



DIVISION OF ADULT INSTITUTIONS

VOLUNTEER ANNUAL OJT MODULES

MODULE BOOKLET		
COURSE	LENGTH	EXTERNAL ID
Fire and Life Safety	0.5 hrs	11053476
Information Practices Act	1.0 hrs	11053486
Prison Rape Elimination Act	1.0 hrs	11053499
Turberculosis Testing	1.0 hrs	11053516
TOTAL OJT HOURS	3.5	

- It is the responsibility of **ALL VOLUNTEERS** to read and familiarize themselves with the literature in the enclosed OJT Modules.
- Volunteers must submit the completed acknowledgement forms for each of the enclosed OJT Modules on an annual basis during the time frames established by the local Community Resources Manager.

VOLUNTEER NAME	DATE SUBMITTED

California Department of Corrections and Rehabilitation

On-the-Job Training (OJT) Module



Fire and Life Safety

BET ID: 11053476




FIRE AND LIFE SAFETY

ON-THE-JOB TRAINING

VERSION 1.0
COURSE CODE: 1102

COURSE INFORMATION

Program	Course Code	Hour
OJT	1102	30 min.
OTPD Approved	07/22/2013	

Need for Lesson:

Fire is definitely a hazard to health and safety, especially where people are restricted in their movement by locked doors. Fire prevention has a very high priority in keeping the institution safe and healthy for staff and inmates.

Introduction

Importance: Suppression techniques and equipment associated with them, will provide you with the knowledge to prevent fires and provide safety in the workplace.



Learning Objectives:

1. You will identify the components of an institutional fire safety plan.
2. You will identify your responsibilities for fire safety preparedness in your work area.
3. You will identify methods for achieving fire prevention goals in your institution.



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Fire Theory

Components of Fire:

1. **Oxygen**—A fire may burn with an oxygen concentration of as little as 16%
2. **Fuel**— Carbon-based materials such as wood, plastic and synthetic material provide fire fuel
3. **Heat**—Releases vapors from a fuel and helps sustain combustion

When one of these elements are removed, the fire will go out.







Toxic Gases:

- Carbon Monoxide:** leading cause of death in fires
- Carbon Dioxide:** Colorless and odorless; reduces oxygen; increases heart rate
- Hydrogen Cyanide:** Colorless, smells like bitter almond; deadly
- Hydrogen Chloride:** Colorless and odorless; extremely deadly

Classes of Fire and Extinguishing Methods:

1. **A—Combustible:** Use water, foam, dry materials or a fire extinguisher
2. **B—Flammable Liquids:** Smother and fire extinguisher
3. **C—Electrical Wires and Overheated Equipment:** Remove electricity, then extinguish as a Class A or B
4. **D—Combustible Metals:** Apply Metal X or dry sand

CLASSES OF FIRES	TYPES OF FIRES	PICTURE SYMBOL
A	Wood, paper, cloth, trash & other ordinary materials.	
B	Gasoline, oil, paint and other flammable liquids.	
C	May be used on fires involving live electrical equipment without danger to the operator.	
D	Combustible metals and combustible metal alloys.	



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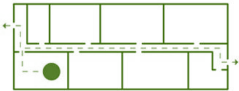
Instructor Qualifications

Assigned instructors must have a minimum of three years full-time institutional experience and completed a basic training course in the techniques of training, or must be T4T certified trainers.

Fire Safety Plan

“THE WARDEN OF EACH FACILITY SHALL HAVE A FIRE SAFETY PLAN WHICH GIVES DIRECTION AND INSTRUCTION TO EMPLOYEES ON WHAT TO DO BEFORE, DURING AND AFTER A FIRE.”

EVACUATION PLAN



IN CASE OF FIRE USE STAIRWAY FOR EXIT
DO NOT USE ELEVATOR

● YOU ARE HERE
← EVACUATION ROUTE

REFER TO CCR, TITLE 15,
SECTION 3302



Preparedness:

Pre-planning, training, employees understand their roles

- Conduct regular visual inspections; report damaged or missing fire suppression equipment
- Ensure fire exits in your area are clearly marked and clear of obstructions.
- Know emergency phone numbers: ensure numbers are on the phones
- Ensure cleaning supplies and chemicals are properly stored and identified

Locate the following pieces of equipment and know how to use them:

- Fire hoses
- Extinguishers
- Fire blanket

- Breathing apparatus

Recognize keys that unlock the emergency boxes by sight and feel.

Emergency Evacuation Plan includes:

- ◆ Evacuation diagram
- ◆ Procedures for disabled employees and inmates
- ◆ Evacuation procedures
- ◆ Unobstructed exit routes
- ◆ Quarterly fire drills

Note: All personnel should be at least 50 feet away from buildings

Eliminate electrical hazards and ensure cleaning supplies and other flammable materials are stored in compliance with the Material Safety Data Sheet (MSDS).



Prevention:

- Isolate or separate hazards to avoid fires
- Prevent dangerous acts before they cause a fire

Suppression:

- Knowledge of various types of fire extinguishers
- Locations of fire extinguishers
- Proper use of fire extinguishers



Fire Prevention Methods

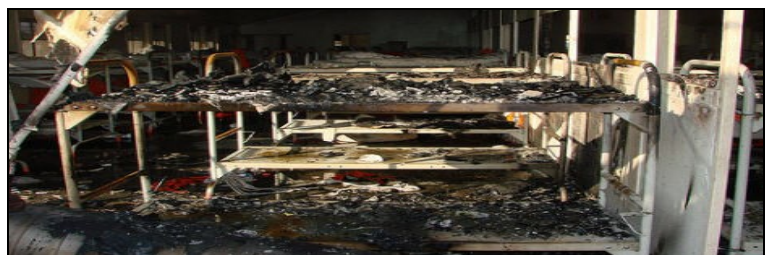
Cell, dorm and area searches/Inspect for Electrical Hazards/Maintain Good Housekeeping:

- Confiscate contraband
- Limit or remove combustible property
- Inspect common areas
- Ensure sprinkler heads are not obstructed
- Inspect for overloaded circuits/appliances
- No unauthorized electrical appliances
- Ensure appropriate clearance of electrical panels
- Clean up debris, trash and clutter
- Read MSDS

- Ensure proper storage of flammables, chemicals, equipment, etc.

IMPORTANT!!! Routine fire inspections are conducted in all areas of the facility by fire personnel.

- Fire Chief will provide notice of hazard for non-compliance
- Correct deficiencies immediately



Fire Emergency Procedures

- ◆ Refer to DOM, Section 52019.18
- ◆ Activate Personal Alarm
- ◆ Preserve as a crime scene

Reporting Fires:

Who is responsible for reporting fires? **Everyone!!!**

Notify the fire department and report the following information:

- Exact location, extent of fire and amount of smoke
- Action(s) being taken
- Disturbances (i.e., riot, fight, etc)

Minor Fires: Small trash cans, small appliances, isolated Class A materials



- Contact supervisor or plant operations
- Identify proper suppression device
- Evacuate, if necessary
- Identify suspects
- Once fire is out, ventilate area

Major Fires: Kitchen Grease, cell or dorm area, vehicle, industrial, structural or a minor fire when initial suppression fails



- Isolate fire; get medical attention
- Preserve area as a crime scene
- Contact supervisor and/or plant operations
- Evacuate and account for all occupants in the area
- Identify suspects
- Once fire is out, ventilate area

Fire Extinguishers

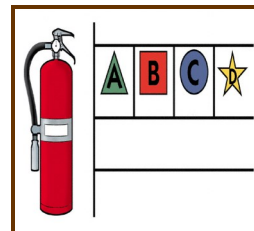
ABC: Used for Class A, B and C fires

Halon: Used for Class B or C fires: used for computers and delicate electronic instruments

Carbon Dioxide: Used for Class B or C fires: contains carbon dioxide: does not leave residue

Pressurized Water: Used on all Class A fires: not used on Class B, C or D fires

Fire Hose: Used on Class A fires: not to be a substitute for sprinkler systems, hose or other fire fighting devices

