Inmate Pass, commonly referred to as a “ducat” (pronounced ‘duck-it’), is issued to a patient approved for movement to a scheduled non-routine appointment. All health care services appointments are considered a priority and patients are issued priority ducats.
 - It is essential that the patient is accounted for at all times.
 - Patients must respond promptly to notices given in writing, announced over the public address system, or by any other authorized means.
 - A patient who does not appear for a scheduled appointment presents a potential threat to safety and security.
 - You have a responsibility to report to the custody supervisor a patient’s failure to show for an appointment.
- **Unscheduled Movement:** Unscheduled movement of a patient may not occur unless the patient is escorted by staff, or a pass has been issued by staff authorizing the movement. A handwritten pass may be initiated in this instance.

Remember, a pass authorizes patient movement. As such, the patient population may not have access to blank pass forms. It is important that the blank passes be secured in an area where there is no patient access.

Limited Visibility

When visibility at a facility is severely restricted due to inclement weather, fog/dust storms etc., patients will be confined to their housing units. A limited visibility count is conducted to account for all patients. During times of limited visibility, all patient movement is under the direct and constant supervision of staff.

Working in a Prison – Security Awareness

Do not assume, ask.

There are safety and security issues in prisons that are foreign to most individuals, for example:

- It is illegal to exchange any type of gift with patients. Even a soda, snack, or a breath mint is considered a gift.
- Chewing gum is prohibited.
- Pocketknives, regardless of size, are prohibited.
- Cell phones, pagers, and personal digital assistants are prohibited on prison grounds.
- Do not run while on prison grounds.
- Inappropriate displays of affection, such as hugging or kissing a patient, are prohibited. Shaking hands is considered acceptable.
- Never share personal addresses or phone numbers with a patient.

In a prison:

- The patients are convicted felons, with many serving life sentences for their crimes.
- There are incidents of violence.
- Correctional staff members are responsible for monitoring and regulating offenders.
- Contractors must follow the directions from uniformed custody staff.
- Contractors must not interfere with the correctional staff’s responsibilities or the institution’s rules, regulations, or routines.
- Always carry a whistle while on grounds.
- Contractors must know and clearly understand what service they are providing. Staff must know and clearly understand the types of service contractors are performing.

When in doubt:

- Consult with your supervisor if there is a question or doubt as to the appropriate course of action.
- If the matter is urgent, consult a correctional staff member in the area.

**PRIMARY LAWS, RULES, AND REGULATIONS REGARDING
CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES
CDCR 181 (Rev.10/14)**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.
SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415
2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non-employees and employees shall be made aware of this.
SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304
3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to visiting or facility access.
SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.
4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and /or their designees.
SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289
5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.
SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289
6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.
SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3188 and 3292
7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.
SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425
8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.
SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383
9. For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).
SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)
10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.
SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH CDCR INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VOLUNTEER/MEDIA/CONTRACTOR/GUEST NAME AND TITLE (Print)	SIGNATURE	DATE SIGNED
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DISTRIBUTION: Original – Warden, Parole Administrator *and/or designee*

Patient/Staff Relations

The establishment and maintenance of proper patient/staff relations is essential to the daily operations of CDCR/CCHCS. Employees and contractors must not engage in undue familiarity with patients, parolees, or the family and friends of patients or parolees. Whenever there is reason for an employee or contractor to have personal contact or discussions with patients or parolee or the family and friends of patients and parolees, the employee or contractor must maintain a helpful but professional attitude and demeanor. Employees or contractors must not discuss their personal affairs with any patient or parolee. In addition, employees and contractors must be mindful when having such discussions with staff members within the institution.

CCR, Title 15, Section 3401 states that:

- (a) Except as provided in (e) below, employees shall not take, deliver or otherwise transmit, either to or from any patient or member of a patient's family; any verbal or written message, document, item, article or substance.
- (b) Except as provided in (e) below, employees shall not contact, correspond, or otherwise communicate with any patient, parolee, or member of a patient's or parolee's family.
- (c) If an employee is contacted by any patient, parolee, or member of a patient's or parolee's family, other than under circumstances specified in (e) below, the employee shall immediately notify, in writing, the employee's institution head or director/assistant secretary of that fact.
- (d) Any employee asked, coerced or otherwise contacted by any person to transmit, take or relay any message, item or substance, either to or from, any patient, parolee, or member of a patient's or parolee's family, by other than approved means or circumstances, shall immediately notify, in writing, their institution head or director/assistant secretary of that fact.
- (e) Exceptions to the above prohibitions are as follows:
 - (1) In the execution of their assigned duties, employees shall issue, or receive from patients any mail, packages, supplies and other items due or permitted them according to department policy and local procedures.
 - (2) In the execution of their assigned duties, employees shall interact with any patient, parolee or member of a patient's or parolee's family as necessary.
 - (3) While off-duty, and only in accordance with this regulation, departmental employees may conduct relationships with any patient, parolee, or member of a patient's or parolee's family who is either the employee's immediate family member, as defined in section 3000, or the employee's aunt, uncle, niece, nephew, or first cousin.

Information Security Awareness

Introduction

All employees and contractors accessing or using CDCR/CCHCS computers are required to annually participate in information security awareness training. Please refer to Department Operations Manual (DOM), Chapter 1, Article 15, Section 13030.3.1 for more information and further details in regards to this policy. This training also covers the policy of the following topics:

- Electronic mail
- Passwords
- Internet Usage
- Telephone Usage
- Remote Access
- Anti-virus
- Computer Software
- Computer Hardware

Please ask your designated institutional contact for more information in regards to this policy.

Information Security

CDCR and CCHCS staff and contractors routinely obtain information that is private and often sensitive. Healthcare staff have ethical, legal and professional obligations to keep such information confidential. There are specific laws, regulations and policies dealing with confidentiality and privacy.

Information security is a requirement for every CDCR/CCHCS employee and contractor. When working with any form of records or data, it is important that you do everything possible to make sure these information assets are secure.

What is Information Security?

Information security is the protection of information assets from unauthorized access, modification, theft, destruction, and disclosure. This includes the strategies, policies, procedures, mechanisms, and technical tools used relating to the protection of information, as well as the systems and equipment that contain and process that information. The practice of information security means to protect the item or information at all times.

Information can come in many forms and is comprised of a collection of facts or data. Listed below are some examples of the different forms of information you might see at work:

- Computer screen displays
- Word processing documents
- Spreadsheets
- Graphics and drawings
- Presentations
- Computer hard drives and records
- Conversations both on and off the phone
- Computer printouts
- Letters, memos and reports
- FAX documents
- Diskettes, CDs, and USB portable drives
- Electronic mail and schedules
- Voice mail messages

What is Information Privacy?

Information privacy is the process of preventing unauthorized access to personal information.

It is important to understand that giving out any personal information to a person not authorized to receive it is a violation of Information Privacy. Personal information should only be provided to individuals with a "need to know" and they must be authorized to access the information.

Laws and Policies Governing Information Security

Information security is defined by laws and regulations. The California State Constitution provides the right to privacy to all individuals. Federal and state laws require the implementation of specific security provisions. Some information security violations, such as unauthorized modification or destruction of a computer system or data, are punishable by a fine and/or incarceration. Information security is not an option or choice; it is a legal requirement. The Information Security Awareness Training identifies these laws.

Confidentiality in the Medical Correctional Setting

The California State Constitution guarantees the right of privacy. This right of privacy includes the right to keep medical information private. Another protection is the right to sue *in tort* for invasion of privacy where there is a public disclosure of private facts, or when private facts are used for an improper purpose. Additionally, health information is protected by the Health Insurance Portability and Accountability Act (HIPAA) and CCHCS policies and procedures. Those who violate the HIPAA Privacy Rule can be fined or imprisoned depending on the degree of misuse or violation.

Title 22 lists various patient rights. One of those rights is the right to “full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be discussed discreetly and only with those who have an authorized need to know the information. The patient has the right to be advised as to the reason for the presence of any individual.” In addition, individuals also have the right to “confidential treatment of all communications and records pertaining to their care and stay in the hospital.”

DOM requires that patient health records be protected in a confidential manner, and only shared with health care providers or legal representatives of the patient. DOM also states “A patient shall not review or be given access to another patient’s health record.”

The Confidentiality of Medical Information Act contained in the California Civil Code (Section 56.10 et seq.) states that patient’s identifiable medical information cannot be disclosed without written authorization from the patient or a representative of the patient as outlined in the statute. One exception however, is disclosure of medical information to other healthcare professionals or facilities for the purpose of diagnosis and treatment of the patient (including pre-hospital care radio transmission in emergency situations). Disclosures pursuant to mandatory reporting laws may be made, such as reporting contagious diseases, but only to the extent necessary to comply with the reporting requirement.

Health and Safety Code (H&S) addresses denying access to mental health files when the clinician believes that the information is harmful to the patient. Specifically, the mental health field which includes Psychiatrist, Psychologists and Licensed Social Workers adhere to very specific Federal and State Laws regarding mental health records and their release. H&S, Section 123125 requires the confidentiality of drug abuse treatment records which may be disclosed only to medical personnel/professionals with consent of the patient.

Title 15 and other statutes outline strict confidentiality rules governing disclosure of Substance Use Disorder Treatment (SUDT), HIV test results, Hepatitis C Virus (HCV) genetic testing results, mental health treatment records, developmental services, and psychotherapy notes. No person, without written authorization, shall disclose this protected information without a signed release of information from the

patient or patient's representative unless the disclosure is for treatment, payment or, healthcare operations as defined by the HIPAA Privacy Rule. Any individual making an unauthorized disclosure is subject to both civil and criminal penalties. Criminal sanctions may be applied where the disclosure resulted in economic, bodily, or psychological harm to the subject.

- **H&S Code Section 120975** indicates that a physician's notation in the patient's medical record of an HIV test result is permissible and does not constitute a prohibited disclosure.
- **H&S Code Section 121070 and Penal Code (PC) Section 7522** provide that the officer in charge of a correctional facility must be informed by medical staff of all patients who are HIV infected (HIV+). The officer or medical staff member shall notify those employees who have direct contact with HIV+ patients, while also notifying them that such information shall be kept confidential. A violation of confidentiality within this context constitutes a misdemeanor.
- **Nonconsensual HIV testing laws (H&S Code Sections 121050-121070; PC Section 7500 et seq: PC 1202.1)** permit or require the disclosure of HIV status in limited situations to potentially exposed individuals and/or to a court of law. For example, PC Section 1202.1 requires that all persons convicted of felony sexual offenses must submit to a court-ordered HIV antibody test, and the results shall be transmitted by the clerk of the Superior Court to the California Department of Justice and the County Health Officer.
- **H&S Code Section 121050**, states a physician, during a contact investigation, may notify a third party that they may have had sexual relations with an HIV+ individual, provided that the name of the infected person is not used.

Other laws and department policies are applicable and are covered further in other sections of this handbook.

Confidential Material

Title 15 states that the following types of information shall be classified as confidential:

- Information which, if known to the patient, would endanger the safety of any person.
- Information which would jeopardize the security of the institution.
- Specific medical or psychological information, which, if known to the patient, would be medically or psychologically detrimental to the patient.
- Information provided and classified confidential by another government agency.

Confidentiality Requirements

- Avoid discussing information pertaining to the patient in areas where the conversation can be overheard by others, especially patient porters.
- Avoid discussing patient identifiable medical information in halls, elevators, cafeteria, or break rooms.
- Do not share such information with those not directly involved in the patient's care such as custody, your family, or friends.
- Safeguard medical records so that they cannot be viewed by unauthorized people.
- Do not post medical information about patients on social media sites or in public areas where it can be viewed by others.
- Refer calls from the media or government agencies to a designated CDCR/CCHCS spokesperson.

Appropriate Use of CDCR/CCHCS Information Assets

Information assets belonging to CDCR/CCHCS are made available to all authorized users that require information technology resources. Before you use any of the CDCR/CCHCS information assets, you must understand the appropriate usage of those assets and your responsibility for their use. Information assets must only be used for CDCR/CCHCS-related business activities. As a CDCR/CCHCS contractor, you are expected to follow federal and state laws, regulations, and policies outlined in the Information Security Awareness Training and Privacy Awareness Training.

Classify and Protect Information Assets

Information assets fall into different categories. It is important that you become familiar with the information assets you routinely use or access in order to learn how to correctly manage and protect these resources. More information is found in the Information Security Awareness Training.

Information Security Incidents

An essential part of your individual information security responsibilities is to report known or suspected security incidents to CCHCS-CPO@cdcr.ca.gov that may place CDCR/CCHCS information assets at risk.

Acknowledgment

All employees, contractors, vendors, consultants, students, and other workers with access and privileges to CDCR/CCHCS equipment and information are required to comply with CDCR's Information Security Policy as stated in DOM, Chapter 4, Article 45, Section 49020.10.1. As proof of practice, contractors shall sign the Security Awareness Self-Certification and Confidentiality form (CDCR ISO-3025) and Information Access and Security Agreement (CDCR ISO-1900).

Contractors must contact DCCS to request Network Access. In addition, they may be required to complete the Information Security Awareness Training and Privacy Awareness Training through the Learning Management System (LMS) upon hire and annually thereafter.

Security Awareness Self-Certification and Confidentiality

CDCR ISO-3025 (09/06)

Annual information security awareness training is required for all CDCR employees, including vendors, consultants, students, and other workers at CDCR with access privileges to Department of Corrections and Rehabilitation's information and information systems. CDCR employees shall certify their compliance with the CDCR's Information Security Policy. See DOM, Section 49020.10.1.