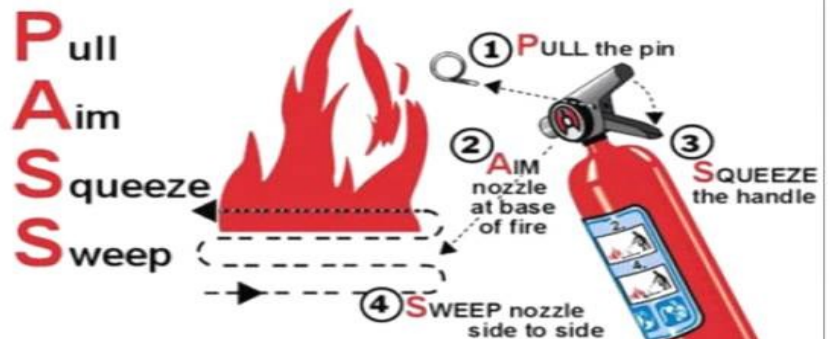


“EVERY FIRE MUST BE REPORTED, REGARDLESS OF HOW MINOR. FAMILIARIZE YOUR RESPECTIVE FACILITY’S POLICY AND PROCEDURE ON FIRE EMERGENCY NOTIFICATIONS.”



Operate a Fire Extinguisher

To operate an extinguisher:



Conclusion

This lesson provided a basic knowledge of fire and extinguishment theory, fire prevention and fire suppression. It also provided information on the staff's responsibilities in fire prevention, suppression and reporting.

Be sure to familiarize yourself with the exit and evacuation signs. Know where the keys to all of the fire equipment are located and how to get them open, even if there is a fire in the area with smoke.

Routine cell, dorm and area searches keep the fire hazards at a minimum.

To ensure that you know what fire extinguishers are to be used for a fire, know the classification or type of fire. If you chose the wrong method, you can cause a larger, more dangerous fire. Preservation of life is the MOST important. Property is secondary. Evacuate if the fire is already out of control.

References

1. California Code of Regulations, Title 15, Sections 3302(a), 3300 and 3303
2. California Department of Corrections and Rehabilitation, Department Operations Manual (DOM), Sections 52090.1, 52090.4, 52090.4.4-4.4, 52090.5; 52090.6.1; 52090.7.1-7.3; 52090.9; 52090.13; 52090.18 and 52090.19
3. Health and Safety Code Section 13146.1

Resources

For more information:

- Facility Fire Department
 - Fire Chief
 - Fire Emergency Plan

Other resources:

- CalFIRE: <http://www.fire.ca.gov>
- State Fire Marshal: <http://osfm.fire.ca.gov>
- CDCR Conservation (Fire) Camps: http://www.cdcr.ca.gov/Conservation_Camps/index.html



Fire and Life Safety Quiz

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures as defined in the Fire and Life Safety Module that I received. Please contact your immediate supervisor if you have additional questions.

PERNR # _____

Signature: _____

Print Name: _____

Date: _____

California Department of Corrections and Rehabilitation

On-the-Job Training (OJT) Module



Information Practices Act

Version 1.0

BET ID: 11053486

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I. INTRODUCTION

The Information Practices Act (IPA) of 1977 (Civil Code Section 1798, et seq.) is the comprehensive privacy law for state government to provide measures and to assure fair treatment of individuals who are the subjects of State agency records.

The IPA places specific requirements on State agencies in the collection, use, maintenance and dissemination of information relating to individuals.

With exceptions, individuals may review; obtain copies, request amendments and corrections, and dispute information pertaining to them in State records.

A. Overview of Lesson

You will learn the definition of the IPA and the responsibility of California Department of Corrections (CDCR) employees for the collection, maintenance, amendment, and disclosure of information in keeping with the right to privacy of inmates, parolees, employees, or other persons.

B. Importance

It is important for CDCR employees to understand what information is maintained by the department and how to access the information. It is also important that each employee understands the confidentiality of the Department's records and the negative impact if the IPA laws and processes of records are not followed.

II. INFORMATION PRACTICES ACT VS. PUBLIC RECORDS ACT

Learning Objective 1: You will learn the purpose of the Information Practices Act (IPA) vs. the Public Records Act.

A. California's Information Practices Act

The California Civil Code §1798 et. seq. IPA is the comprehensive privacy law for state government. It sets out the basic requirements for all state departments and employees on handling and protecting personal information.

The IPA defines personal information as “any information that is maintained by a department that identifies or describes an individual.” The broad definition includes information such as the following:

- Name
- Social Security number
- Physical description
- Home address
- Home telephone number
- Education
- Financial matters
- Medical or employment history

The IPA allows agencies to collect only the personal information they are legally authorized to collect. It gives individuals the right to see their own records and to request that any errors be corrected. It requires agencies to use reasonable safeguards to protect personal information against risks such as unauthorized access, use, or loss.

B. California's Public Records Act

California Government Code (GC), Sections 6250-6270, the Public Records Act is designed to give the public access to public information that is collected and maintained by state and local agencies.

Per GC, Section 6252 (e), "Public records" includes any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics."

However, specific exceptions to disclosure are listed. Those record types that are exempt from this law are confidential. A list of those confidential record types can be located in the GC, Section 6254. All other record types are non-exempt, and access to them must be provided upon request.

Per GC, Section 6253 (a), "Public records are open to inspection at all times during the office hours of the state or local agency and every person has a right to inspect any public record, except as hereafter provided. Any reasonably segregable portion of a record shall be available for inspection by any person requesting the record after deletion of the portions that are exempted by law."

III. DISCLOSURE OF PERSONAL INFORMATION

Learning Objective 2: You will identify when it is appropriate to disclose an individual's personal information.

Per California Civil Code (CC) §§1798.24 -1798.24b:

An agency shall not disclose any personal information in a manner that would link the information disclosed to the individual to whom it pertains unless the information is disclosed, as follows:

- (a) To the individual to whom the information pertains.
- (b) With the prior written voluntary consent of the individual to whom the record pertains, but only if that consent has been obtained not more than 30 days before the disclosure, or in the time limit agreed to by the individual in the written consent.
- (c) To the duly appointed guardian or conservator of the individual or a person representing the individual if it can be proven with reasonable certainty through the possession of agency forms, documents or correspondence that this person is the authorized representative of the individual to whom the information pertains.
- (d) To those officers, employees, attorneys, agents, or volunteers of the agency that has custody of the information if the disclosure is relevant and necessary in the ordinary course of the performance of their official duties and is related to the purpose for which the information was acquired.
- (e) To a person, or to another agency where the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for

which the information was collected and the use or transfer is accounted for in accordance with Section 1798.25. With respect to information transferred from a law enforcement or regulatory agency, or information transferred to another law enforcement or use of the information requested is needed in an investigation of unlawful activity under the jurisdiction of the requesting agency or for licensing, certification, or regulatory purposes by that agency.

- (f) To a governmental entity when required by state or federal law.
- (g) Pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code).
- (h) To a person who has provided the agency with advance, adequate written assurance that the information will be used solely for statistical research or reporting purposes, but only if the information to be disclosed is in a form that will not identify any individual.
- (i) Pursuant to a determination by the agency that maintains information that compelling circumstances exist that affect the health or safety of an individual, if upon the disclosure notification is transmitted to the individual to whom the information pertains at his or her last known address. Disclosure shall not be made if it is in conflict with other state or federal laws.
- (j) To the State Archives as a record that has sufficient historical or other value to warrant its continued preservation by the California state government, or for evaluation by the Director of General Services or his or her designee to

- determine whether the record has further administrative, legal, or fiscal value.
- (k) To any person pursuant to a subpoena, court order, or other compulsory legal process if, before the disclosure, the agency reasonably attempts to notify the individual to whom the record pertains, and if the notification is not prohibited by law.
 - (l) To any person pursuant to a search warrant.
 - (m) Pursuant to Article 3 (commencing with Section 1800) of Chapter 1 of Division 2 of the Vehicle Code.
 - (n) For the sole purpose of verifying and paying government health care service claims made pursuant to Division 9 (commencing with Section 10000) of the Welfare and Institutions Code.
 - (o) To a law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless the disclosure is otherwise prohibited by law.
 - (p) To another person or governmental organization to the extent necessary to obtain information from the person or governmental organization as necessary for an investigation by the agency of a failure to comply with a specific state law that the agency is responsible for enforcing.
 - (q) To an adopted person and is limited to general background information pertaining to the adopted person's natural parents, provided that the information does not include or reveal the identity of the natural parents.
 - (r) To a child or a grandchild of an adopted person and disclosure is limited to medically

necessary information pertaining to the adopted person's natural parents. However, the information, or the process for obtaining the information, shall not include or reveal the identity of the natural parents. The State Department of Social Services shall adopt regulations governing the release of information pursuant to this subdivision by July 1, 1985. The regulations shall require licensed adoption agencies to provide the same services provided by the department as established by this subdivision.

- (s) To a committee of the Legislature or to a Member of the Legislature, or his or her staff when authorized in writing by the member, where the member has permission to obtain the information from the individual to whom it pertains or where the member provides reasonable assurance that he or she is acting on behalf of the individual.
- (t) (1) To the University of California, a nonprofit educational institution, or, in the case of education-related data, another nonprofit entity, conducting scientific research, provided the request for information is approved by the Committee for the Protection of Human Subjects (CPHS) for the California Health and Human Services Agency (CHHSA) or an institutional review board, as authorized in paragraphs (4) and (5). The approval required under this subdivision shall include a review and determination that all the following criteria have been satisfied:
 - (A) The researcher has provided a plan sufficient to protect personal information from improper use and disclosures, including sufficient administrative, physical, and technical safeguards to

protect personal information from reasonable anticipated threats to the security or confidentiality of the information.

- (B) The researcher has provided a sufficient plan to destroy or return all personal information as soon as it is no longer needed for the research project, unless the researcher has demonstrated an ongoing need for the personal information for the research project and has provided a long-term plan sufficient to protect the confidentiality of that information.
 - (C) The researcher has provided sufficient written assurances that the personal information will not be reused or disclosed to any other person or entity, or used in any manner, not approved in the research protocol, except as required by law or for authorized oversight of the research project.
- (2) The CPHS or institutional review board shall, at a minimum, accomplish all of the following as part of its review and approval for the purpose of protecting personal information held in agency databases:
- (A) Determine whether the requested personal information is needed to conduct the research.
 - (B) Permit access to personal information only if it is needed for the research project.
 - (C) Permit access only to the minimum necessary personal information needed for the research project.

- (D) Require the assignment of unique subject codes that are not derived from personal information in lieu of social security numbers if the research can still be conducted without social security numbers.
 - (E) If feasible, and if cost, time, and technical expertise permit, require the agency to conduct a portion of the data processing for the researcher to minimize the release of personal information.
- (3) Reasonable costs to the agency associated with the agency's process of protecting personal information under the conditions of CPHS approval may be billed to the researcher, including, but not limited to, the agency's costs for conducting a portion of the data processing for the researcher, removing personal information, encrypting or otherwise securing personal information, or assigning subject codes.
 - (4) The CPHS may enter into written agreements to enable other institutional review boards to provide the data security approvals required by this subdivision, provided the data security requirements set forth in this subdivision are satisfied.
 - (5) Pursuant to paragraph (4), the CPHS shall enter into a written agreement with the institutional review board established pursuant to Section 49079.5 of the Education Code. The agreement shall authorize, commencing July 1, 2010, or the date upon which the written agreement is executed, whichever is later, that board to provide the data security approvals required by this subdivision, provided the data security requirements set

forth in this subdivision and the act specified in paragraph (1) of subdivision (a) of Section 49079.5 are satisfied.

- (u) To an insurer if authorized by Chapter 5 (commencing with Section 10900) of Division 4 of the Vehicle Code.
- (v) Pursuant to Section 450, 452, 8009, or 18396 of the Financial Code. This article shall not be construed to require the disclosure of personal information to the individual to whom the information pertains when that information may otherwise be withheld as set forth in Section 1798.40.

CC Section 1798.24a. Notwithstanding Section 1798.24, information may be disclosed to any city, county, city and county, or district, or any officer or official thereof, if a written request is made to a local law enforcement agency and the information is needed to assist in the screening of a prospective concessionaire, and any affiliate or associate thereof, as these terms are defined in subdivision (k) of Section 432.7 of the Labor Code for purposes of consenting to, or approving of, the prospective concessionaire's application for, or acquisition of, any beneficial interest in a concession, lease, or other property interest. However, any summary criminal history information that may be disclosed pursuant to this section shall be limited to information pertaining to criminal convictions.

CC Section 1798.24b. (a) Notwithstanding Section 1798.24, except subdivision (v) thereof, information shall be disclosed to the protection and advocacy agency designated by the Governor in this state pursuant to federal law to protect and advocate for the rights of people with disabilities, as described in

Division 4.7 (commencing with Section 4900) of the Welfare and Institutions Code.

- (b) Information that shall be disclosed pursuant to this section includes all of the following information:
 - (1) Name
 - (2) Address
 - (3) Telephone number
 - (4) Any other information necessary to identify that person whose consent is necessary for either of the following purposes:
 - (A) To enable the protection and advocacy agency to exercise its authority and investigate incidents of abuse or neglect of people with disabilities.
 - (B) To obtain access to records pursuant to Section 4903 of the Welfare and Institutions Code.

IV. CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION INFORMATION PRACTICES ACT

Per the California Civil Code, Chapter 1, Article 8, 1798.30, each agency shall either adopt regulations or publish guideline specifying procedures to be followed in order fully to implement each of the rights of individuals set forth in this article.

A. Policy

Learning Objective 3: You will identify CDCR's Information Practices Act Policy and Responsibilities per Department Operations Manual (DOM) in accordance with the Civil Code Information Practices Act of 1977.

DOM Section 13030.1, Information in all records and files of the Department which pertains to inmates, parolees, employees, or other persons shall be collected, maintained, amended, and disclosed in conformance with the IPA of 1977 and subsequent amendments.

B. General Review

Per DOM Section 13030.3, "When a request to disclose information from a departmental record, or to receive copies of information, is received, employees shall look first to the provisions of the DOM Section 13040 to determine if the information is in a public record. If the information is disclosable as a public record, and the record contains personal information, employees shall look to the provisions of this section to determine if the information is exempt from disclosure."

C. Training

Per DOM Section 13031.3.1, “All employees shall be provided general training regarding the policies, procedures, and regulations governing the collection, maintenance, use, disclosure, and destruction of personal information. Only those employees with a "need to know" shall be permitted to have access to departmental records containing personal information.”

D. Responsibilities: DOM Sections 13030.5-13030.9

Office of Information Practices

The Office of Information Practices (OIP) operates under the direction of the Executive Officer of the California Human Resources (CalHR). Its functions include, but are not limited to, the following:

- Assist an individual in identifying and accessing records which may contain information about the individual.
- Develop administrative guidelines and assist state agencies in implementing the IPA's provisions.
- Investigate alleged violations of the IPA.
- Mediate disputes arising under the IPA.
- Report uncorrected violations of the IPA to the Governor, the Legislature, and the appropriate law enforcement agency.

Departmental IPA Coordinators

CDCR's IPA Coordinator shall:

- Ensure that CDCR complies with the provisions of the IPA.
- Act as liaison with the OIP.

- Provide training to those persons designated as local IPA liaison personnel.
- Collect information on records systems from all CDCR units that keep personal information for submission of necessary reports to the OIP as required by law.
- Coordinate individual requests for personal information to the appropriate CDCR division, facility, or office.
- Monitor record keeping practices of offices where personal information is collected, maintained, and disclosed.