User Name: _____ Division/Affiliation: _____

Title: _____ E-mail: _____

Telephone: _____ Fax No.: _____

Contract/Agreement No. (if applicable): _____

Annual Security Awareness Training Completed: _____

(Date)

As a user of CDCR information and information systems, I agree to the following terms and conditions:

- I shall comply with all State policies and laws regarding use and protection of State information resources and State data.
- I shall comply with all CDCR information security policies as defined in CDCR's Department Operations Manual (DOM), Chapter 4, Article 45, Information Security Policy.
- I shall use CDCR information and information systems for authorized purposes only.
- I agree to exercise all precautions necessary for protecting confidential, sensitive, and personal information.
- I agree to use care to physically secure information system equipment from unauthorized access, theft, or misuse.
- I agree to not share my user ID or reveal my passwords to anyone.
- I shall only access system areas, functions, or files that I am formally authorized to use.
- I shall access CDCR systems and networks using only my assigned user IDs and passwords.
- I shall not perform any act that interferes with the normal operation of computers, terminals, peripherals, or networks at CDCR.
- I agree to use only CDCR approved hardware and software.
- I shall comply with all applicable copyright laws.
- I have read CDCR's Information Security Awareness Training Booklet, and understand my responsibilities as described in that material.
- I understand that illegal use of CDCR information and information systems may be a public offense punishable under Section 502 of the California Penal Code.

USER SIGNATURE	USER NAME (Print)	DATE
LOCATION ADDRESS	WORK AREA	TELEPHONE
SUPERVISOR/MANAGER SIGNATURE	NAME AND TITLE (Print)	DATE

Filing Instructions:

Provide a copy of this signed statement to the user. The signed original is to be filed with the local Information Security Coordinator (ISC) and available for review by the Information Security Office.

INFORMATION ACCESS AND SECURITY AGREEMENT

The State Administrative Manual (SAM) Section 5310 requires that State agencies acquire written agreements with non-State entities (for example, vendors, consultants, researchers, federal and local government entities, or other state entities) before agencies allow access to State data. This agreement fulfills the requirement for read only access requests from all non-CDCR entities, including non-State entities. Alternate agreements are required for all other access requests, including requests to transmit and store CDCR data. Refer to Department Operations Manual (DOM), §§ 49020.9 and 49020.10.

New Request Renewal Request

Requestor: _____ Company/Affiliation: _____
Title: _____ E-mail: _____
Telephone: _____ Fax No.: _____
Contract/Agreement No. (if applicable): _____

I agree to the following terms and conditions:

- I shall comply with all State policies and laws regarding use of State information resources and data.
- I agree not to store, distribute, or share information obtained through this agreement and access authorization in any way without prior written approval from California Department of Corrections and Rehabilitation (CDCR) and shall hold this information in strict confidence.
- I agree to use CDCR information and information access for authorized purposes only.
- I agree to exercise all precautions necessary to assure the protection of CDCR information in my care from unauthorized disclosure, access, modification, and destruction.
- I agree to use my user ID and password to access this system only while completing my assigned duties. I understand that my user ID and password may not be shared with or used by any other person.
- I agree to notify CDCR promptly if information obtained through this agreement is compromised, lost, or stolen. This includes unauthorized use of the CDCR-provided user ID and password.
- I understand that unauthorized access or disclosure of information provided to me by CDCR may be a public offense punishable under Section 502 of the California Penal Code.
- I understand that CDCR may monitor my access at any time, with or without notice, for the purpose of ensuring compliance with agreement.
- I also understand that this agreement must be renewed annually each year that I am provided access to CDCR information. I further acknowledge that I have received and reviewed a copy of the attached CDCR Information Security Policies.

(Requestor's Signature) (Date)

(Supervisor's Signature) (Date)

For CDCR Use Only

SYSTEM ACCESS AUTHORIZED BY: _____
SYSTEM TO BE ACCESSED: _____
ASSIGNED USER ID: _____
ACCESS ACCOUNT CREATED BY: _____

The data to be accessed contains confidential, sensitive, or personal information:
 Yes No

Equal Employment Opportunity / Sexual Harassment Policy

CDCR/CCHCS has a zero tolerance policy non-compliance with Equal Employment Opportunity (EEO) and Sexual Harassment (SH) regulations. The policies are based on state and federal laws. The entire CDCR/CCHCS EEO/SH policy is in DOM, Chapter 3, Article 1, Section 31010.1.

CDCR/CCHCS is dedicated to ensuring the fulfillment of this policy with respect to all aspects of employment, including recruiting, hiring, placement, transfer, corrective adverse action, demotion, termination, pay and other forms of compensation, training, and general treatment during employment. Because all forms of harassment and discrimination are unprofessional and disrespectful and may damage an individual's career and well-being, CDCR/CCHCS will strictly enforce this policy.

The EEO and SH policies apply to all employees and non-CDCR/CCHCS employees including, but not limited to, applicants for employment, contractors, and other third parties, whether full time or part time. To the extent that non-CDCR/CCHCS employees exhibit behavior in violation of policy, CDCR/CCHCS will apply the principles of this policy. In addition, CDCR/CCHCS will take whatever action is necessary to implement consequences for violations of this policy by non-CDCR/CCHCS employees.

EEO Policy

CDCR/CCHCS is committed to providing a workplace in which all individuals are treated with respect and professionalism. Consistent with this commitment, it is the policy of CDCR/CCHCS to provide a workplace free from discrimination, harassment, and retaliation for all employees, contractors, and applicants for employment. Under this policy, employees and contractors are prohibited from:

- Discriminating against or harassing anyone on the basis of race, color, national origin, ancestry, sex (i.e., gender), religion, marital status, age, disability, medical condition, pregnancy, childbirth and related medical conditions, sexual orientation, veteran status, or political affiliation, or any other basis protected by state or federal law or local ordinance. This includes a perception that the person has any of these characteristics or that the person is associated with a person who has or is perceived to have any of these characteristics.
- Engaging in any act of retaliation or reprisal against individuals who have opposed any practices forbidden in this policy or because the person has filed a complaint, testified, or assisted in any discrimination investigation or proceeding.
- Conduct that may not rise to the level of unlawful discrimination, harassment or retaliation in violation of Title VII of the Civil Rights Act of 1964 or the California Fair Employment and Housing Act but constitutes discourteous, disrespectful, or inappropriate behavior.

All CDCR and CCHCS employees and contractors are protected from un-remedied violations of EEO policy by fitting into one or more of the following protected groups:

- Race
- Ancestry
- National Origin
- Color/Shade of skin
- Sex / Gender (including sexual harassment, pregnancy, gender identity, and gender expression)
- Sexual Orientation
- Religion / Religious Creed
- Disability (physical or mental)
- Marital Status
- Age
- Medical Condition (cancer or genetic characteristics)
- Genetic information

- Veteran Status / Military Service
- Political Affiliation (includes opinion or activities)

CDCR DOM also explains rules regarding:

- Nepotism / Fraternalization
- Appointment / Assignments
- Favoritism (isolated versus widespread)
- Blackmail
- Non-Management Employee Liability Harassment

SH Policy

CDCR/CCHCS is committed to providing a workplace in which all individuals are treated with respect and professionalism. Consistent with this commitment, it is the policy of CDCR/CCHCS to provide a workplace that is free from all forms of discrimination and harassment, including SH. Under this SH policy, CDCR/CCHCS employees and contractors are prohibited from engaging in sexual behavior that:

- Rises to the level of SH in violation of Title VII of the Civil Rights Act of 1964 and the Fair Employment and Housing Act.
- Is unprofessional and disrespectful; and, while not unlawful, may contribute to a hostile work environment.
- This SH policy applies to conduct that occurs in any location that is operated by CDCR or considered a workplace of any CDCR or CCHCS employee, as well as any location that can reasonably be regarded as an extension of the workplace, such as at any off-site social or business function, or any other non-CDCR facility where CDCR/CCHCS business is being conducted. Further, this policy applies to all work-related conduct, including conduct occurring off-duty, if such conduct may negatively affect the work environment.

SH generally is defined under state and federal law as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, or visual conduct of a sexual nature that interferes with work performance by creating an intimidating, hostile, or offensive work environment. Such conduct may constitute SH if:

- Submission to the conduct or communication is made either explicitly or implicitly a term or condition of employment.
- Submission to, or rejection of the conduct or communication is used as a basis for employment or service decisions affecting the individual.
- The conduct or communication has the potential to affect an individual's work performance negatively and/or create an intimidating, hostile, or offensive work environment.
- Examples of conduct that violates this policy include, but are not limited to:
 - Unwelcome sexual advances or sexual pressure.
 - Demands for sexual favors in exchange for employment benefits, whether expressed or implied.
 - Making or threatening reprisals after a negative response to sexual advances.
 - Verbal conduct of a sexual nature, such as derogatory or demeaning comments, slurs, sexually explicit jokes, comments about an individual's body or physical appearance, suggestive or obscene remarks, or practical jokes.
 - Physical conduct such as leering, sexual gestures, impeding or blocking movements, pinching, grabbing, patting, intentionally brushing up against another individual, rape, or assault.
 - Visual conduct of a sexual nature, such as displaying sexually-suggestive objects, cartoons, pictures, or posters.

Discrimination, Harassment, and Retaliation is Costly

A lack of understanding or compliance with EEO or SH will allow inappropriate or illegal behaviors to continue in the workplace. In addition, it may cost individually as litigation is not only applied to the department as a whole, but individuals can also be held personally liable for harassment.

Consequences of Violation

Some identified consequences of EEO and/or SH violations, including violations that do not explicitly violate State or Federal Law are:

- Appropriate corrective and/or disciplinary action (i.e. demotion, loss of pay, suspension, letter of instruction).
- Up to and including termination from state service or cancellation of contract.

Criteria for EEO / SH violation

EEO and/or SH policy violations are usually comprised of three elements which complete a causal connection or 'nexus':

- Protected group (as basis for harm).
- Qualifying harm (issue).
- Nexus. This is the causal connection between the qualifying harm and protected group.

If any of these elements do not exist, a complaint does not meet the prima facie (first face) criteria for EEO and/or SH. In other words the 'nexus' should be self-evident.

Everyone has an individual role to play with respect to CDCR EEO and/or SH policy. All employees and contractors must:

- Adhere to and enforce EEO and/or SH policies and procedures.
- Report any violations by filing a complaint.
- Cooperate with any investigation regarding a violation of EEO and/or SH policies.
- Attend training as mandated.

Any employee or contractor who witnesses any inappropriate behavior that violates the Departments EEO and/or SH policy can file a complaint. A complaint can be made to:

- Any CDCR or CCHCS Manager
- EEO Counselor / Coordinator
- CDCR Office of Civil Rights (OCR) / Office of Internal Affairs (OIA)
- United States Equal Employment Opportunity Commission, Department of Fair Employment and Housing, and/or State Personnel Board

Ethics and Professionalism

Ethical decision making, or even just making a good decision, begins with getting the facts straight, then carefully considering the relevant, ethical values, and weighing the consequences of the alternative actions.

Based on Departmental policy, how is it determined if an act is right or wrong? If confronted by a situation that is not covered by the law or departmental policy, a contractor should be guided by the Department's organizational values. A simple method for making an ethical decision is the "Get the FACT's" method:

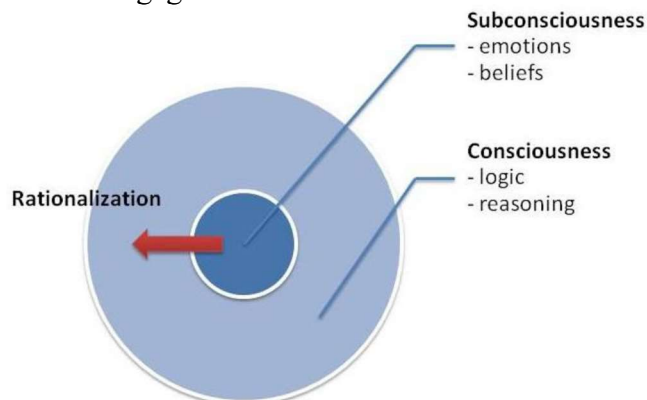
- Facts - What are the facts?
- Alternatives - What options are there to resolve the issue?
- Consequences - What will be the result of the misconduct?
- Tell - Involve a supervisor or manager.

When making tough decisions, employees and contractors must be aware of rationalization and not be distracted by it. Rationalization occurs when a person chooses one value over another, or when situations are ignored altogether. People tend to rationalize to make themselves feel better when they have deviated from what is right.



Here are some of the common rationalizations:

- **It doesn't hurt anyone.**
This is used to excuse misconduct based on the false assumption that one can violate ethical principles so long as there is no clear and immediate harm to others. It treats ethical principles simply as factors to be considered in decision making rather than as a base line.
- **I've got it coming.**
People who feel they are overworked or underpaid rationalize that minor 'perks' (acceptance of favors, discounts, or gratuities) are nothing more than fair compensation for services rendered.
- **Everyone's doing it.**
Safety in numbers is a false rationale fed by the tendency to adopt cultural, organizational, or occupational behavior systems (ethical or not) just because they are the norm.
- **I'm just fighting fire with fire.**
This is based on the false assumption that promise breaking, lying, and deceit are justified if those people routinely deals with and engages in deceit.



Keys to Success

Mean What You Say

Express yourself genuinely. Do not make a promise unless you have thought it through first and can carry it out. Patients will test you, call your bluff, and see if you follow through on your promise.

Ask Staff

Patients may ask you to perform tasks or inquiry about unfamiliar matters. If you are unsure on what to do, or what is the right answer, it is best practice to say, "Let me look into that," and ask a staff member for guidance.

Appropriate Relationships

Be honest, objective, and disapproving when warranted. Be friendly, but not overly familiar. Be personable but private. Never give out your home address, telephone number, or other personal contact information to a patient. It is also inappropriate to perform or receive personal favors from a patient, as well as giving or receive gifts. Do not discuss personal matters with patients, or in the presence of patients. Be consistent and fair. Enforcing rules for some and relaxing them for other patients is inconsistent and unfair. It is also a form of overfamiliarity. If a patient engages in inappropriate behavior, professionally tell the patient to stop and notify your supervisor.