California Prison Industry Authority (CALPIA)

The CALPIA's IPA coordinator, located in the Personnel and Training Unit, shall:

- Ensure that CALPIA complies with the provisions of the IPA.
- Act as liaison with the OIP.
- Collect information on record systems from all CALPIA headquarters units and CALPIA facility factories that keep personal information for submission of necessary reports to the OIP as required by law.
- Coordinate individual requests for personal information to the appropriate staff.
- Monitor record keeping practices of office where personal information is collected, maintained, and disclosed.

Local IPA Liaison Personnel

Local IPA liaison personnel shall be the personnel manager from each facility, a unit/section chief from each headquarters division, or a staff services analyst or above from each regional parole office.

Their duties shall include:

- Ensure that their division, parole region, or facility complies with all provisions of the IPA.
- Act as liaison with the departmental IPA coordinator.
- Coordinate individual requests for personal information to the appropriate office within their division, parole region, or facility for response.
- Monitor record keeping practices of offices where personal information is collected, maintained, and disclosed to ensure compliance with CDCR practices.

Correctional Case Records Manager (CCRM)

CCRM shall review the fingerprint card responses from State Department of Justice (DOJ) for persons appointed to positions which allow access to inmate records or Electronic Data Processing (EDP) terminals usable to access electronically stored inmate records.

All Employees

Employees responsible for the creation, use, maintenance, amendment, dissemination, and/or destruction of records containing any personal information shall take all necessary precautions to ensure that proper administrative, technical, and physical safeguards are established and followed in order to protect the confidentiality of those records and to preclude disclosure of personal information to unauthorized persons.

Shall

All CDCR employees who collect, use, maintain, amend, disseminate, and/or destroy personal information shall:

- Make every reasonable effort to respond promptly to inquiries and requests by persons

desiring to receive or review personal information.

- Assist persons who are seeking personal information to make their inquiry specific and descriptive enough to facilitate locating the records requested.
- Respond, in a courteous and business-like manner, to inquiries from persons seeking to review, obtain copies of, amend, correct, or dispute personal information kept by CDCR.

Shall Not

CDCR employees who collect, use, maintain, amend, disseminate, and/or destroy personal information shall not:

- Require individuals to disclose personal information which is not necessary and relevant to the lawful state function for which the employee is responsible.
- Improperly disclose personal information relating to any individual to any unauthorized person. The improper disclosure of personal information is cause for an adverse action, and it may subject the employee and CDCR to legal action (See DOM Section 13030.33 for further information).
- Seek or use personal information relating to others for any purpose other than the lawful purpose for which it is collected. The intentional violation of this requirement is cause for an adverse action, and it may subject the employee and CDCR to legal action (See DOM Section 13030.33 for further information).

V. CONCLUSION

A. Consequences for Violating the Information Practices Act

Learning Objective 4: You will identify consequences for not following the Information Practices Act law and policy.

There are penalties for violating IPA, both for the department, which may be sued, and for an employee, who may be disciplined.

- An individual may bring a civil action against a department that violates the IPA if the violation results in an adverse impact on the individual.
- An employee who intentionally violates the IPA may be subject to disciplinary action, including termination.
- An employee who willfully obtains a record containing personal information under false pretenses may be guilty of a misdemeanor, with a penalty of up to a \$5,000 fine and/or one year in jail.

B. Notice of Security Breach Law

Included in the IPA is the requirement that departments must notify people promptly if certain personal information is “acquired by an unauthorized person.” Such a breach might be the loss or theft of a laptop containing personal information, an intrusion into a state computer system by a hacker, or the mailing of a disk containing information to the wrong person.

Warning of possible identity theft:

The law was passed to alert people when their personal information may have fallen into the wrong hands, putting them at risk of identity theft.

Someone who receives a notice of a breach can take steps to defend against the possibility of identity theft.

C. Public Trust

If we fail to protect personal information or to use it properly, we can undermine our citizens' faith in government. Protecting personal information means protecting people. It's a matter of public trust.

GLOSSARY

Word	Definition
ACCESS	An individual's right to see their own records, or an individual's right to permit an agent, on their behalf, to review the individual's records.
AGENCY	<p>Every state office, officer, department, division, bureau, board, commission, or other state entity exclusive of the following:</p> <ul style="list-style-type: none"> • The California Legislature. • Any agency established under Article VI of the California Constitution. • State Compensation Insurance Form (SCIF), except for any records which contain personal information about employees of SCIF. <p>Agency includes any local agency as defined in GC 6252(b).</p>
DEPARTMENT EMPLOYEES	Full-time and part-time civil service and exempt employees, student assistants, aides, contractual persons/entities, consultants, or anyone whose duties with CDCR require or permit the use of records or information about other individuals.
DISCLOSE	To divulge, release, transfer, disseminate, or otherwise communicate all or any part of any record orally, in writing, or by electronic or any other means to any person other than the one about whom the information is kept.
EXEMPT	Personal information that may, by law, be withheld from the individual to whom it pertains. This was formally referred to as confidential information.
FILE	See Record.
GOVERNMENT ENTITY	Any branch of the federal government or of state or local government as defined in GC 6254(b).
INDIVIDUAL	Any natural person about whom CDCR maintains any personal information.
INSPECT A RECORD	The act of physically reviewing a record by the person about whom the record is kept or their authorized representative.

Word	Definition
PERSON	Any natural person, corporation, partnership, firm, association, or government entity.
PERSONAL INFORMATION	Any information that is maintained by an agency which identifies or describes an individual, including, but not limited to, an individual's name, social security number, physical description, home address, home telephone number, education, financial situation, and medical or employment history, including statements made by, or attributed to, the individual.
PERSONAL RECORD	Any information that is maintained by an agency which identifies or describes an individual, including, but not limited to, an individual's name, social security number, physical description, home address, home telephone number, education, financial situation, and medical or employment history, including statements made by, or attributed to, the individual.
RECORD	Any records system or grouping of information about an individual that is maintained by CDCR by reference to an identifying particular, such as an individual's name, photograph, finger or voice print, or a number or symbol assigned to the individual. This includes all records systems maintained by CDCR.
RECORD SYSTEM	Any grouping of records which pertains to one or more individuals maintained by CDCR from which information is retrieved by an individual's name, photograph, finger or voice print, or a number or symbol assigned to an individual.

RESOURCES

- 1) California Civil Code §§1798 et seq, Title 1.8.

Website:

<http://leginfo.legislature.ca.gov/faces/codes.xhtml>

- 2) The Information Practices Act of 1977 with Guidelines and Commentary

Website:

<http://appsandroidterbaru.com/pdf/california-information-practice-act/>

- 3) California Department of Corrections and Rehabilitation Department Operations Manual 2015

Website:

<http://intranet/ADM/DSS/RPMB/dom/Documents/DOM%202015/DOM%202015.pdf>

- 4) Protecting Privacy in State Government Self-Training Manual for California State Employees

Website:

http://www.cio.ca.gov/ois/government/privacy/documents/doc/privacy_training_manual_3_17_11.doc

REFERENCES

- 1) California Civil Code §§1798 et seq
- 2) The Information Practices Act of 1977 with Guidelines and Commentary Booklet
- 3) California Department of Corrections and Rehabilitation Department Operations Manual 2015

**Information Practices Act
Lesson Acknowledgement and Signature**

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures as defined in the Information Practices Act OJT Module that I received.

Please contact your immediate supervisor if you have additional questions.

PERNR # _____

Signature: _____

Print Name: _____

Date: _____

California Department of Corrections and Rehabilitation

On-the-Job Training (OJT) Module



Prison Rape Elimination Act

BET ID: 11053499

California Department of Corrections and Rehabilitation (CDCR)

Prison Rape Elimination Act (PREA)

BET Code	11053499
Time	1 Hour
OTPD Approved	12/2015

PREA, On-the-Job-Training (OJT) Module

The purpose of this module is to refresh your knowledge of CDCR's Prison Rape Elimination Act Policy.

CDCR has a zero tolerance policy for sexual abuse and is committed to providing a safe, humane, secure environment, free from sexual misconduct.