Respect

You must respect the patient's individuality and basic rights. Avoid prejudices and feelings of superiority. Categorizing a patient is unfair and dehumanizing.

Don't Pry

Let the patient tell you on their own about their commitment offense, their family, or any other guilt-associated matters.

Earn Respect

Make it clear that you will not be manipulated. If a situation arises that you consider "borderline," consult your supervisor or uniformed staff before acting.

Handling Hostility

A patient may confront you with hostility. At such times, do not force conversation upon them and do not respond in a hostile, sarcastic, or anxious manner. Keep your composure and ignore the hostility or withdraw for a while. Chances are that the patient will regain his composure. Report any incidents to your supervisor or uniformed staff.

Don't Over-Identify

A patient's problems are not your problems. Over-identifying with the patient can bring about the "we/they" syndrome.

Don't Expect Thanks

You may not receive thanks or any show of gratitude from patients. They may feel it, but they may not know how to express it. They may not appreciate your work until they leave the program. Do not take it personally.

Inappropriate Conduct

If a patient makes an improper advance, handle it appropriately. Report the matter to your supervisor or nearest uniformed staff member immediately.

Workplace Violence Prevention Program

CDCR workplace violence policy was established February 17, 1999 by memorandum issued by the Director.

Departmental Discipline Policies and Practices

- Performance standards, causes for adverse action and disciplinary matrix penalty levels, among other matters, are set forth in DOM, Chapter 3, Article 22, pertaining to employee discipline.
- Alleged misconduct is investigated in accordance with staff responsibilities and guidelines contained in DOM, Chapter 3, Article 14, pertaining to employee misconduct.

CDCR/CCHCS Code of Conduct

Employees, appointees, and contractors of CDCR/CCHCS are expected to perform duties at all times as follows:

- Demonstrate professionalism, honesty and integrity;
- Accept responsibility for your actions and their consequences;
- Appreciate differences in people, their ideas, and opinions;
- Treat fellow employees, patients and wards, families of patients and wards, parolees, and the public with dignity and fairness;
- Respect the rights of others and treat others fairly regardless of race, color, national origin, ancestry, gender, religion, marital status, age, disability, medical condition, pregnancy, sexual orientation, veteran status, or political affiliation;
- Comply with all applicable laws and regulations;
- Report misconduct or any unethical or illegal activity and cooperate fully with any investigation.

Injury and Illness Prevention Program

The Federal Government through California Division of Occupational Safety and Health (Cal/OSHA) and Occupational Safety and Health Administration (OSHA) and the CCR, Title 8, Section 3203 requires that every employer have an Injury and Illness Prevention Program (IIPP) plan in writing and address:

- Assignment of responsibility
- Identification of Workplace Hazards
- Communication
- Correction of Hazards
- Investigating Injuries and illnesses
- Health and Safety Training
- Ensuring compliance with the law

The IIPP consists of information on equipment, workplace violence, respiratory protection, ergonomics, tuberculosis training and testing, bloodborne pathogen training, hazard communication, reporting and investigating workplace injuries and illnesses and supervisory investigations, along with training of all employees in health and safety training.

All employees and contractors are responsible for complying with all safety regulations and policies. It is your responsibility to follow safe work practices and immediately report any unsafe work conditions or workplace injuries to your designated institutional contact. Each employee and contractor have a responsibility to report workplace hazards and understands that there are no reprisals for reporting unsafe conditions.

There are positions both within and outside the institution essential to the maintenance of the IIPP. In addition specific staff and their responsibilities as pertaining to the IIPP:

- **Safety Committee:** Each institution and organization has a safety committee which has the ongoing responsibility to ensure safety in the workplace. Positions on the committee normally rotate annually and individuals should be at the level of a Staff Services Analyst and employed by the state for at least one year prior to joining.
- **Safety Officer:** At CDCR institutions, the Safety Officer is usually the Institutional Fire Chief. At CDCR non-institutional sites, the position of the Safety Officer is usually assumed by risk management or office of employee wellness.
- **Supervisors:** Supervisors play a key role in ensuring safety in the work environment. The supervisor is responsible for completion of an initial report of injury and is responsible for performing an investigation to try and determine what caused the incident and how it might be resolved.
- **Employees and Contractor Responsibilities:** All employees and contractors are responsible for complying with all safety regulations and policies. It is your responsibility to follow safe work practices and immediately report any unsafe work conditions or workplace injuries to your designated institutional contact. Each employee and contractor has a responsibility to report workplace hazards and understands that there are no reprisals for reporting unsafe conditions.

Risk to Staff and Contractors

- **Workplace Violence:** Workplace violence is not tolerated. If you are experiencing or have knowledge of a situation that you think might be construed as workplace violence, let your designated institutional contact or any CDCR or CCHCS manager know as soon as possible.
- **Ergonomics:** Worksite ergonomics are also a part of preventing injuries. Knowledge of appropriate computer or other equipment setups and proper training will reduce repetitive motion injuries.

- **Fire Safety:** Basic Fire Safety is very important. Remember that if a fire occurs, the fire department must be notified immediately. Never attempt to put out a fire when you are alone and never use a fire extinguisher if the fire is larger than a trash can. If there is a fire in one area of a room, back away to the exit, keeping your eye on the fire at all times. If you are in a building where a fire is located, before going into any room, place the back of your hand against the door. If it is cool to the touch, it is likely safe to enter. If warm or hot, **do not open the door**. There is likely a fire behind the door and opening it could cause a flash over fire and cost you your life.
- **Fire Extinguishers:** Most fire extinguishers used are type A, B, C (chemical based) which means they will put out most types of fires such as those caused by common paper, wood, and combustibles. If you elect to use a fire extinguisher, remember the acronym PASS.
 - **P**ull the pin.
 - **A**im the hose at the base of the fire.
 - **S**queeze the handle or trigger.
 - **S**weep from side to side.
- **Safe Lifting:** Back injuries are one of the most common reasons for workplace injuries. Remember to use your legs when you lift. Place your feet shoulder-width apart and squat down keeping your back straight. Have the object well balanced between your hands and close to you when you lift. Never twist or bend. If the object has to be moved, turn your entire body and walk to the new placement. Squat down to place the object where it now goes. Push rather than pull items on carts and if it is easier, put a heavy object on a cart to move it.

These are examples of some safety signs you might see at a work location.



Safety Data Sheet

The Safety Data Sheet (SDS) provides information on potential hazards in your workplace. Common SDSs are for cleaning supplies, bleach, and copier toner. Each work location should have a binder of SDSs.

The SDS provides staff and emergency personnel with the proper procedures for handling or working with a particular substance. SDSs include information such as physical data, toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures. These are of particular use if a spill or other accident occurs.

SDSs are not meant for consumers. An SDS reflects the hazards of working with the material in an occupational fashion. SDSs ARE for:

- Employees or contractors who may be occupationally exposed to a hazard at work.
- Employers who need to know the proper methods for storage, etc.
- Emergency responders such as fire fighters, hazardous material crews, emergency medical technicians, and emergency room personnel.

Bloodborne Pathogens

All contractors shall adhere to California Division of Occupational Safety and Health (Cal/OSHA) regulations and guidelines pertaining to bloodborne pathogens (BBP). Bloodborne Pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Primary Causes of Blood or Body Fluid Exposure

In order to be exposed to a BBP, you must have contact with blood, a visibly bloody fluid (e.g., bloody saliva in dental procedures or urine containing blood), or a bodily fluid (e.g., semen or vaginal secretions) that contains an infectious organism (virus or bacteria). A virus can enter your body through the bloodstream, open skin, or mucous membranes, which include the eyes, mouth, nose, or genitals. Contact with skin that is intact (without new cuts, scrapes, or rashes) poses no risk of infection.

Healthcare personnel are at risk during invasive medical and dental procedures such as injections, surgeries, and cleaning of open wounds and infections.

The following human body fluids pose a risk of containing infectious organisms: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any other body fluid that is visibly contaminated with blood such as saliva in dental procedures, vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, such as during an emergency response.

Although more than 200 different diseases can be transmitted from exposure to blood, the most serious infections are **HBV**, **HCV**, and **HIV**. Fortunately, the risk of acquiring any of these infections following an occupational exposure is low. Experts have worked to determine the best advice for managing an exposure in these situations.

Occupational Modes of Transmission

BBP may be transmitted occupationally as a result of work duties where body fluids are present and have the opportunity to get into the body through a portal of entry. The four most common portals of entry through which BBP may enter the body are:

- Cuts.
- Abrasions.
- Mucous membranes.
- Punctures.

Principles for Preventing Exposure

These principles for preventing the transmission of BBP should be remembered at all times:

- Direct contact with body fluids or other potentially infectious materials (OPIM) may lead to infection.
- Since you cannot tell by looking who is infected, always practice “standard precautions.” Assume all persons and all body fluids are infectious.
- Use barriers to prevent direct contact with body fluids or OPIM.
- The viral status of most patients is unknown, either because they have not been tested for these diseases, or have tested negative for these diseases.
- Testing negative does not mean a person is not infected--it may mean that an infected person is in the “window period.”

Administrative Controls

Administrative controls are policies, procedures, and enforcement measures targeted at reducing the risk of exposure to infectious persons. The Exposure Control Plan (ECP) is the primary *administrative* control and is the source of all CDCR procedures pertaining to exposure prevention and handling the incident after an exposure has occurred (post-exposure management).

Engineering Controls

Engineering controls are tools or devices designed to isolate or remove a Bloodborne hazard from the workplace or from a work duty.

Work Practice Controls

Work practice controls are modifications to procedures that are aimed at minimizing exposure risk by defining the manner in which a task is performed. They include rules or techniques for performing your work safely. Examples include: using appropriate PPE; not smoking or handling contact lenses; immediately cleaning up spills such as body fluids.

Exposure Determination

To prevent exposure you need to know the definition of exposure. Cal/OSHA defines occupational exposure as “reasonably anticipated skin, eye, mucous membrane, or parenteral (through the skin) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.” Contractors should assume responsibility for preventing exposure by learning how to perform their work safely.

Standard/Universal Precautions

The basis for preventing transmission of BBP is the use of “standard precautions.” Assume that all body fluids and all persons are infectious and take precautions to avoid the type of contact that can transmit BBP. One very effective method of implementing standard precautions is to place a barrier between the skin or mucous membranes and the potentially infectious material. Barriers include:

- Gloves.
- Masks.
- Eye protection.
- Protective clothing when appropriate.

In addition to using barriers, contractors should always anticipate exposure, take measures to protect cuts and chapped or scraped skin, as well as employ frequent hand washing to reduce the risk of exposure to BBP or other pathogens.

Regulated Waste

While you may not have direct responsibility for handling regulated waste, always place regulated waste in containers that are closed and will not leak. Regulated waste cannot be transported from one place to another without first being placed in a labeled red bag that is fastened closed. Regulated waste must be labeled, color-coded, and sealed prior to removal for final disposal. Labels must be fluorescent orange or orange-red with lettering and symbols in contrasting color.

Regulated waste includes any:

- Item contaminated with liquid, semi-liquid, caked, or dried blood or OPIM or that contains and is capable of releasing blood or OPIM when handled or compressed.
- Contaminated sharps.
- Pathological and microbiological waste containing blood or OPIM.
- Medical waste as defined by Health and Safety Code Sections 117600-117800.

Hepatitis B Vaccination

For many persons, HBV may be prevented by vaccination, which is at the Contractor's discretion and solely at the Contractor's expense.

Personal Protective Equipment (PPE)

PPE prevents a body fluid from contacting portals of entry on the body. Contractors must learn to put this equipment on correctly and remove it safely when it is contaminated.

A basic kit of PPE includes:

- Face mask to protect the nose and mouth.
- Goggles or safety glasses to protect the eyes.
- Body suits or long sleeve, knee length, moisture-resistant gowns.
- Latex or other fluid impervious gloves.
- Shoe/boot covers.

Immediate Post-Exposure Activities

Post-exposure management is the implementation of procedures following a direct exposure to bodily fluids or OPIM. Specific protocols are implemented to assess the situation and determine the most effective course of action.

An exposure incident is of serious concern and requires immediate attention. Research has shown that preventive treatment for HIV and Hepatitis B that is given within certain time frames after exposure may reduce the incidence of infection for some persons. Preventive treatment for HIV must be initiated within 1-2 hours of exposure for maximum effectiveness. Preventive treatment for Hepatitis B is initiated within 24 hours for maximum effectiveness. *Therefore, occupational exposure is a medical emergency.*

Immediately implement these three procedures in numerical order following an exposure incident:

1. Removal of contaminated clothing and equipment to prevent contamination of the skin or mucous membranes. This should be done immediately by the contractor.
2. Cleaning of wounds and first aid: Cuts, needle punctures, and other penetrating injuries should be washed with soap and water; splashes to the nose, mouth, or skin should be flushed with water; splashes into the eyes should be irrigated with clean water.
3. Consult a physician immediately.

Staphylococcus aureus (Staph) or Methicillin-Resistant Staphylococcus Aureus infections (MRSA)

Staph is a type of bacteria. Skin infections caused by Staph may be red, swollen, painful, or have pus or other drainage. Methicillin-Resistant *Staphylococcus aureus*, or MRSA, is a Staph bacterium that is resistant to certain antibiotics, making it harder to treat.

Most Staph skin infections are minor and may be easily treated. Staph also may cause more serious infections, such as infections of the bloodstream, surgical sites, or pneumonia. Sometimes, a Staph infection that starts as a skin infection may worsen. It is important to contact your doctor if your infection does not get better.

To keep Staph infections from spreading:

- Wash your hands often or use an alcohol-based hand sanitizer
- Keep your cuts and scrapes clean and cover them with bandages
- Do not touch other people's cuts or bandages
- Do not share personal items like towels or razors

Tuberculosis

Tuberculosis (TB) is an illness caused by bacteria called *Mycobacterium tuberculosis*. Like the common cold, it is spread from person to person through the air, by tiny particles called *droplet nuclei*, which contain the mycobacterium bacteria. Droplet nuclei are formed when individuals with pulmonary (lung) or laryngeal (voice box) TB cough, sneeze, talk, shout, sing, or even breathe. The susceptible individuals inhale the droplet nuclei and infection occurs if the mycobacterium bacteria survive the body's defenses.