Topics of Review:

1. CDCR's Prison Rape Elimination Act Policy
2. Why lesbian, gay, bisexual, transgender, intersex, and gender non-conforming population is included as a specific group in the PREA standards
3. Prevention measures and recognizing an inmate's possible reactions to sexual violence, staff sexual misconduct, and sexual harassment
4. How to respond to allegations, suspicions, and knowledge of sexual abuse of inmates

Key Terms:

Sexual Violence (Committed by Offenders) will encompass:

Abusive Sexual Contact: Contact of any person without his or her consent, or by coercion, or contact of a person who is unable to consent or refuse AND intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

Nonconsensual Sex Act: Contact of any person without his or her consent, or by coercion, or contact of a person who is unable to consent or refuse AND contact between the penis and vagina or the penis and the anus including penetration, however slight; or contact between the mouth and the penis, vagina, or anus or penetration of the anal or genital opening of another person by the hand, finger, or other object.

Sexual Harassment by an Offender (Towards an Offender): Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by an offender toward another offender.

Staff Sexual Harassment (Towards an Offender): Repeated verbal comments or gestures of a sexual nature to an offender by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Staff Sexual Misconduct: Any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders.

CDCR's Prison Rape Elimination Policy

CDCR is committed to providing a safe, humane, secure environment, 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 these behaviors and to

address successful community re-entry of the offender. CDCR shall maintain 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

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.

NCDOM 15-09 9 07/01/2015

Why is the lesbian, gay, bisexual, transgender, intersex (LGBTI), and gender non-conforming population included as a specific group in the PREA standards?

- The LGBTI and gender non-conforming population were included as a specific groups in the PREA standards because of the consistently high rate of victimization identified in the Bureau of Justice Statistics (BJS) studies.
- We must communicate in all that we do that there is a zero tolerance for sexual harassment and sexual abuse of offenders, including those who are LGBTI, and gender non-confirming, by either other offenders or by staff.



What are possible reactions that an inmate may display when they are a victim of sexual violence, staff sexual misconduct, and sexual harassment? What prevention measures are in place to help prevent inmates from being exposed to sexual violence, staff sexual misconduct, and sexual harassment?

Some common reactions include:

- Withdrawing or isolating themselves.
- Depression or hopelessness.
- Lashing out in anger or frustration.
- Developing anxiety, fear, or paranoia.
- Developing suicidal thoughts or feelings.
- Uncharacteristic acting out.
- Refusal to shower, eat, etc.

Some preventive measures include:

- Knowing and enforcing the policy.
- Treating any suggestion or allegation as serious.
- Making it clear that sexual activity is not acceptable.
- Staff of the opposite gender announcing their presence when entering the housing unit.
- Avoid inappropriate relationships with inmates.



What PREA allegations are investigated by the Locally Designated Investigator (LDI)?

All PREA allegations are investigated promptly, thoroughly, and objectively by an LDI who has received specialized training in conducting sexual abuse investigations.

How to respond to allegations, suspicions, and knowledge of sexual abuse of inmates:

Reporting:

- All staff are responsible for reporting **immediately** and **confidentially** to the appropriate supervisor **any information**, (verbal, written note, third party) that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.
- **Anyone**, who reports a PREA allegation or participates in an investigation has the right to be free from retaliation.

Referral:

- You have a responsibility to assist the offender and refer them to medical/mental health for evaluation. A Suicide Risk Evaluation shall be conducted as soon as possible, but no more than four hours after referral, and shall include a face-to-face evaluation, regardless if the inmate was seen for a forensic examination or refused.

Initial Contact:

- 1) Separate the victim and abuser.
- 2) Protect the crime scene.
- 3) Preserve evidence.

To Assist in the Preservation of Evidence:

Make every effort to ensure the victim **does not**:

- Shower.
- Remove clothing without custody supervision.
- Use the restroom facilities.
- Consume any liquids.
- Or any other actions which could destroy evidence.

Conclusion

Failing to recognize and respond to sexual violence may result in:

- Increased violence (from simple assault to murder), intimidation and extortion, higher risk of suicide, danger to staff.
- Increased exposure for the Department of being sued for violations of the Eighth and Fourteenth Amendments, along with civil damages.
- Increased tension among the offender population.
- Possible discipline for employees, up to and including termination, for not acting in compliance with established policies and procedures; possible criminal prosecution for employees if they engage in sexual conduct with inmates.
- Increased need for special housing.
- Increased health care services.



By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures as defined in the PREA OJT Module that I received. Please contact your immediate supervisor if you have additional questions.

PERNR # _____

Signature: _____

Print Name: _____

Date: _____

California Department of Corrections and Rehabilitation

On-the-Job Training (OJT) Module



Tuberculosis Testing

BET ID: 11053516

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TUBERCULOSIS

Tuberculosis (TB) is an illness caused by bacteria called *Mycobacterium TB*. Like the common cold, it is spread from person to person through the air, by tiny particles called *droplet nuclei*, which contain the mycobacteria. 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 if the mycobacteria survive the body's defenses, infection occurs. Some factors that increase transmission are:

- The infectious patient has active TB disease in the lungs or larynx, or draining wounds and the bacteria get into the air and become contagious. However, when the disease is not in the lungs or larynx but in the bones or body organs, the mycobacteria cannot become airborne and cannot be transmitted to others.
- The infectious patient does not cover the mouth and nose when coughing or sneezing.
- The infectious patient's sputum (mucus coughed up from the lungs) has a high concentration of mycobacteria. These bacteria are examined under a microscope (a test known as a *sputum smear*, or *smear for Acid Fast Bacilli*).
- Extended duration of exposure: time spent in an airspace that has numerous infected droplet nuclei; or extended time spent sharing airspace with the infectious patient.
- Exposure occurs in small, enclosed, indoor spaces. Sunlight that contains ultraviolet light, destroys the mycobacteria.
- Exposure occurs when in a room with inadequate ventilation and/or re-circulation of air, where the infectious patient has also spent some time.
- The susceptible or exposed person has a weakened immune system (from diabetes, cancer, Human Immunodeficiency Virus, long term steroid use, etc.) .

TB INFECTION

TB infection is a condition where TB bacteria are present in the body without causing clinical disease. The TB infection occurs when a susceptible host inhales droplet nuclei containing the mycobacteria. The droplet nuclei pass through the nose and throat and into the lungs. This triggers an immune response and the body's immune system will generally limit the multiplication and spread of mycobacteria. The mycobacteria are contained in "pockets" by the body's natural immune system. The bacteria become dormant, and the person is termed to have *Latent TB Infection*.

LTB infection can be identified by the following characteristics:

- Cannot be transmitted to others.
- No symptoms of TB disease.
- Normal chest x-ray.

Learning Objective #1: You will be able to identify four symptoms of active tuberculosis.

TB DISEASE

Living TB bacteria in the body that are actively growing and multiplying, causing tissue or organ damage in the host, causes TB disease. The damage usually begins in the lungs but can spread to any body organ, and can result in death if left untreated. Symptoms include:

- Chronic cough.
- Unexplained weight loss.
- Persistent unexplained fatigue.
- Persistent recurrent night sweats and/or fever.

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 inmates who have TB infection. These inmates have acquired TB infection due to risk factors and life styles prior to incarceration that have included:

- Injection drug use.
- Substance abuse.
- Lower socioeconomic status, where often multiple conditions have led to poor health.
- Poor access to health care.
- Homeless conditions.
- Poor health and self-care habits.

In addition, inmates frequently have had unhealthy lifestyles that have caused other coexistent chronic medical conditions. Some of these conditions that increase the risk of progressing from TB infection to TB disease include:

- Chronic renal failure.
- Diabetes mellitus.
- Conditions causing malnutrition.
- Conditions or medications suppressing the body's immune system such as (but not limited to) Human Immunodeficiency Virus (HIV), malignant tumors, or steroids.

For these reasons, the California Legislature enacted mandates requiring the Annual TB Skin Test (TST)/Evaluation Program in the California Department of Corrections and Rehabilitation for both employees and inmates.

Learning Objective #2: You will be able to identify three requirements for (TB skin test) TST/evaluation for Department of Corrections and Rehabilitation employees as stated in Penal Code Sections 6007-6009.

- **Penal Code Sections 6007-6009 requires that all California Department of Corrections and Rehabilitation employees be screened before starting employment, as medically necessary (e.g., if ill or if identified as a contact sharing airspace with a patient with TB disease), and annually. Employees must be certified to be free of infectious TB as a condition of employment. Non-adverse action to terminate employment can occur if this condition of employment is not met.**
- **Penal Code Sections 7570-7576 requires that all California Department of Corrections and Rehabilitation inmates shall be tested and evaluated for TB upon incarceration, if medically necessary, (e.g. if ill or if identified as a contact sharing airspace with a patient with TB disease), and at least annually thereafter.**

TB PREVENTION AND CONTROL

Breaking the chain of transmission of TB from person-to-person is the only means of preventing outbreaks of TB disease. Although TB disease may not be completely eliminated within California Department of Corrections and Rehabilitation until the community becomes TB-free, a reduction in transmission is achievable.

When TB disease is suspected, it is important to immediately place the person into respiratory isolation, initiate treatment and identify contacts as quickly as possible.

The most effective method of controlling TB in correctional facilities is to implement Testing, Tracking and Treating as elements of a successful TB control program.

Testing for TB Infection and TB Disease

All institutions have programs in place for:

- Early identification of suspected and verified patients with TB disease and latent TB infection.
- Respiratory isolation.
- Treatment of persons with latent TB infection.
- Treatment of persons with TB disease.
- Tracking of persons who have been in recent contact with patients with suspected or confirmed TB disease.

The screening method used to identify TB infection and TB disease in all inmates and staff, is a clinical evaluation for TB signs and symptoms and a TST. This screening helps prevent TB disease transmission by allowing early identification and prompt treatment of persons found to have latent TB infection or TB disease. This is crucial to prevent TB disease transmission to new inmate admissions, to the resident inmate population, to the California Department of Corrections and Rehabilitation employees, and to the communities where inmates and staff reside.

Inmates receive TSTs and evaluations for signs and symptoms of TB during:

- Intake evaluations at reception centers.
- The annual TST/Evaluation Program.
- Transfer from one institution to another, after arrival at the new facility
- The return evaluation after “out to court.” If an inmate is away from California Department of Corrections and Rehabilitation more than three days, an evaluation for TB signs and symptoms is done. Re-evaluation with a repeat TST (if previously insignificant) or evaluation and chest x-ray if indicated, is done ten to twelve weeks from the date the inmate originally left California Department of Corrections and Rehabilitation for the court.
- Evaluation if medically indicated by signs and symptoms of TB disease
- Evaluation after exposure to a patient with suspected or confirmed TB disease of the lungs or larynx.

Note: Inmates with Human Immunodeficiency Virus infection receive a chest x-ray as part of the initial reception center screening, and periodically as their health needs require, regardless of TST reaction.

All candidates for California Department of Corrections and Rehabilitation employment must provide documented proof showing that they are free of infectious TB, as certified by a physician or his or her designee. All California Department of Corrections and Rehabilitation employees receive TST and clinical evaluation for TB signs and symptoms under the following conditions:

- At least annually.
- If identified as being a *close contact* or sharing airspace with a patient identified with suspected or confirmed TB disease of the lungs or larynx (in a *contact investigation*).

Tracking TB Infection and TB Disease

Tracking of persons with TB infection and TB disease is a means of providing ongoing information on how effectively the TB control program is working. It is also a means to ensure continuity of care and to ensure treatment completion for inmates, always at high risk for TB disease, who continually move through various correctional systems and communities. One method the California Department of Corrections and Rehabilitation uses to track these inmates is a computerized transportation system, the *Inmate TB Alert System*. The Inmate TB Alert System uses a two digit numerical code, the TB Alert

Code. This code helps to identify the inmate's TB status to ensure appropriate precautionary measures are taken when transporting inmates.

Tracking also includes prompt reporting of all patients with suspected and diagnosed TB disease. Identified suspects and cases must be reported within one working day to the local county health department, and to the Division of Correctional Health Care Services. Failure to accomplish reporting in this one-day time frame may result in monetary fines under California Code of Regulations, Title 16 Division 13, Sections 1364.10, 1364.11 and 1364.15. The rate of TB infection and cases of active TB disease are summarized in California Department of Corrections and Rehabilitation by the Division of Correctional Health Care Services. The local county health officers summarize TB cases in the counties of California. All are reported annually, as mandated by law, to the California State Department of Health Services and to the California State Legislature.

TREATMENT OF TB INFECTION AND TB DISEASE

Treatment of Latent TB Infection

TB infection or latent TB infection can stop being dormant, become active and become invasive, at any time during a person's lifetime. However, this is most likely to occur within the first two years after infection or if a person becomes weakened by various conditions. Medication to prevent this reactivation of latent TB infection greatly reduces the risk of developing TB disease in infected persons. All persons who have a significant TST and were previously untreated for latent TB infection and those with certain conditions should be offered treatment to prevent TB disease. Preventive therapy for latent TB infection usually consists of one drug, typically Isoniazid, given daily or two-to-three times a week, continuing for six-to-twelve months. Vitamin B6 is also given to prevent certain Isoniazid side effects. This medication is processed through the liver, and thus laboratory testing for liver disease is performed before its initiation and periodically throughout the treatment of the latent TB infection. If there are no other medical contraindications, treatment must not be interrupted during the entire treatment period.

Treatment of TB Suspects

A *TB suspect* is a person with TB infection who has signs and symptoms of TB disease, an abnormal chest x-ray, or whose immune system is weakened and has clinical signs of TB disease. The TB suspect will be put into respiratory isolation until medical evaluation is completed. These suspects will be reported within one working day to the local county health officers, and to the Division of Correctional Health Care Services. Patients with active Tuberculosis should be tested for immunodeficient virus (HIV).

Bacillus Calmette-Guerin (BCG)Vaccine

Bacillus Calmette-Guerin is a vaccine widely used in high-prevalence areas around the world to prevent TB disease. The use of Bacillus Calmette-Guerin is not recommended in the United States, except in certain specific categories of infants and children. The Bacillus Calmette-Guerin vaccination does not prevent TB transmission or pulmonary disease, but may be effective in reducing progression of the disease. The TST may become significant because of Bacillus Calmette-Guerin vaccination, but this reaction wanes with time, and is questionable even one year after vaccination. Employees and inmates who have received Bacillus Calmette-Guerin over a year ago will receive a TST as recommended by the Centers for Disease Control and Prevention and as mandated by law. A

significant TST will then be considered evidence of mycobacterium exposure and infection, as per the California Department of Health Services and California TB Controllers Association *Joint Guidelines for TB Treatment and Control in California* and the most current version of the *California Department of Corrections and Rehabilitation TB Guidelines*.

Learning Objective #3: You will be able to identify six measures used for preventing transmission of TB to others during the period of TB infectivity.

Treatment of TB Disease

All persons suspected or diagnosed with TB disease must be housed in respiratory isolation until non-infectious. Although treatment will take six or more months, a patient usually becomes non-infectious after the first few weeks of appropriate treatment, allowing them to resume their usual activities and return to the general population.

The primary measures for preventing transmission of TB to others during the period of TB infectivity are:

- Safe transportation of the person with suspected or confirmed TB disease.
- Respiratory isolation of the infectious individual.
- Initiation of anti-TB medication.
- Initiation of a *contact investigation*.
- Close contacts to a person with suspected or confirmed TB are offered preventive medication.
- Education about the signs, symptoms, prevention, transmission, treatment and in general about TB infection and disease is given to all involved persons.

Compliance with drug therapy must be ensured. This is accomplished for inmates through the use of Directly Observed Therapy. This requires administration of the medications by appropriately licensed healthcare staff, observation of the medications being swallowed, and a visual check inside the inmate's mouth to verify the medication was swallowed.