Concern for TB in Correctional Facilities

Persons living or working within correctional facilities have a higher risk for contracting TB infection or disease, often because of overcrowding and poor ventilation. There is also a disproportionate predominance of patients who have TB infection. These patients have acquired TB infection due to risk factors and lifestyles prior to incarceration that have included:

- Injection drug use.
- Substance abuse.
- Poor access to health care.
- Homeless conditions.
- Poor health and self-care habits.

Annual Tuberculosis (TB) Testing

The California Legislature enacted mandates requiring the Annual TB Skin Test (TST)/Evaluation Program in CDCR/CCHCS for employees and patients. CDCR/CCHCS extends this requirement, via contract, to its contractors.

Contractors are required to furnish to CDCR/CCHCS DCCS, at no cost to CDCR/CCHCS, a TB evaluation/test for TB infection (Tuberculin Skin Test or a blood test, Interferon Gamma Release Assay) using the Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336) form and TB Infectious Free Staff Certification (CDCR 7354) form prior to assuming their contracted duties and annually thereafter, showing that the contractors have been examined and found free of TB in an infectious or contagious stage. CDCR/CCHCS DCCS will provide blank forms to the contractor upon request.

EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION

CDCR 7336 (Rev. 03/20)

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Confidential Employee Medical Information

INSTRUCTIONS: Tuberculosis (TB) screening must be performed by a licensed health care provider whose legally authorized scope of practice allows them to conduct medical examinations and/or the Mantoux TST in accordance with the recommendations of the Centers for Disease Control and Prevention (CDC) to determine if a person has TB infection or disease.

Employee (Complete Section 1. Type or print clearly.)

Section 1 Employee Information	
Employee Full Name (First, MI, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Birthdate (MM/DD/YYYY)	PERNR New Employee/Cadet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution/Facility/Program	Unit/Location Department (If not CDCR)
Employee Signature	Date

Health Care Provider (Complete Sections 2–7, as required. See instructions on Page 2 of 2.)

Section 2 TB History and Treatment (Private providers, please attach documentation of prior history.)
History of treatment of TB infection or disease: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section 6. Date of results of previous TST: _____ Induration _____ mm <input type="checkbox"/> Not applicable Date and results of previous Interferon-Gamma Release Assay (IGRA): _____ <input type="checkbox"/> Not applicable Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, type of drug prescribed: _____ Start and stop dates of drug: _____

Notice: HIV and other medical conditions may cause a TST to be negative when TB infection is present.

Section 3 Tuberculin Skin Test (TST) Administration				
TST <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tubersol Lot #: _____ <input type="checkbox"/> Aplisol Expiration Date: _____	TST Administered By (Print Name)	Signature	Date
Injection Site <input type="checkbox"/> Left Forearm (LFA) <input type="checkbox"/> Right Forearm (RFA)	Injection Date and Time	Interpretation <input type="checkbox"/> Positive <input type="checkbox"/> Negative	TST Result Induration: _____ mm	Date and Time of Symptom Evaluation

Section 4 TB Blood Test			
TB Blood Test <input type="checkbox"/> Yes <input type="checkbox"/> No	TB Blood Draw Date and Time	TB Blood Test Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date and Time of Results
TB Blood Test Administered By (Print Name)		Signature	Date

Section 5 Evaluation for Signs and Symptoms (Complete for all individuals.)	
<input type="checkbox"/> No Symptoms	Symptoms (Check all that apply) <input type="checkbox"/> Persistent Cough (>2 Weeks) <input type="checkbox"/> Unexplained Weight Loss <input type="checkbox"/> Unexplained Fever <input type="checkbox"/> Unexplained Fatigue <input type="checkbox"/> Unexplained Night Sweats <input type="checkbox"/> Other: _____

Section 6 Chest X-Ray (Complete for all positive TB test results, as required by the CDC.)	
Chest X-ray Report <input type="checkbox"/> On File <input type="checkbox"/> Copy Attached <input type="checkbox"/> Chest X-Ray Needed	Chest X-Ray Results <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Consistent with TB

Section 7 Evaluation			
<input type="checkbox"/> Employee Referred for Follow-Up Medical Evaluation		<input type="checkbox"/> Employee Provided Written Notification of TB Screening Results	
Comments:			
<input type="checkbox"/> EMPLOYEE IS FREE OF INFECTIOUS TUBERCULOSIS			
Licensed Evaluator (Print Name)	License Number	Licensed Evaluator Signature	Date

EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION**CDCR 7336 (Rev. 03/20)**

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The California Penal Code, Section 6006 et seq., requires all California Department of Corrections and Rehabilitation (CDCR) employees and certain other individuals to have an initial, annual, and as medically necessary, Mantoux Tuberculin Skin Test (TST) or evaluation. The testing must occur as instructed below. The employee must provide the results of the TST or Tuberculosis (TB) blood test and evaluation on the required Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336) form.

Definitions:

- **Induration:** Swelling or raised skin. **Note:** The presence of erythema is NOT indicative of a TST reaction; only the induration is measured.
- **Mantoux TST:** Intradermal injection of 0.1 milliliters (ml) of Purified Protein Derivative, 5 Tuberculin Units (TU).
- **Prior TST:** A Mantoux TST in which clearly documented and dated results are available in millimeters (mm).
- **Negative TST Result:** Induration of less than (<) 10 mm if new, or < 5 mm, if contact or known immunocompromised.
- **Positive TST Result:** Induration equal to or greater than (>) 10 mm, OR > 5 mm if contact or known immunocompromised.

CDCR Health Care Providers (HCP) shall not ask CDCR employees about non-TB health history, including immunosuppressive conditions.

The Centers for Disease Control and Prevention (CDC) and the California Tuberculosis Controllers Association recommend the following:

1. The tine test is NOT an acceptable skin test to determine exposure to the TB bacillus. The only acceptable screening methods for detecting TB infection are TB screening tests that are licensed by the Federal Food and Drug Administration (FDA) and recommended by the CDC.
2. A chest X-ray (CXR) cannot be used to definitively diagnose TB. However, a CXR may be used to rule out the possibility of pulmonary TB in a person who has had a positive reaction to a TST or TB blood test and no symptoms of disease.
3. The process for administering, evaluation, and documenting the Mantoux TST are:
 - a) Must be given intradermally.
 - b) 0.1 ml (s) of 5 TU Purified Protein Derivative must be used.
 - c) The test must be interpreted by a qualified HCP.
 - d) Results must be documented in mm(s) of induration.

Instructions: Employee**Section 1: Complete all items in Section 1.**

- Provide accurate and complete information.
- Ensure the health care provider(s) (HCP) administering and evaluating the TST, including the exam for TB signs and symptoms, completes, signs, and dates the form.
- Advise the HCP to follow the steps below when completing Sections 2 through 7.
- If a CXR is needed, you are required to submit a copy of the CXR report with this form for clearance to be placed in your health record.
- Submit the completed Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336) form, in a sealed envelope.

Instructions: Health Care Provider (HCP)**Section 2: Complete Section 2, if applicable.**

Complete this section if prior TST or TB blood test results and treatment are available. The employee or HCP must provide written documentation including the date test was administered, reaction in mm or IGRA, treatment, and drug administered (if any) start and stop dates.

If documented results are:

- NEGATIVE and more than 30 days old, proceed to Section 3.
- NEGATIVE and less than 30 days old, proceed to Section 5.
- POSITIVE on any date, complete Sections 5, 6, and 7.

If there are no appropriately documented prior TST or TB blood test results, continue to Section 3.

Section 3: Administer a new TST and document the test results in Section 3. The HCP administering the TST in Section 3 must sign and date the appropriate blocks. The block identified as "Date and Time of Results" refers to date the employee's TB status is determined.

If documented results are:

- NEGATIVE, complete Sections 5 and 7.
- POSITIVE, complete Sections 5, 6, and 7. A copy of CXR report must be attached for all POSITIVE results.

Section 4: Administer a new TB blood test and document the test results in Section 4. The HCP administering the TB blood test must sign and date the appropriate blocks. The block identified as "Date and Time of Results" refers to date the employee's TB status is determined.

If documented results are:

- NEGATIVE, complete Sections 5 and 7.
- POSITIVE, complete Sections 5, 6, and 7. A copy of CXR report must be attached for all POSITIVE results.

If an individual claims to have a prior positive TB blood test or TST, but is unable to provide appropriate documentation, a TST or TB blood test must still be administered. This is not medically contraindicated. However, a diluted TST may be administered by the following method: dilute 0.2 cc of the standard 5 TU/0.1cc solution with 0.8 cc of sterile saline; use 0.1 of the solution to administer the TST. **Note:** This is not a CDCR procedure. If the results are positive, no further testing is necessary. If the administered or documented TB blood test shows a negative result, the employee most likely does not have the TB infection. Factors affecting the immune system, pregnancy, or recent TB infection may cause a false negative TST or TB blood test reaction, even when TB disease exists. If the TB blood test or TST indicates a positive reaction, further medical evaluation and a CXR are required to rule out active TB disease.

Section 5: Complete the evaluation for all employees. Three or more symptoms warrant special concern.

Section 6: Complete this section for individuals with a prior documented or newly significant TST or TB blood test. If a prior CXR report is on file, attach a copy of the CXR report to this form and mark the applicable results. If the individual does not have CXR report on file, administer a CXR, attach a copy of the report, and check the applicable results. The CXR report is required by CDC.

Section 7: The HCP, Physician, Surgeon or licensed designee evaluating for TB signs and symptoms must complete this section. Evaluators may note comments, as necessary. Check the box if the employee is free of infectious TB, print name, enter license number, sign, and date this section.

After evaluation or treatment, provide the original completed and signed CDCR 7336 form to the employee for return to CDCR.

Applicants, current employees, volunteers and employees from other state agencies who work in the California Department of Corrections and Rehabilitation (CDCR) facilities or with CDCR inmates (as defined in Penal Code Section 6006 et seq.) are required to be evaluated for tuberculosis (TB) and certified to be free of TB in an infectious or contagious stage prior to assuming duties with CDCR, and at least annually thereafter. Evaluation shall be done by a licensed physician and surgeon or his/her licensed designee whose legally authorized scope of practice he allows him/her to conduct examinations for TB under physician supervision; in accordance with the most current recommendations of the Centers for Disease Control and Prevention. Certificates shall be submitted to and maintained by CDCR.

CERTIFIED TO BE FREE OF INFECTIOUS TB

PATIENT FULL NAME AS IT APPEARS ON STATE PAYCHECK (TYPE OR PRINT CLEARLY)	BIRTHDATE (FOR IDENTIFICATION PURPOSES ONLY)
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I, _____, a physician and
PRINT OR TYPE PHYSICIAN NAME AND TITLE

surgeon licensed by the Medical Board or Osteopathic Medical Board of California, or my licensed designee, have *evaluated the patient, identified above, and **CERTIFY** he/she is free of tuberculosis in an infectious or contagious stage.

(* IF EVALUATION INCLUDES A TB SKIN TEST [PREFERRED, AND REQUIRED IF NEITHER **WRITTEN MM OR BLOOD TEST DOCUMENTATION** OF A PRIOR POSITIVE NOR CURRENT TB BLOOD TEST RESULTS], THE MANTOUX INTRADERMAL METHOD WITH A STANDARD DOSE OF PURIFIED PROTEIN DERIVATIVE MUST BE USED.)

LICENSED EVALUATOR OR PHYSICIAN SIGNATURE (AS APPROPRIATE)	DATE	TELEPHONE NUMBER
	LICENSED EVALUATOR NAME AND TITLE IF DIFFERENT FROM ABOVE (PRINT)	
LICENSE #	ADDRESS	

CONFIDENTIAL EMPLOYMENT MEDICAL INFORMATION

DEFINITIONS:

PHYSICIAN AND SURGEON: An individual licensed by either the Medical Board of California or the Osteopathic Medical Board of California.

LICENSED DESIGNEE: An individual who the physician and surgeon designates to conduct the required examination in his/her place, and whose legally authorized scope of practice allows him/her to conduct examinations for TB under physician supervision.

INSTRUCTIONS: EMPLOYEE

Complete the top portion of the form; clearly print your legal name and BIRTHDATE (FOR THE IDENTIFICATION PURPOSE ONLY).

INSTRUCTION: HEALTHCARE PROVIDER

After completing the required examination (as directed on the back of the CDCR Form 7336 "Employee TST and Evaluation"), and completing and signing that form;

- Print the name and title of the supervising physician where indicated.
- The physician or designated evaluator (whoever completes the examination) should sign in the appropriate box. If a designated evaluator, complete the boxes "Evaluator Name and Title, License #"
- Date the form; complete the boxes for the telephone number and address.

Health Insurance Portability and Accountability Act

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a Federal law passed by Congress in 1996 that protects the privacy of an individual's medical information and was implemented by the Federal Department of Health and Human Services.

What does HIPAA cover?

- Health care transactions like eligibility, authorizations, claims and payments
- Confidentiality and privacy of health information
- Security of electronic systems that transmit and receive health information

Who is protected by HIPAA?

- Persons receiving health care services provided by CDCR/CCHCS employees and contractors
- Persons receiving health care services paid for by CDCR/CCHCS

What information is confidential?

Any information about the health of an individual, which identifies or can be used to identify the individual, is confidential. HIPAA applies to information communicated orally and in writing. It applies to information stored in hard copy or any electronic device or database, or that is transmitted through any electronic means.

I don't even work around patients. Why tell me?

You do not have to work directly in patient care to be affected by HIPAA. If you work for CDCR/CCHCS, you may see patient information every day. You may have access to locked offices that often contain confidential information about patients. If you walk through patient care areas on your way to an office, you may come in contact with our patients. HIPAA says we must keep information about our patients and clients confidential.

What about casual contact?

If you gain access to confidential information, even accidentally, in the course of performing your work duties, you must not share it. Our patients have a legal right to privacy; and in your role as a contractor, you have an obligation to maintain that privacy.

What do you mean, "Need to Know?"

Your need to know confidential information is defined by the work you perform. If you must know the information to successfully perform your work duties, then you have a right to know the information. Your co-worker, however, might not need to know the same information as you in order to do his or her work.

What happens if I release confidential information?

Releases of (protected health) information require a Release of Information Form to be completed and signed. Violating the confidentiality and privacy of our patients, even unintentionally, is serious. There may be occasion when you accidentally lose or release protected health information (PHI) in a fax or email, and other times you may observe someone obtaining unauthorized access/disclosing PHI. In all cases, you must report the matter immediately to the Information Security Office and Privacy Office. Not responding to a potential HIPAA violation can result in discipline up to and including termination or cancelling of contract. In addition, there are personal fines and criminal penalties that could be brought against you.

What should I do if I see confidential information?

If you see confidential information left unattended or unsecured or you witness any practice that you think might result in release of confidential information, you should report it to your designated institutional contact, and to the Information Security Officer at CCHCS-ISO@cdcr.ca.gov. The important thing is that you immediately report it so that the problem can be corrected.

What else can I do to help comply with HIPAA?

There are procedures all of us can follow to help protect the confidentiality and privacy of our patients who receive services.

- Treat all health information as confidential.
- Never access information that you are not specifically authorized to access.
- Never discuss confidential information with anyone, inside or outside the department, who is not specifically authorized to know the information.
- When you share information with authorized persons, keep in mind who might overhear the conversation; lower your voice when necessary.
- Adhere to the minimum necessary requirements for using or disclosing PHI and only use or disclose the information when necessary to satisfy a particular authorized purpose or carry out an assigned work-related function.
- Make sure confidential information is secured when you step away from your work area.
- Avoid using fax machines that are placed in public areas to receive or transmit confidential information.
- Always lock file cabinets that contain confidential information and lock doors to offices where confidential information is housed.
- Never throw confidential information away in trashcans or unlocked recycle bins. Always shred it and/or discard in locked recycle bins. Ensure that electronic storage devices containing PHI are password-protected.
- Avoid taking PHI to areas that are not secure or where the information can be easily left and disclosed to unauthorized individuals.

What are the key patient rights under HIPAA?

- Right to receive a notice of privacy practices (NPP) regarding their health information (our patients are exempt from this requirement)
- Right to access and obtain a copy of their protected health information (PHI)
- Right to an accounting of certain disclosures of PHI
- Right to request a correction or amendment of PHI
- Right to request restriction of uses and disclosures of their PHI
- Right to file a privacy complaint

Be Familiar with the Privacy Policies for your Area of Responsibility

If you have questions or concerns, please refer to [Health Care Department Operations Manual \(HCDOM\)](#) Chapter 2, Article 2, Confidentiality and Privacy, or reach out to the DCCS Help Desk at cchcshealthcarecontractshelpdesk@cdcr.ca.gov.



CCHCS Inmate Patient Health Information Privacy Memorandum and Agreement for New Staff and Contractors

Protecting Patient Health and Personal Identifying Information as Required by HIPAA Law and CCHCS Policy.

This notice and agreement is to ensure your understanding of patients right to privacy as set forth in the, Federal Health Insurance Portability and Accountability Act (HIPAA), and to advise you of the California Correctional Health Care Services (CCHCS) Departmental Operations Manual (DOM) Policy HCDOM 2.2.3 which protects patient privacy.

All patients have a right to privacy and all staff, and contractors shall respect this right and comply with CCHCS DOM, and the HIPAA federal law, which assures this right.

- Any information that can identify a patient is considered 'Protected Health Information'. Divulging this information, whether written or oral, without proper authority is a violation of HIPAA law and CDCR, CCHCS DOM.
- Staff and contractors (CDCR, CCHCS workforce) shall access minimum necessary patient information to do your job.
- CDCR, CCHCS workforce shall never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manor or location, which insures that, the conversation will not be overheard.
- Never discuss anything about a patient outside of the CCHCS facility. This includes with friends, family, personal contacts, and on social media. It is the law and you must comply.

When you have access to protected information, you are required to exercise safeguarding responsibilities to include the following:

- Ensure that electronic and paper records are not left unattended for others to see, i.e. on desks, in open shred boxes, on unattended computer screens, monitors, or printers, etc.
- Avoid unnecessarily printing of protected documentation.
- Avoid transporting copies of protected documentation to unsecure, i.e. outside the workplace or to a personal residence.
- Dispose of protected information properly. Never dispose of protected information in the trash. The Health Information Management Policy and Procedure HCDOM 2.3.11, requires that paper copies of protected information shall disposed of by secure document destruction (i.e. shredding) when no longer needed.
- Never forward protected patient, or protected information to personal emails.

CCHCS workforce members who violate privacy related law, policy, or procedures are subject to sanctions, penalties, and disciplinary action as provided in federal and state law, and CCHCS policy. (HCDOM 2.2.3) This may include termination of employment, monetary penalties, and time in prison depending on the degree of misuse.

I hereby agree and understand that I will be responsible for the privacy of protected information that I encounter during the course of my duties. I shall follow the departments' policies and procedures, and HIPAA law regarding protected information. Additionally, I will not share protected information with others who do not have a right to know or who are not involved in the patients care.

X

Name (please print clearly)

X

Signature and Date

The Health Care Department Operations Manual (HCDOM) and Access to Care

The HCDOM describes the manner in which medical care is delivered to patients within CDCR by CCHCS healthcare providers.

Evaluations are conducted during the Reception Center processing; focusing on identification of acute and chronic conditions and for communicable diseases including TB and STDs. The Reception Center Registered Nurse documents vital signs along with past and current medical, family, and social history; and the provider documents more in-depth information and details regarding the patient as needed.

The Medical Classification Chrono (MCC 128-C3) System

During the Reception Center intake visit, the Primary Care Provider and/or their designee gathers and documents information that will help them to complete the MCC 128-C3. Once a patient has completed the custodial and health care reception center processes, they are endorsed to a permanent institution. A MCC 128-C3 will also be completed every time the patient healthcare needs change. The MCC 128-C3 is generated via the electronic MCC database and is viewable in the Strategic Offender Management System (SOMS).

Requesting Health Care

In order to be seen for routine medical, dental, or mental health care, the patient completes and submits a Health Care Services Request Form (CDCR 7362). This form is available in the housing units or can be provided to a patient by Custody or health care staff on request. CDCR/CCHCS staff are required to provide assistance in completing the form if a patient requests help. It is important that when seeing a patient, providers read the CDCR 7362 as the form can contain important information.

Once the patient has been triaged, they are assigned an appointment with either an RN or a provider. On the day of their scheduled appointment, a patient is issued a 'ducat' in order to move from one area of the institution to another without Custody escort. Clinic scheduling may be organized by type of appointments, priority, and custodial factors. The patient's race is listed because there are times when a certain racial group is 'locked down.'

Refusal of Examination or Treatment

If a patient refuses to be seen, they must sign the Refusal of Examination and/or Treatment form (CDCR 7225). If the patient refuses to sign, the "Patient Refuses to Sign" box on the form must be checked and the form should be signed by the health care provider and a witness.

Primary Care Panel

CDCR/CCHCS has initiated a Primary Care Panel management model of care; providers, or teams of providers and nurses, are assigned to care for a specific group of patients. At minimum, the Primary Care Team is made up of a provider, a nurse, and a clinic scheduler. The provider will be responsible for all aspects of a patient's care. The local institution can provide more details on how this model is practically applied.

End of Life Option Act: Prohibited Activities

Policy

Regarding CDCR/CCHCS patients, all participation in activities under the End of Life Option Act, i.e., related to patients accessing aid-in-dying drugs, is prohibited. CDCR/CCHCS shall not participate in or allow its employees, independent contractors, or other persons or entities, including other health care providers, to participate in activities under the End of Life Option Act on premises owned or under the management or direct control of CDCR or while acting within the course and scope of any employment by, or contract with, CDCR or CCHCS. Consistent with this policy, patients shall not be permitted to access aid-in-dying drugs under the End of Life Option Act. CCHCS shall continue to offer patients end of life care including counseling, hospice, and palliative care.

References

- California Health and Safety Code, Division 1, Part 1.85, Section 443, et seq.
- CCHCS Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.17, Palliative Care and Treatment
- CCHCS Health Care Department Operations Manual, Chapter 2, Article 1, Section 2.1.5, End of Life Option Act: Exemption

Adult Correctional Dental Care (ACDC) Overview

Dental Treatment

All CDCR/CCHCS patients receive dental treatment as outlined in the most recent version of the ACDC Policies and Procedures (P&P). This includes treatment provided during dental clinic operating hours as well as emergency dental services 24 hours a day, seven days a week.

Reception Center (RC) Facility: Dental treatment provided to RC patients is limited to the treatment of emergency and Dental Priority Classification (DPC) 1 (urgent) dental conditions (episodic care upon request). RC patients are only eligible to receive a dental screening as opposed to a comprehensive dental examination.

Mainline (ML) Facility: ML patients are eligible to receive comprehensive treatment upon request which includes that which is provided to RC patients as well as DPC 2 or Interceptive Care, and DPC 3 or Routine Care (comprehensive care according to a treatment plan). In addition, ML patients are eligible to receive a comprehensive dental examination upon request.

Access to Care

All patients have equal access to dental services by:

- Submitting a Health Care Services Request Form (CDCR 7362) requesting dental care for which ducated face-to-face triage encounters are scheduled to have specific complaints addressed.
- Unscheduled dental encounters for emergency and DPC 1 dental services.
- Referral from other health care providers, ancillary, and custodial staff.
- Receiving a DPC based on clinical findings and radiographs after which they are eligible to receive scheduled dental treatment (upon request) based on their assigned DPC and in accordance with mandated timeframes outlined in the ACDC P&P.

Definitions

Dental Clinic Operating Hours: Dental clinic operating hours is defined as at least eight hours per day, Monday through Friday excluding holidays, in which dental services are available to patients.

Dental Emergencies: A dental emergency, as determined by health care staff, includes any medical or dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain.

Dental conditions include acute oral and maxillofacial conditions characterized by trauma, infection, pain, swelling, or bleeding that is likely to remain acute or worsen without immediate intervention. Examples of conditions that always constitute dental emergencies include, but are not limited to:

- Airway/breathing difficulties resulting from oral infection
- A rapidly spreading oral infection, such as Ludwig's angina, cellulitis, (characterized by a firm swelling of the floor of the mouth, with elevation of the tongue), and acute abscess, (including an abscess at root end or a gingival abscess)
- Facial injuries and trauma to the jaws or dentition that threatens loss of airway
- Suspected shock due to oral infection or oral trauma
- Uncontrolled or spontaneous severe bleeding of the mouth
- Head injuries (including stabbing or gunshot wounds) that involve the jaws or dentition
- Moderate to severe dehydration associated with alteration in masticatory function due to obvious dental infection or dental trauma
- Clear signs of physical distress, (e.g., respiratory distress), related to infection or injury to the jaws or dentition

- Suspected or known fractures involving the nasal bones, mandible, zygomatic arch, maxilla, and zygoma
- Acute Temporomandibular Joint (TMJ) pain, “closed-lock” TMJ, or dislocation of the TMJ
- Aspiration or swallowing of a tooth or teeth that threatens loss of airway
- Acute, severe, debilitating pain due to obvious or suspected oral infection, oral trauma, or other dental-related conditions
- Infections, including infected third molars, (wisdom teeth), and acute infections with a fever of 101° F or above, infections not responsive to antibiotic therapy, and acute pulpitis
- Injuries from trauma, such as an avulsed tooth, or fractured tooth
- Postoperative complications including alveolar osteitis, bleeding or infection
- Facial swelling

DPC: A numerical or alphanumeric code associated with a dental diagnosis and assigned by a dentist. It is the objective expression of the degree of urgency of a patient's dental needs, providing the timeframe within which treatment must be initiated subsequent to the date of diagnosis. The DPC codes are:

- 1A, 1B, 1C – Urgent Care
- 2 – Interceptive Care
- 3 – Routine Rehabilitative Care
- 4 – No dental care needed
- 5 – Special Needs Care

DPC Treatment Timeframes: Treatment must be initiated within mandated timeframes for each DPC.

- 1A – 1 calendar day
- 1B – 30 calendar days
- 1C – 60 calendar days
- 2 – 120 calendar days
- 3 – One year
- 4 – No timeframe
- 5 – No timeframe

Emergency Dental Services: Emergency dental services are services designed to prevent death, alleviate severe pain, prevent permanent disability and dysfunction, or prevent significant medical or dental complications. Emergency dental services include the diagnosis and treatment of dental conditions that are likely to remain acute or worsen without immediate intervention.

The following dental procedures are not considered or performed as emergency dental services:

- Minor elective surgery
- Elective removal of dental wires, bands, or other fixed appliances
- Routine dental restorations
- Routine removable prosthodontic appliance adjustments or repairs
- Administration of general anesthesia
- Routine full-mouth scaling and root planing
- Periodontal treatments involving sub-gingival curettage and root planing unless required in order to abate the dental emergency condition
- Treatment of malignancies, cysts, neoplasms, or congenital malformations unless directly related to abatement of the dental emergency
- Biopsy of oral tissue unless there is an immediate needs to perform this procedure as a result of the dental emergency condition
- Occlusal adjustment unless directly related to the abatement of the dental emergency condition

- Root canal therapy other than palliative in nature
- Any corrective dental treatment that can be postponed without jeopardizing the health of the patient

Health Care Staff: Individuals licensed by the State of California to provide health care services and who are either employed by CDCR/CCHCS, or are under contract with CDCR/CCHCS, to provide health care services to patients. Medical or dental personnel, (e.g., physician or dentist), who within their scope of licensure, are able to assess a patient's condition and determine if a dental emergency exists.