The goal of treatment for TB disease is to provide the safest, most effective therapy in the shortest period of time. At least two or three weeks of drug therapy is usually required to get TB disease under control and render the patient non-infectious. While infectious, persons (inmate or staff) must not return to work, to their usual activities, or to the general population. When a person is determined to be non-infectious by treatment as judged by their medical provider, (usually within two or three weeks) he or she may return to their normal activities. The person **must continue to take medications regularly for the full course of six to twelve months until treatment is completed to prevent resistance to the medication.** It is imperative that the medications are taken exactly as prescribed and that the **treatment not be interrupted.** Inconsistent or incomplete therapy is the primary reason that mycobacteria become resistant and then are unable to be killed by the usual TB medications. These resistant bacteria then cause further damage and become fatal, and are able to be transmitted to others.

Large multi-drug resistant TB outbreaks, initially in the New York correctional system in the early 1990's, were the basis for over two-thirds of the multi-drug resistant cases reported in the United States.

Learning Objective #4: You will be able to identify three purposes of the Department of Corrections and Rehabilitation inmate TB Alert System.

INMATE TB ALERT SYSTEM

The inmate TB Alert System is a critical component of California Department of Corrections and Rehabilitation overall effort to identify an inmate's TB status and to control TB within California Department of Corrections and Rehabilitation. The objective of the inmate TB Alert System Code is to ensure that inmates with unknown or questionable TB status are transported appropriately. While the details of the medical TB status are documented in an inmate's unit health record, his or her TB transportation status is found in the Distributed Data Processing System database. The TB transportation status is identified by a two-digit "alert" code that indicates whether the TST of the inmate is significant, if the inmate is receiving medication, and whether the inmate has TB infection or suspected or confirmed TB disease. Employees responsible for transporting inmates must check the two-digit TB Alert Code to be sure that inmates are moved only after taking proper respiratory precautions, if needed. The TB Alert Code transportation system is NOT the system used outside of the California Department of Corrections. The TB Alert Code system should not be used on medical transfer information for inmates leaving California Department of Corrections and Rehabilitation. Note: the codes have had a new addition of "23" and slight modifications to their descriptions. The new codes are included in this booklet.

To summarize, the purpose of the Inmate TB Alert System is to provide ongoing information on how effectively the TB control program is working. It is also a means to ensure:

- Continuity of care of inmates with TB.
- Treatment completion for inmates, always at high risk for TB disease.
- Identification of an inmate's TB status so that staff during transport takes appropriate precautionary measures.

TB ALERT CODES

CODE	TB STATUS	TRANSPORTATION
Code 00 (Blank)	TST Status Unknown: Arriving with no documentation even if stating TST positive. Can wait 24 hours to access previous TST. Also used for annual testing or contact investigation. Change within 72 hours.	Do Not Transport
Code 11	TST Test Performed/ Status Unknown Not on TB Medication Received TST; not interpreted yet. If symptomatic for TB disease, inmates shall be labeled “Code 31” and placed into respiratory isolation as TB suspects. Change within 72 hours.	<u>Limit Transport</u> <u>May</u> Need Respiratory Precautions
Code 21	PPD Test Result <u>Significant</u> (Positive) Inmate Under Diagnosis Not on TB Medication Until all diagnostic procedures are complete, not to exceed two months. If symptomatic for TB disease, inmates shall be labeled “Code 31” and placed into respiratory isolation as TB suspects. Can also use “Code 21” for contact investigations, until thorough evaluation, including CXRs, are done	<u>Limit Transport</u> <u>May</u> Need Respiratory Precautions
Code 22	TST Test Result <u>Insignificant</u> (Negative) Not on TB Medication	Use Regular Transportation
<u>Code 23</u> <u>New;</u> <u>identifies TB</u> <u>contacts</u>	<u>TST Result not Significant (Negative)</u> <u>Not Infectious; on TB Medications</u> <u>May need repeat TST when meds are complete (usually two months)</u>	Use Regular Transportation
Code 31	Suspected or Confirmed Active TB Disease Possibly Infectious May or May Not be on TB Medications	Use Special Transportation & Respiratory Precautions
Code 32	TST Test Result <u>Significant</u> (Positive) Prior Infection Currently Not Infectious NOT on TB Medications	Use Regular Transportation
Code 33	TB Infection Or Exposure to TB Infection Not Infectious On TB Medications	Use Regular Transportation
Code 34	TB Infected, Not Infectious TB Medications Prescribed Refused or contraindicated.	Use Regular Transportation
Code 43	TB Disease, Not Infectious On Multiple TB Medications Remains “Code 43” <i>throughout the treatment period</i> for TB disease. Upon completion of treatment, change to “Code 32.”	Use Regular Transportation
Code 51	MDR-TB Infection, Active Disease, Infectious On TB Medications When non-infectious becomes “Code 53” for the remainder of the treatment period.	Use Special Transportation & Respiratory Precautions
Code 52	MDR-TB, Prior History, Treated, Not Infectious Not on TB Medications	Use Regular Transportation
Code 53	MDR-TB, Active Disease, Not Infectious On Medication	Use Regular Transportation

Learning Objective #5: You will be able to identify the critical indicator of a significant TB skin test (TST).

ANNUAL EMPLOYEE AND INMATE TST/EVALUATION PROGRAM

The California Department of Corrections and Rehabilitation is committed to providing a safe working environment, including maintaining the health and safety of its employees. The TB Control Guidelines and annual employee TST/evaluation program provide standardized policies and procedures for exposure prevention activities, the early identification of TB infection, and prompt diagnosis and treatment of TB disease.

The Health Care Manager and Warden at each facility and the Regional Parole Administrator in each parole region are responsible for implementing the annual employee and inmate TST/evaluation program. A TB Coordinator is designated at each facility and Parole Region to plan and coordinate the annual employee and inmate TST/evaluation program. A multidisciplinary team will share the following tasks for the employee program:

- Conducting the annual TST/evaluation program at no cost to employees.
- Notifying the In-Service Training Manager of the testing dates, so that annual employee TB training may be coordinated with the annual TST/Evaluation Program.
- Notifying employees within their jurisdiction about the annual TST/Evaluation schedule (e-mail, fact sheets, posters or flyers included with paychecks).
- Referring employee to the Health and Safety Officer or Return to Work Coordinator, for details on the Workers' Compensation program used to provide evaluation and further follow-up, if necessary.
- Notifying the Health Care Manager and Warden of those employees who are non-compliant.

Employees may elect to have their own healthcare provider conduct the TST/Evaluation and provide written documentation that the employee is free of infectious TB (**at no cost to California Department of Corrections and Rehabilitation**).

- *Employees are responsible for providing the necessary forms (CDC 7336 and 7354 or CDC Form 7336 Rev 10/02) to their healthcare provider for this certification.*
- *The forms can be obtained from the TB Coordinator at their institution, parole region, or other TB coordinator.*
- *An employee who does not provide these specific forms properly completed with complete documentation of the TST/Evaluation is subject to non-disciplinary dismissal from California Department of Corrections and Rehabilitation for failure to meet required conditions of employment.*

Employee with An Insignificant TST

An **insignificant** TST result occurs when the TST site is smooth with no palpable firm, raised area (induration). **Redness should be noted but redness does not indicate a significant TST result.** An **insignificant** TST may indicate the absence of TB infection, or may indicate that the immune system is suppressed. A person with an **insignificant** TST will continue to receive TST/Evaluations as long as they are employed by California Department of Corrections and Rehabilitation.

Employee with a Significant TST

A **significant** TST result occurs when measured within 48 to 72 hours the TST site is:

- A firm and raised area (**induration**) of a certain size as judged by a licensed health professional. Note that an area of redness does not denote a **significant** TST.