Mental Health Program

Mission

To provide ethical, professional, and effective mental health care services for individuals remanded to the California Department of Corrections and Rehabilitation.

Vision

- Our services meet or exceed national mental health care standards. We ensure optimal functioning of individuals in our care and promote their successful reintegration into society by using research, evaluation, and assessment to develop and enhance evidence-based treatment strategies. We foster safe and secure environments within the institution and are committed to public safety.
- We are a competent, well-trained staff who uphold and live our organizational values to promote interdisciplinary cooperation, employee wellness, effective leadership, humane treatment, and a highly productive workforce.
- Self-governance, program and service evaluation, assessments, and continuous self-monitoring are used to ensure quality improvement and system-wide, multi-level information sharing and decision-making. Our information technology system is state of the art, and staffing and space meet evolving operational requirements.
- We are an accredited program, cooperating and partnering with external stakeholders to sustain sufficient funding to fulfill our mission and minimize recidivism by providing continuity of care.

The CDCR/CCHCS Statewide Mental Health Program operates under a Court Order reached in the *Coleman v. Davis* (now referred to as *Coleman v. Newsom*) lawsuit filed in 1990. This class action alleged that the CDCR was not adequately caring for inmates with serious mental disorders in violation of the Eighth Amendment. In September 1995, the Court found the CDCR deliberately indifferent to the mental health needs of inmates in violation of the Eighth Amendment and in November of that year appointed a Special Master. In 1997 the parties reached an agreement on a plan to address constitutional inadequacies by establishing mental health services, including programs and staffing, at different levels of care. This Plan is captured in the Mental Health Program Guide, which provides the policies and procedures that govern the delivery of these mental health services.

The Mental Health Services Delivery System provides services across multiple levels of care. The higher levels of care consolidated within a smaller number of institutions to improve access, quality, and cost-effectiveness of care, and established standard staffing patterns for each level of care to ensure appropriate treatment. The Mental Health Program Guide provides the policies and procedures that govern the delivery of mental health services. The Levels of Care are summarized below:

- **Correctional Clinical Case Management System (CCCMS)**
The majority of patients identified with a serious mental disorder are enrolled in the CCCMS program. Patients receiving CCCMS services are housed within the General Population and participate on an outpatient basis, and the services include individual counseling, crisis intervention, medication review, group therapy, social skills training, and clinical discharge and pre-release planning.
- **Short Term or Long Term Restricted Housing (STRH or LTRH)**
Patients at the CCCMS level of care who are removed from the general population for disciplinary reasons.

- **Enhanced Outpatient Program (EOP)**

The EOP provides the most intensive level of outpatient mental health care. The program includes separate housing units, structured activities. It serves mentally ill patients who experience adjustment difficulties in a General Population setting but are not so impaired that they require 24-hour inpatient care. EOP services focus on the treatment of chronic mental illness and the resolution of institutional adjustment problems. The program requires 10 hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing services.

- **Psychiatric Services Unit (PSU)**

The purpose of the PSU is to assure the effective delivery of EOP services to inmates who have been diagnosed as having a serious mental disorder and are serving a Security Housing Unit (SHU) term.

- **Mental Health Crisis Beds (MHCB)**

MHCBs provide short-term crisis intervention in licensed Correctional Treatment Centers (CTC) for patients presenting with acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, or suffering from a significant or life-threatening disability. Services include observation, monitoring, continuous nursing assistance, symptom assessment, diagnosis, development of an initial treatment plan, therapy to alleviate psychiatric distress, and referral to an appropriate level of care.

- **Intermediate Care Facility (ICF)**

The ICF program provides longer-term intermediate and non-acute treatment for patients with a serious mental disorder requiring treatment who cannot function adequately or stabilize at the EOP level of care but may be stabilized with more intensive, inpatient services.

- **Acute Psychiatric Program (APP)**

The APP provides 24-hour intensive, short-term treatment. It serves patients who suffer impairment due to either acute serious mental disorder or acute exacerbation of a chronic serious mental disorder.

Armstrong – Patients with Disabilities

In 1990, President George Bush, Sr., signed the Americans with Disabilities Act (ADA). This law guarantees equal opportunity and civil rights protection to individuals with disabilities in public and private sector services and employment. This law became effective in 1992 and covers more than 600 disabilities. The Armstrong lawsuit was filed against CDCR in 1994 and was settled in 1996. It was a Class Action lawsuit by patients and parolees with a permanent physical or mental impairment which substantially limited the patient's or parolee's ability to perform a major life activity including:

- Mobility
- Vision
- Hearing
- Learning
- Speaking
- Breathing
- Working
- Caring for oneself
- Performing essential manual tasks

The Prison Law Office filed *Armstrong v. Wilson* stating that there were system-wide complaints regarding disabilities and patient access to programs, services and activities. A certified class of all present and future California state prison patients and parolees with disabilities sued the CDCR and various California state officials seeking injunctive relief for violations of the Rehabilitation Act (RA) and the ADA in state prisons. The District Court for the Northern District of California found that CDCR had violated the RA and the ADA in that:

- Some prison facilities lack adequate emergency evacuation plans for patients with disabilities;
- The range of vocational programs for disabled patients is more limited than the range provided for non-disabled patients; and,
- Some disabled patients have been improperly classified for work and educational purposes so as to deny them the sentence reduction credits afforded to other patients.

The court granted an injunction to improve access to prison programs for patients with disabilities at all of California's prisons and parole facilities. The injunction was upheld on appeal by the Ninth Circuit Court of Appeals in August 1997 which led to development of the Armstrong Remedial Plan (ARP). The ARP superseded the original disability placement program in January 1999 and was revised in 2001. In January 2001, the ARP became the controlling authority for all Disability Placement Program (DPP) issues and as such applies to all CDCR and CCHCS staff. Should any portion of the ARP conflict with the DOM or the CCR the ARP will take precedence.

On August 22, 2014 the Receiver, J. Clark Kelso, signed a memorandum of understanding with the Prison Law Office agreeing that the Receivers' staff, including those staff members under CCHCS, must comply with the Armstrong Remedial Plan and orders in Armstrong.

It is the policy of CDCR/CCHCS to provide access to its activities, services, and programs to patients and parolees with disabilities, with or without reasonable accommodation, consistent with legitimate penological interest. Every institution will have on staff a member designated, not below the level of Associate Warden, as the ADA Coordinator. Under the ADA, an individual with a disability is someone who has:

- A physical or mental impairment that substantially limits one or more of life activities.
- A record of or regarded as having such impairment.

The law defines impairment as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss, which affects a major body part or organ. Under the ADA, impairment is defined as a disability only if it substantially limits one or more major life activities. Disabilities include such conditions, diseases and infections as:

- Orthopedic issues
- Visual Impairment
- Speech Impairment
- Hearing Impairment
- Multiple Sclerosis
- Cancer
- Heart disease, diabetes, tuberculosis
- Previous drug or alcohol addiction
- Cerebral Palsy, epilepsy, muscular dystrophy

The ADA does not cover:

- Physical or mental health conditions resulting from current drug or alcohol abuse.
- Hair or eye color.
- Age.
- Sexual orientation.
- Cultural/economic disadvantages.
- Transvestitism transsexuals, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behaviors.
- Compulsive gambling, kleptomania, or pyromania.
- Psychoactive substance use disorders resulting from current illegal use of drugs.

The ARP applies to all institutions and facilities which house CDCR/CCHCS patients and parolees. Operationally, the plan provides for accommodations, programs, and housing appropriate to meet the needs of patients with disabilities severe enough to impact placement. Each institution is responsible for ensuring that reasonable accommodations are provided to patients with disabilities severe enough to impact placement or those awaiting transfer to a designated DPP institution.

General Post Order Addendum

General Requirements: Patients with disabilities are entitled to reasonable modifications and accommodations to CDCR/CCHCS policies, procedures, and physical plant to facilitate effective access to CDCR/CCHCS programs, services, and activities. These modifications and accommodations might include, but are not limited to, the following:

- Measures to ensure effective communication (see below);
- Housing accommodations such as wheelchair accessible cells, medical beds for patients who cannot be safely housed in general population due to their disabilities, dorm housing, or ground floor or lower bunk housing;
- Health care appliances such as canes, crutches, walkers, wheelchairs, glasses, and hearing aids; and
- Work rules that allow the patient to have a job consistent with his/her disabilities. Health Care staff provides appropriate evaluations of the extent and nature of patients' disabilities to determine the reasonableness of requested accommodations and modifications.

Equally Effective Communication: ADA and the ARP require CDCR/CCHCS to ensure that communication with individuals with disabilities is as equally effective as it is with individuals that are not disabled. Disabilities include vision, hearing, speech, learning and developmental disabilities, and those with a Test of Adult Basic Education (TABE) reading score of 4.0 or less.

- Staff or contractors must identify patients with disabilities prior to their appointments.
- Staff or contractors must dedicate additional time and/or resources as needed to ensure equally effective communication with patients who have communication barriers such as hearing, vision, speech, learning, or developmental disabilities. Effective communication measures might include slower and simpler speech, sign language interpreters, reading written documents aloud, and scribing for the patients. Consult the ADA Coordinator for information or assistance.
- Staff or contractors must give primary consideration to the disabled individual's preferred method of communication.
- Effective communication is particularly important in health care delivery settings. At all clinical contacts, health care staff or contractors must document the accommodation or assistance provided, whether the patient understood the communication, the basis for that determination, and how the determination was made. The effective communication label is to be used on applicable health care forms as a means to document the effective communication requirements. A good technique is asking the patient to explain what was communicated in his or her own words. It is not effective to ask "yes or no" questions; the patient must provide a substantive response indicating understanding of the matters that were communicated.
- Staff and contractors shall obtain the services of a qualified sign language interpreter for medical consultations when sign language is the patient's primary or only means of communication. An interpreter need not be provided if a patient knowingly and intelligently waives the assistance, or in an emergency situation when delay would pose a safety or security risk, in which case staff shall use the most effective means of communication available such as written notes.

Disability Effective Communication System (DECS): Contains information about patients with disabilities. Every institution has DECS access and staff must review the information it contains in making housing determinations and providing effective communication.

Housing Restrictions: All patients are housed in accordance with their documented housing restrictions such as lower bunks, ground floor housing, and wheelchair accessible housing, as noted in DECS and in the Strategic Offender Management System (SOMS) and the electronic unit health record (eUHR). All staff and contractors making housing determinations shall ensure that patients are housed appropriately.

Prescribed Durable Medical Equipment (DME) and Medical Supplies (including dental supplies): Staff (health or security) shall not deny or deprive prescribed health care appliances to any patient for whom it is indicated unless (a) a physician/dentist has determined it is no longer necessary or appropriate for that patient, or (b) documented safety or security concerns regarding that patient require that possession of the health care appliance be disapproved. If a safety or security concern arises, a physician, dentist, Chief Executive Officer, or Chief Medical Executive shall be consulted immediately to determine appropriate action to accommodate the patient's needs.

Clark Overview – Developmental Disabilities

The *Clark v California* case is a class action suit brought to court on behalf of a class or group of individuals. In this case, the class consists of developmentally disabled (DD) patients, and extended by policy to include patients and/or parolees with disabilities similar to DD. Therefore, a critical aspect of the Clark Remedial Plan (CRP) is the definition of *developmental disability*.

CLARK V. STATE OF CALIFORNIA (Clark) alleged violations of the following U.S. laws:

The Americans with Disabilities Act (ADA) was signed by President George Bush on July 26, 1990, and became effective July 26, 1992. The purpose of the Act was to ensure that people with disabilities are afforded the same rights and privileges as non-disabled people.

Based on the rights described in the ADA, *Clark v. State of California* was filed against CDCR and the Board of Prison Terms. It is intended to ensure that all patients and/or parolees, including those with disabilities, are afforded the same rights, privileges, and access to programs, activities, and services.

On July 27, 1998, the State of California and CDCR entered into an Interim Agreement and Stipulation with plaintiffs known as the *Clark Remedial Plan (CRP)* which requires:

- Screening all newly arrived patients for developmental disabilities
- Training staff and contractors to recognize, communicate with, and interact with patient-parolees with developmental disabilities
- Providing equal access to all patient-parolees programs, activities, and services
- Ensuring appropriate classification and safe housing
- Providing staff and contractors' assistance with disciplinary, classification, and other processes as needed
- Ensuring adequate medical care

California's Legal Definition of Developmental Disability from the Lanterman Act

- A condition that originated before an individual attains the age of 18 years
- Continues, or can be expected to continue, indefinitely and constitutes substantial limitations in adaptive functioning
- Includes intellectual disability, cerebral palsy, epilepsy, and autism
- Also includes disabling conditions found to be closely related to intellectual disability or that require treatment similar to what is required for individuals with an intellectual disability

It does not include other disabling conditions that are solely physical in nature (e.g., blind, deaf, amputee, etc.).

Federal Law defines developmental disabilities as occurring prior to age 22 with substantial functional limitations in three or more adaptive functioning areas. California State Law defines developmental disabilities as occurring prior to age 18 with substantial functional limitations in two or more adaptive functioning areas.

CDCR/CCHCS's criteria for inclusion in the Developmental Disability Program (DDP):

- Low intellectual or cognitive ability
- Significant adaptive functioning deficits in the correctional setting
- Includes dementia until patient is receiving 24-hour nursing

CDCR/CCHCS's DDP inclusion criteria differs from the State's criteria in that CDCR/CCHCS patients are not excluded for:

- Age of onset
- How the patient became disabled (specific diagnosis)
- Over inclusion: IQ cut off to be considered for inclusion is 80, the state's is generally below 70.
- On rare occasions, some patients with low cognitive ability may have adequate adaptive functioning skills to cope in a correctional environment, but not on parole in the less structured community setting. In other words, they may need services outside prison, but not in prison.