It does not mean that TB disease is present, although it is an indication that the person must be evaluated for possible TB disease. Inmates receive physical examinations, chest x-rays, and laboratory testing; employees will be referred to the Worker's Compensation provider for evaluations. Procedures recommended by the Centers for Disease Control and Prevention include:

- A chest x-ray within 72 hours for persons with a newly **significant** TST.
- Evaluation for TB signs and symptoms such as cough, fatigue, night sweats, fever, chest pain or weight loss. If symptoms of TB disease and a **significant** TST are present, the person should be promptly placed into respiratory isolation.
- Sputum smears and cultures on sequential days will be obtained for persons in whom the chest x-ray is considered consistent with TB disease.
- Treatment for suspected or active cases of TB disease should begin immediately, while diagnosis is still being performed. Treatment should not be withheld while waiting for laboratory confirmation of disease.

MULTI-DRUG RESISTANT TB

The Multi-Drug Resistant TB diseased patient presents healthcare staff with a very serious treatment problem. The mycobacteria are termed "Multi-Drug Resistant" when some or all of the primary anti-TB drugs fail to kill the bacteria when tested in a laboratory. Treatment of Multi-Drug Resistant TB patients is complex and requires expert consultation. There have been no reports of Multi-Drug Resistant TB newly occurring within California Department of Corrections and Rehabilitation.

RESPIRATORY PROTECTION

Environments in correctional facilities are conducive to the spread of TB, as many facilities are older structures with inadequate ventilation systems. There is overcrowding compounded by the constant movement within and between the correctional county jails and state facilities. A potential for transmission exists whenever a person with infectious TB shares air space with someone who is susceptible to infection. It is important for all employees working in this high-risk environment and coming into daily contact with high-risk inmates, to utilize universal precautions, safe work practices, and proper personal protective equipment.

When staff must be in air-shared space with a person with suspected or confirmed TB disease, their personal protective equipment should include an N-95 respirator. The “N-95” designation refers to filtering ability for 95% of TB bacteria when infected air is inhaled. Federal and California Office of Safety and Health Administration requirements have mandated the use of N-95 properly fit respirators. This personal protective equipment should be used in each of the following situations:

- Entering respiratory isolation rooms in which infectious patients are housed.
- Transporting patients with suspected or confirmed TB, especially in enclosed vehicles. Windows shall be opened if possible, and the patient is to wear a **surgical mask** over the nose and mouth to help prevent droplets from being released into the shared airspace. **The patient should not wear an N-95 respirator as this is designed to prevent bacteria from getting in, not from getting out.**
- During cough-inducing or aerosol-generating procedures performed on patients with suspected or confirmed TB, or during treatment of Human Immunodeficiency Virus disease with pentamidine.
- Entering booths or rooms where cough-inducing or aerosol-generating procedures were performed on patients with suspected or confirmed TB, until the filters have had sufficient time elapsed to eliminate at least 99% of the air.

OCCUPATIONAL EXPOSURE INCIDENT

An exposure incident occurs when airspace is shared with a case of infectious pulmonary TB, without the benefit of exposure control protection. In actuality, the majority of transmission probably occurs from persons not yet identified as TB-diseased. Typical situations with potential for exposure are when an employee is confined in a closed area, such as within a vehicle transporting an inmate with suspected or confirmed active TB disease, or within a room housing an active TB case, for long periods of time. There have been no verified studies to indicate what specific period of time or type of exposure is most likely to cause transmission of the mycobacteria and thus to produce TB infection.

Evaluation of an Exposure Incident

Healthcare staff will consider the following factors when evaluating an exposure incident:

- The infectiousness of the patient with suspected or confirmed TB.
- The proximity of the employee to the patient with active TB disease.
- The length of time the employee was exposed to the patient with active TB disease or was in an area where the patient with active TB disease had been housed, visited or transported.
- The ventilation of the room in which airspace was shared.
- The medical conditions, if known, likely to make the individual more susceptible to TB infection.

CONTACT INVESTIGATION

The purpose of a contact investigation is to identify, evaluate, and treat all individuals who may have been exposed to an inmate-patient with TB disease. Additionally, recently infected individuals will be identified and scheduled for evaluation and/or treatment. The contact investigation will be completed following an exposure incident, and as soon as possible after identification of a source case. Employees will be referred to the Workers' Compensation Program for determination if chest x-rays, laboratory testing, or medications are necessary.

The list of exposed close circle inmates will be evaluated and tested within one week after identification of the patient with suspected or confirmed TB disease. Due to required interviews, lab testing and chest x-rays for inmate-patients, it is best to close the building where the inmate-patient with suspected or confirmed TB disease is housed. This is easier than attempting to track inmates who are continually going to work or are being transferred. This closure involves an immediate team meeting with the Warden, the representatives from the California Correctional Peace Officers Association, the Health Care Manager, Chief Medical Officer, and appropriate custody and healthcare supervisory staff. Notification to the Chief Medical Officer, must be done regarding the team decision to close the facility. If necessary, the Chief Medical Officer, in conjunction with the Director of the Division of Correctional Health Care Services and Institutions, can effect closure of the entire institution for the time necessary to complete diagnostic evaluation of the circle of patients.

Employees or inmates found to have a insignificant TST, will be re-tested in ten to twelve weeks; and all employees or inmates, regardless of TST reaction, will again be evaluated at that time for signs and symptoms of TB disease.

Learning Objective #6: You will be able to identify the four steps for treatment when an employee converts from an insignificant to a significant tuberculin skin test (TST).

WORKERS' COMPENSATION PROGRAM

If an exposed employee's TST converts from a previously insignificant reaction to a significant reaction, the employee will be referred to the Health and Safety Officer or Return to Work Coordinator who will describe the Workers' Compensation program. Through Workers' Compensation, the employee may receive an evaluation for TB, a chest x-ray, and preventive treatment if medically indicated. If the chest x-ray indicates the possibility of active disease, the employee will receive a complete medical evaluation, diagnostic laboratory tests and treatment for TB disease, if appropriate. Any employee who has a TST conversion from insignificant to significant, and any employee, who develops active TB disease, must be recorded in the OSHA Log 300 as maintained by the institutional Health and Safety Officer or Return to Work Coordinator.

The cost of anti-TB medications and other medical expenses beyond the chest x-ray are the responsibility of the Workers' Compensation program, if the exposure is determined to be work related. To initiate a Worker's Compensation claim the employee may file the Employee's Claim for Workers' Compensation, on the State Compensation Insurance Fund form 3301. The employee's supervisor will file a "first report of injury" form, SCIF 3067, and follow the guidelines, policies and procedures of the Workers' Compensation program for work-related incidents.

To summarize, the following steps provide information to assist the employee in filing a claim for Workers' Compensation when an employee converts from an insignificant to a significant TST.

- Employee will be referred to the Health and Safety Officer or Return to Work Coordinator who will describe the Workers' Compensation program.
- Through Workers' Compensation, the employee may receive an evaluation for TB, a chest x-ray, and preventive treatment if medically indicated.
- If the chest x-ray indicates the possibility of active disease, the employee will receive a complete medical evaluation, diagnostic laboratory tests and treatment for TB disease, if appropriate.
- The employee may file the Employee's Claim for Workers' Compensation, on the State Compensation Insurance Fund form 3301.

References:

1. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR) Targeted Tuberculin Testing and Treatment of Latent TB Infection. June 9, 2000/Vol.49/No. RR-6.
2. Annual Institutional Employee TST/Evaluation Requirements for fiscal year 2003-2004. (Memo)
3. Penal Code, Sections 6006-6009.
4. Federal Register 10-17-97 Vol.62. No. 201. Department of Health and Human Services. 42 Code of Federal Regulations (CFR) Part 84. National Institute for Occupational Safety and Health; Certification of Respiratory Devices Used to Protect Workers in Hazardous Environments.
5. California Department of Health Services, California TB Controllers' Association Joint Guidelines for the Treatment of TB and TB infection for California.
6. Title 16 Division 13, Sections 1364.10, 1364.11 and 1364.15

**Tuberculosis Testing
Lesson Acknowledgement and Signature**

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures as defined in the Tuberculosis Testing OJT Module that I received.

Please contact your immediate supervisor if you have additional questions.

PERNR # _____

Signature: _____

Print Name: _____

Date: _____