Identifying Developmentally Disabled Patients

Patient-parolees with developmental disabilities vary widely in terms of how they look, speak, and act. While some have obvious impairments, others cannot be readily distinguished from their non-disabled patients. In addition, some patients may appear disabled yet have normal cognitive abilities.

Seven Characteristics of Developmental Disabilities

1. Does not communicate at age level
 - Difficulty understanding or answering questions
 - Mimics responses or answers
 - Limited vocabulary and grammar
 - Takes a long time to answer
 - Speech may be difficult to understand
2. Reasoning is more concrete than abstract
 - Recognizes only literal interpretation of what is said or observed
 - May not understand sarcasm, jokes, proverbs, etc.
3. Short attention span and memory
 - Easily distracted
 - Difficulty staying on task or a subject
 - Forgets details
 - Difficulty remembering instructions/tasks with more than two steps
4. Difficulty with simple tasks
 - May become upset when the routine is changed or things occur at a faster than usual rate
 - Poor use of unstructured time such as leisure
5. Immature social relationships
 - May not form friendships with other adults
 - Easily frustrated
 - Uses immature coping methods such as withdrawal, tantrum or assault
 - Needs help to verbalize problems and explore options
6. Overly compliant
 - Easily influenced by others, vulnerable to peer pressure
 - Tries very hard to please others
 - Does not understand the consequences of their behavior
 - Agrees with everything, even if contradictory
7. Focuses on immediate or short-term consequences of their actions rather than long-term
 - Actions may be impulsive and not well thought out
 - May not differentiate between appropriate and inappropriate behavior
 - Some behaviors may be unknowingly self-endangering

Intellectual Disability vs. Mental Illness

Intellectual Disability

- Refers to intellectual deficits, paired with deficits in daily living skills (adaptive functioning)
- It is a permanent condition. Training can improve adaptive functioning but will not change intellectual functioning.

Mental Illness

- Usually involves depression, anxiety and/or disturbance in perception of reality (e.g., delusions or hallucinations)
- It causes distress or impairment below that expected given the individual's cognitive and physical resources.
- Mental illness can be transient or chronic.
- It may be improved with therapy and/or medication, or it may improve on its own.
- Individuals with an intellectual disability suffer mental illnesses no more or less than anyone else.

Referrals

Any contractor who observes or receives information that indicates that a patient who has not been classified as DD may have adaptive deficits or a DD is to notify the designated institutional contact and refer the patient to the institution's/facility's health care services via a Mental Health Referral Chrono form (CDCR 128-MH5).

A referral may be triggered by any of the following:

- The patient is exhibiting one or more of the adaptive deficits identified in the CRP.
- The patient claims to have a developmental disability.
- The patient's health care or central file contains documentation of a possible developmental disability, e.g., previously endorsed as a Category "K".
- A third party (such as a family member or attorney) requests the patient be evaluated for an alleged developmental disability.
- The staff member referring the patient documents the observations/reason for the referral on a CDCR 128-MH5 and route it to institution's/facility's health care services.

Effective Communication and Programming for Patient-Parolees with Developmental Disabilities

The development of effective communication and programming is important in all aspects of your work, but is especially critical when interacting with patients and parolees in the DDP. This section provides a foundation for the communication and programming techniques you may find specifically useful with patients and parolees who have developmental disabilities.

Adaptive Communication

- Get their attention before asking a question or giving them information and maintain their attention while doing so.
- Be specific and concrete.
- Use simple language without talking below the level of the patient-parolee's understanding.
- Limit instructions based on their ability. You may only be able to use one or two steps at a time.
- Use open-ended questions to check for understanding. Questions that cannot be answered with a simple head nod or a yes/no. For example: who, what, when, how, and where. But not "why" questions as this may put the person on the defensive.
- Make non-verbal communication agree with verbal. If verbal communication is not easily understood, an individual will rely more on non-verbal communication. The verbal message should agree with body language, facial expression and gestures.

Four Phase Screening Process

All CDCR/CCHCS patients are screened for developmental disabilities. If subsequently designated for the Developmental Disability Program, the patient is referred for appropriate housing and support services. There is a four phase screening process used to evaluate patients for developmental disabilities in CDCR institutions. CDCR/CCHCS identifies patients with developmental disabilities by screening the patient's intellectual abilities and evaluating the patient's adaptive support needs within a correctional environment.

The Clark Remedial Plan summarizes adaptive supports as follows:

- **Coaching:** Prompting a DDP patient through specific task(s) until the patient has acquired the skill(s) to complete the task independently.
- **Assisting:** Assistance by trained departmental staff to enable DDP patients to understand and participate, to the best of their ability, in disciplinary, classification, and other administrative hearings.
 - This assistance would also include completing any forms or documents necessary to secure any rights or benefits available to nondisabled patients and will be limited to court access and departmental issues. Staff or contractor shall utilize varying methods of effective communication to assist DDP patients in understanding due process and non-routine medical consultations to the best of their ability.
 - Patient-parolees needing assistance to effectively use the Inmate-Parolee Appeals Process must be provided assistance by the Appeals Coordinator, the assigned Correctional Counselor I (CC-I), or designated Division of Adult Parole Operations (DAPO) staff, as stated in DOM, Chapter 5, Article 53, Section 54100.6, Appeal Preparation.
 - The assigned CC-I must assist DDP patients with issues that include, but are not limited to, classification, program assignments, applications for credit restoration, completion of Notice and Request for Assistance During a Parolee Proceeding form (CDCR 2289), safety and security concerns, and elements of due process.
 - Staff or contractors must receive DDP departmental Staff Assistant (SA) training prior to being assigned as an SA for patients with developmental disabilities.
- **Monitoring:** Provide additional supervision of a DDP patient's self-care and/or cell maintenance, personal safety, behavior, and property.
- **Prompting:** These are reminders provided to DDP patients to begin or complete an activity or behavior; e.g., completing self-care, requesting cleaning supplies, accessing medical care, reporting to work, attending meals, conducting laundry exchange, complying with count procedures, etc. Prompts may involve verbal, visual, or written reminders, as well as hand gestures.

Institution Housing and Residential Placement

There are several designations that override DDP placement:

- Administrative Segregation (AdSeg or ASU)
- Enhanced Outpatient Program (EOP)
- Mental Health Crisis Bed (MHCB)
- Outpatient Housing Unit (OHU)
- General Acute Care Hospital (GACH)
- Substance Abuse Program (SAP)
- Psychiatric Services Unit (PSU)
- Reception Center (RC)
- Secure Housing Unit (SHU)

Note: Sensitive Needs Yard (SNY) is NOT an overriding placement for DDP.

Transgender Patient Care

Policy

CCHCS patients may request gender affirming surgery (GAS), in accordance with California Code of Regulations Title 15, Section 3999.200. CDCR/CCHCS shall provide medically necessary treatment that meets constitutional requirements for incarcerated patients who are diagnosed with Gender Dysphoria (GD). This condition, more commonly known as transsexualism and/or transgenderism, is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association.

Staff and contractors shall follow the referral guidelines and required information as outlined in the [CCHCS/DHCS Care Guide: Transgender](#) (January 2023). The CCHCS/DHCS Care Guide: Transgender is a tool to assist medical and mental health staff in consistently applying clinical judgment in transgender patient care. The CCHCS/DHCS Care Guide: Transgender should be given great weight in the decision-making process, but it is not a substitute for the clinical judgment of the primary care provider or mental health professional.

References

- California Code of Regulations Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200
- CCHCS/DHCS Care Guide: Transgender
- CDCR Department Operations Manual, Chapter 6, Article 12, Section 62080.14, Transgender or Intersex Inmates
- CCHCS Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.16, Gender Affirming Surgery Review Committee
- CCHCS Health Care Department Operations Manual, Chapter 4, Article 1, Section 4.1.7, Gender Dysphoria Management
- World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Eighth Edition, 2022
- American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013

Prison Rape Elimination Act (PREA)

Policy

According to DOM, Chapter 5, Article 44, CDCR/CCHCS is committed to providing a safe, humane, secure environment that is free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of sexual misconduct and to address successful community re-entry of the offender. CDCR/CCHCS maintains a zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR/CCHCS, including contractors assigned to an institution, community correctional facility, conservation camp, or parole.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment, as well as retaliatory measures against those who cooperate with investigations, are not tolerated and will result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offender from reporting the incident(s) or cooperating with investigation of an incident(s).

Background

The Prison Rape Elimination Act of 2003 was enacted by Congress to address the problem of sexual abuse of patients in correctional agencies. A major provision of PREA is adhering to a ZERO TOLERANCE POLICY. CDCR/CCHCS implemented a zero tolerance policy for sexual misconduct in institutions, community correction facilities, camps, and for all offenders under CDCR/CCHCS jurisdiction. The policy covers offenders, CDCR/CCHCS employees, and contractors.

The best way to prevent sexual assaults is:

- Know and enforce the rules regarding sexual conduct of offenders.
- Be professional at all times.
- Do not laugh or joke about sexual activity or sexual abuse with or around offenders or staff.
- Do not use female names or prison slang when referring to a male offender.
- Make it clear that sexual behavior is not acceptable.
- Treat any suggestion or allegation of sexual assault as serious.
- Follow appropriate reporting procedures.
- Never advise an offender to use force to repel sexual advances.
- Recognize that this is a very sensitive and important issue.

Please refer to the PRISON RAPE ELIMINATION POLICY INFORMATION AND ACKNOWLEDGMENT FORM located on pages 58-60 of this handbook.

PREA POLICY INFORMATION FOR VOLUNTEERS AND CONTRACTORS PART A
CDCR 2301 (Rev. 05/20)

Page 1 of 3

The Prison Rape Elimination Policy for the California Department of Corrections and Rehabilitation (CDCR) is explained on this informational sheet. As a volunteer or private contractor who has contact with CDCR offenders, it is your responsibility to do what you can, within the parameters of your current assignment, to reduce incidents of sexual violence, staff sexual misconduct, and sexual harassment and to report information appropriately when they are reported to you or when you observe such an incident. For purposes of this Policy, the word "staff" includes volunteers and private contractors.

Historical Information

Both the Congress and State Legislature passed laws, the Federal Prison Rape Elimination Act (PREA) of 2003, the Sexual Abuse in Detention Elimination Act, Chapter 303, Statutes of 2005, and most recently the United States, Department of Justice Final Rule; National Standards of 2012 to help prevent, detect, and respond to sexual violence, staff sexual misconduct, and sexual harassment behind bars. It is important that we, as professionals, understand all aspects of these laws and our responsibilities to help prevent, detect, and respond to instances by offenders and staff.

CDCR Policy

The CDCR policy is found in Department Operations Manual (DOM), Chapter 5, Article 44. PREA addresses five types of sexual offenses. Sexual violence committed by offenders against offenders encompasses: abusive sexual contact, non-consensual sex acts, and sexual harassment by an offender. Other sections covered by PREA include staff sexual misconduct towards an offender and staff sexual harassment towards an offender.

CDCR's policy provides for the following:

- CDCR is committed to continuing to provide a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment.
- CDCR maintains zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction.
- All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited.
- This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures taken against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to:

- Coersion.
- Threats of punishments.
- Any other activities intended to discourage or prevent staff or offenders from reporting incident(s).

Professional Behavior

Staff, including volunteers and private contractors are expected to act in a professional manner while on the grounds of a CDCR institution and while interacting with other staff and offenders. Key elements of professional behavior include:

- Treating everyone, staff and offenders alike, with respect.
- Speaking without judging, blaming, or being demeaning.
- Listening to others with an objective ear and trying to understand their point of view.
- Avoiding gossip, name calling, and what may be perceived as offensive or "off-color" humor.
- Taking responsibility for your own behavior.

Preventative Measures

You can help reduce sexual violence, staff sexual misconduct, and sexual harassment by taking various actions during the performance of your duties as a volunteer or private contractor.

PREA POLICY INFORMATION FOR VOLUNTEERS AND CONTRACTORS PART A
CDCR 2301 (Rev. 05/20)

The following are ways in which you can help:

- Know and enforce the rules regarding the sexual conduct of offenders.
- Be professional at all times.
- Make it clear that sexual activity is not acceptable.
- Treat any suggestion or allegation of sexual violence, staff sexual misconduct, and sexual harassment as serious.
- Follow appropriate reporting procedures and assure that the alleged victim is separated from the alleged predator.
- Never advise an offender to use force to repel sexual advances.

Detection

All staff, including volunteers and private contractors, is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

After immediately reporting to the appropriate supervisor, you are required to document the information you reported. You will be instructed by the supervisor regarding the appropriate form to be used for documentation.

You will take necessary action (i.e., give direction or press your alarm) to prevent further harm to the victim. Staff, including volunteers and private contractors, will request the victim does not: 1) Shower; 2) Remove clothing without custody supervision; 3) Use the restroom facilities; and 4) Consume any liquids.

I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

 Volunteer/Contractor Name (Printed)

 Date Signed

 Signature of Volunteer/Contractor

 Current Assignment within Institution

 Contact Telephone Number

 Supervisor in Current Assignment

PREA POLICY INFORMATION FOR VOLUNTEERS AND CONTRACTORS PART B
CDCR 2301 (Rev. 05/20)

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PART B shall only be completed by contractors who, in the course of their assigned duties, have contact with inmates.

Duty to Report

You are required to answer the following questions:

- 1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, other institution?
 Yes No If yes, provide the date of the incident and the facility name in the space below.
- 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
 Yes No If yes, provide the date of the incident and the county in the space below.
- 3) Have you ever been civilly or administratively found to have engaged in the activity described in question (2) above?
 Yes No If yes, provide the date of the incident and the county in the space below.
- 4) Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?
 Yes No If yes, provide the date of the incident and the facility name in the space below.

If you answered "Yes" to any of the questions, please provide the date of the incident and the facility name/county where it occurred:

Date: _____

Facility/County Name: _____

As a contract employee, you have a continuing duty to promptly report, and you are required to notify your employer and the Appointing Authority of the Institution to which you are assigned if the answer to any of the above questions changes.

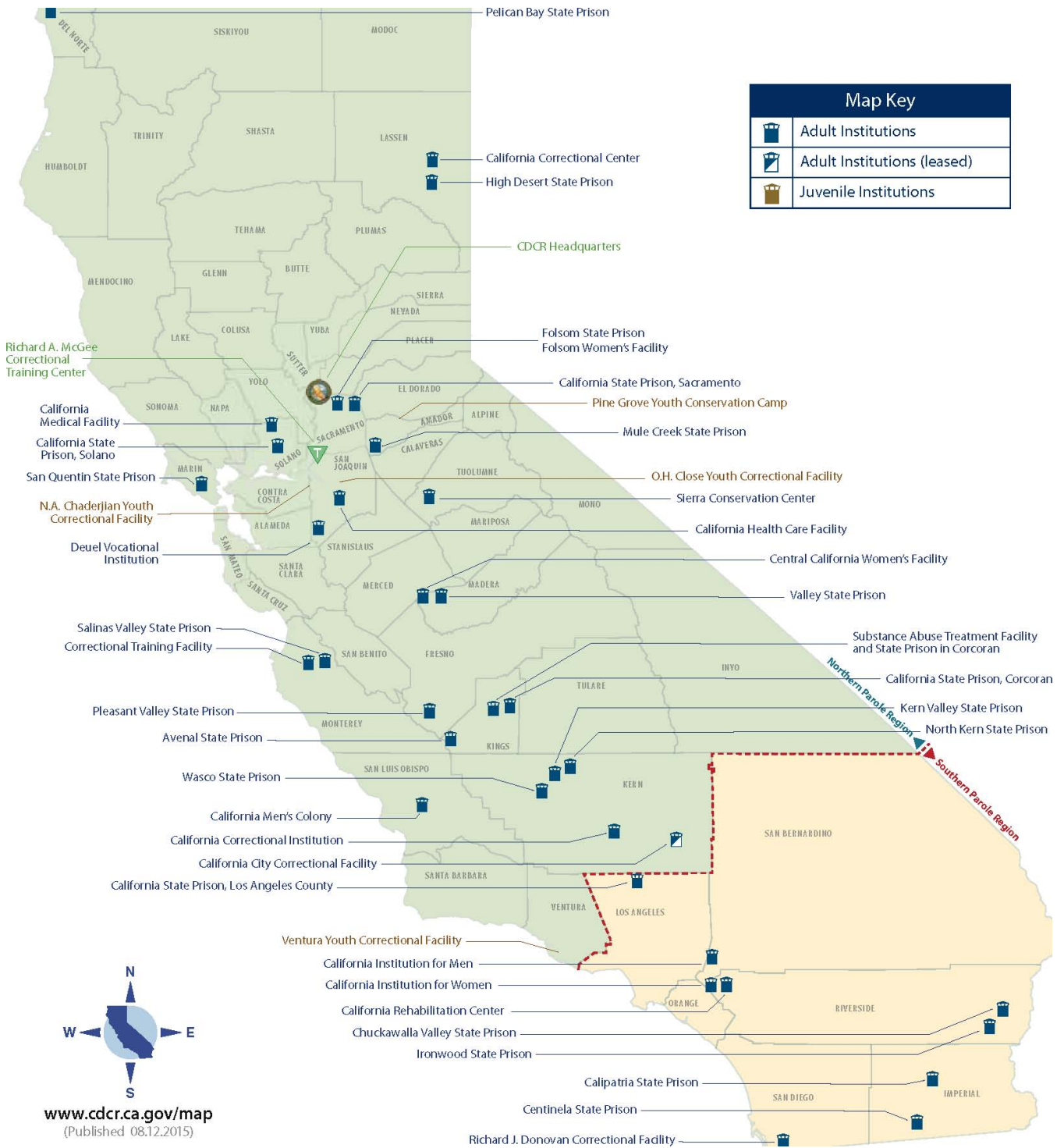
I hereby certify that there are no misrepresentations, omissions, or falsifications, and that all answers are true and correct. I understand and agree that if any material facts are discovered which differ from those facts stated by me on this form, my services to the California Department of Corrections and Rehabilitation will be discontinued and my contract employer will be notified.

Printed Name:

Signature:

Date:

California State Institutions and Facilities Map



Note: Deuel Vocational Institution (DVI), previously located in Tracy, CA, has been closed as of September 30, 2021. California Correctional Center (CCC), located in Susanville, CA, is scheduled to close on June 30, 2023.

List of CDCR Adult Institutions and Division of Juvenile Justice (DJJ) Facilities

Institution
Avenal State Prison (ASP) 1 Kings Way Avenal, CA 93204-9708 (559) 386-0587 Ext. 7426; Fax (559) 386-0587
California City Correctional Center (CAC) 22844 Virginia Boulevard California City, CA 93505 (760) 246-7600 Ext. 7497
California Correctional Center (CCC) 711-045 Center Road Susanville, CA 96127 (530) 257-2181 Ext. 4167; Fax (530) 252-3080
California Correctional Institution (CCI) 24900 Highway 202 Tehachapi, CA 93561-5558 (661) 822-4402 Ext. 3289
California Health Care Facility – Stockton (CHCF) 7707 Austin Road Stockton, CA 95215-8312 (209) 467-2500; Fax (209) 467-4657
California Institution for Men (CIM) 14901 Central Avenue Chino, CA 91710-9500 (909) 597-1821 Ext. 6533; Fax (909) 606-7009
California Institution for Women (CIW) 16756 Chino Corona Road Corona, CA 92880-9508 (909) 597-1771
California Medical Facility (CMF) 1600 California Drive Vacaville, CA 95696 (707) 448-6841 Ext. 2601; Fax (707) 448-6841
California Men’s Colony (CMC) Highway 1 San Luis Obispo, CA 93409-0001 (805) 547-7900 Ext. 7675; Fax (805) 547-7520

Institution
California Rehabilitation Center (CRC) 5 th Street & Western Norco, CA 92860 (951) 737-2683 Ext. 3722; Fax: (951) 273-2318
California State Prison – Corcoran (COR) 4001 King Avenue Corcoran, CA 93212-9611 (559) 992-8800; Fax (559) 992-6924
California State Prison – Los Angeles County (LAC) 44750 60th Street West Lancaster, CA 93536-7619 (661) 729-2000 Ext. 7879; Fax (661) 723-2000
California State Prison – Sacramento (SAC) 100 Prison Road Represa, CA 95671-3000 (916) 985-8610 Ext. 7763
California State Prison - San Quentin (SQ) San Quentin, CA 94964 (415) 454-1460; Fax (415) 721-3506
California State Prison – Solano (SOL) 2100 Peabody Road Vacaville, CA 95696-6639 (707) 451-0182; Fax (707) 454-3202
California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF) 900 Quebec Avenue Corcoran, CA 93212-9715 (559) 992-7100 Ext. 5734; Fax (559) 992-7100
Calipatria State Prison (CAL) 7018 Blair Road Calipatria, CA 92233-9633 (760) 348-7000 ; Fax (760) 348-71
Centinela State Prison (CEN) 2302 Brown Road Imperial, CA 92251 (760) 337-7900 Ext. 7045; Fax (760) 482-3004

List of CDCR Adult Institutions and Division of Juvenile Justice (DJJ) Facilities

Institution
<p>Central California Women’s Facility (CCWF) 23370 Road 22 Chowchilla, CA 93610 (559) 665-5531 x7714; Fax (559) 665-6064</p>
<p>Chuckawalla Valley State Prison (CVSP) 19025 Wiley’s Well Road Blythe, CA 92225 (760) 922-5300 x7057; Fax (760) 922-976</p>
<p>Correctional Training Facility (CTF) Highway 101 North Soledad, CA 93960 (831) 678-3951; Fax: (831) 678-5882</p>
<p>Folsom State Prison (FSP) 300 Prison Road Represa, CA 95671 (916) 985-2561; Fax (916) 351-3001</p>
<p>High Desert State Prison (HDSP) 475-750 Rice Canyon Road Susanville, CA 96127 (530) 251-5100 x5779; Fax (530) 251-5101</p>
<p>Ironwood State Prison (ISP) 19005 Wiley’s Well Road Blythe, CA 92225 (760) 921-3000 Ext 6741;</p>
<p>Kern Valley State Prison (KVSP) 3000 West Cecil Avenue Delano, CA 93216-6000 (661) 721-6300 x 5988;</p>
<p>Mule Creek State Prison (MCSP) 4001 Highway 104 Ione, CA 95640 (209) 274-4911 Ext 6656; Fax (209) 274-5024</p>
<p>North Kern State Prison (NKSP) 2737 West Cecil Avenue Delano, CA 93215 (661) 721-2345 Ext 6145; Fax (661) 721-6269</p>
<p>Pelican Bay State Prison (PBSP) 5905 Lake Earl Drive Crescent City, CA 95531 (707) 465-1000 Ext 7002; Fax (707) 465-9127</p>

Institution
<p>Pleasant Valley State Prison (PVSP) 24863 West Jayne Avenue Coalinga, CA 93210 (559) 935-4900 x5270; Fax (559) 935-9127</p>
<p>Richard J. Donovan Correctional Facility at Rock Mountain (RJD) 480 Alta Road San Diego, CA 92179 (619) 661-6500 Ext 7108; Fax (619) 661-78943</p>
<p>Salinas Valley State Prison (SVSP) 31625 Highway 101 Soledad, CA 93960 (831) 678-5500; Fax (831) 678-5505</p>
<p>Sierra Conservation Center (SCC) 5100 O’ Byrnes Ferry Road Jamestown, CA 95327 (209) 984-5291 x5560; Fax (209) 984-0151</p>
<p>Valley State Prison (VSP) 21633 Avenue 24 Chowchilla, CA 93610 (559) 665-6100 x 6898; Fax (559) 665-8943</p>
<p>Wasco State Prison Reception Center (WSP) 701 Scofield Avenue Wasco, CA 93280 (661) 758-8400 x6562; Fax (661) 768-7088</p>
Facility
<p>Northern California Youth Correctional Center (NCYCC) (N.A. Chaderjian Youth Correctional Facility) (O.H. Close Youth Correctional Facility) 7650 South Newcastle Road P.O. Box 213014 Stockton, CA 95215 (209) 944-6400</p>
<p>Ventura Youth Correctional Facility (VYCF) 3100 Wright Road Camarillo, CA 93010 (805) 485-7951</p>

Self-Certification Form

As a contractor for California Department of Corrections and Rehabilitation (CDCR)/California Correctional Health Care Services (CCHCS), I acknowledge I am required to follow federal and state Laws and Regulations, as well as Departmental Policies and Procedures in the same manner as an employee of CDCR/CCHCS.

The documentation provided in this handbook may refer to “employee” or “staff.” However, as a contractor for CDCR/CCHCS, I am aware this information may also be applicable to me.

By signing below, I am acknowledging I have received and read a copy of the Health Care On-Site Contractor’s Orientation Handbook, which includes the following subject matter:

- Security Overview & Laws, Rules, and Regulations Regarding Conduct and Association with Patients
- Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates
- Patient/Staff Relations
- Information Security Awareness
- Equal Employment Opportunity/Sexual Harassment Policy
- Ethics and Professionalism
- Keys to Success
- Workplace Violence Prevention Program
- Injury and Illness Prevention Program
- Bloodborne Pathogens
- Employee Tuberculin Skin Test (TST) and Evaluation
- TB Infectious Free Staff Certification
- Health Insurance Portability and Accountability Act (HIPPA)
- CCHCS Inmate Patient Health Information Privacy Memorandum and Agreement for New Staff and Contractors
- The Health Care Department Operations Manual (HCDOM) and Access to Care
- End of Life Option Act: Prohibited Activities
- Adult Correctional Dental Care (ACDC) Overview
- Mental Health Program
- Armstrong – Patients with Disabilities
- Clark Overview – Developmental Disabilities
- Transgender Patient Care
- Prison Rape Elimination Act (PREA)

For any questions regarding the documentation provided in this handbook, I agree to contact the Direct Care Contracts Section Help Desk at cchcshealthcarecontractshelpdesk@cdcr.ca.gov.

In addition, I am acknowledging I have completed all forms in the Health Care On-Site Contractor’s Orientation Handbook, which includes the following:

	Form	Page(s) in Handbook
<input type="checkbox"/>	Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR 181)	14
<input type="checkbox"/>	Security Awareness Self-Certification and Confidentiality (CDCR ISO-3025)	20
<input type="checkbox"/>	Information Access and Security Agreement (CDCR ISO-1900)	21
<input type="checkbox"/>	Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336)	34-35
<input type="checkbox"/>	TB Infectious Free Staff Certification (CDCR 7354)	36-37
<input type="checkbox"/>	CCHCS Inmate Patient Health Information Privacy Memorandum and Agreement for New Staff and Contractors	40-41
<input type="checkbox"/>	Prison Rape Elimination Act Policy Information for Volunteers and Contractors (CDCR 2301)	58-60
<input type="checkbox"/>	Health Care On-Site Contractor’s Orientation Handbook Self-Certification Form	64-65

I understand that I am to maintain signed copies (new and renewed) of all forms and submit them to my vendor, as applicable, who shall provide them to the Direct Care Contracts Section Help Desk at cchcshealthcarecontractshelpdesk@cdcr.ca.gov.

In completing this self-certification, I acknowledge that this handbook is not all-inclusive of forms required by local institutions or program areas for contractors to provide services on-site.

Contractor’s Business Name: _____

Contractor’s Printed Name: _____

Contractor’s Signature: _____