

Plaintiffs' Exhibit A



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date : March 16, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO STAFF VACCINE REQUESTS, INCLUDING CDPH MANDATED VACCINATED STAFF REQUIRED TO BE BUT NOT BOOSTED POST MARCH 2, 2022.**

California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) are providing the italicized information below in response to your email inquiry dated March 4, 2022.

1. How many, respectively, CDCR and CCHCS staff are required to be vaccinated against COVID by the California Department of Public Health (CDPH) 8/19/22 order (i.e., are not exempted), and how many of those staff (again, for CDCR and CCHCS) as of a specified date after 3/2/22 are not boosted as required by CDPH's 12/22/21 and 2/22/22 orders? Have these eligible for, but not boosted staff been told they must test for COVID once or twice weekly, depending on where they work, and what is done to monitor compliance with this testing requirement?

Please refer to Attachment A for vaccination and booster data.

All CDCR and CCHCS staff were notified through departmental memoranda regarding the COVID-19 testing requirement for staff who are booster-eligible and pending a booster. Please refer to Attachments B and C.

Chief Executive Officers and Wardens have designees that regularly monitor compliance with COVID-19 testing utilizing the COVID-19 Staff Testing Registry. These designees also identify non-compliant CDCR and CCHCS staff from the previous week to follow-up on their compliance status, and those found to be truly non-compliant are addressed through the progressive disciplinary process.

Local leadership constantly encourages and reminds institutional staff to test regularly if unvaccinated, partially-vaccinated, and booster-eligible and pending a booster. Additionally, CDCR and CCHCS posted testing reminders at staff entrances, exits, and other conspicuous areas of institutions.

2. With regard to contractor staff, did CDCR and CCHCS complete verification of the vaccination status of the approximately 65 contractors statewide who, per Attachment B to your 1/28/22 memorandum (copy attached), had not had that status verified as of January 28? Please explain.

Please note there were 66 contractors pending verification of vaccine status on Attachment B, which was provided on February 14, 2022, in response to the PLO's inquiry dated January 28, 2022. The vaccination status of all 66 contractors have been verified. Please refer to Attachment D.

MEMORANDUM

Re: Staff Vaccine Requests, Including CDPH Mandated Vaccinated Staff Required To Be But Not Boosted Post March 2, 2022.

3. How many contractor staff are required to be vaccinated against COVID by the CDPH 8/19/22 order (i.e., subject to the order and not exempted), and how many of those contractor staff as of a specified date after 3/2/22 are not boosted as required by CDPH's 12/22/21 and 2/22/22 orders? Have these eligible for, but not boosted staff be told they must test once or twice weekly, depending on where they work, and what is done to monitor compliance with this testing requirement?

Please refer to Attachment A for vaccination and booster data for contractor staff.

As noted in the response to Question 1, all CDCR and CCHCS staff were notified through departmental memoranda (Attachments B and C) regarding the COVID-19 testing requirement for staff who are booster-eligible and pending a booster. In addition to the all-staff departmental memoranda, CCHCS also notified the vendors/network contractors of the testing requirements for booster-eligible registry providers and healthcare contractors who are pending a booster. CCHCS regularly discusses the CDPH orders with vendors/network contractors in various forums to ensure compliance of registry providers and healthcare contractors. As contractors are hired to provide services they are informed of the vaccination and booster requirements.

As noted in the response to Question 1, local leadership constantly encourages and reminds institutional staff to test regularly if unvaccinated, partially-vaccinated, and booster-eligible but unboosted. Additionally, CDCR and CCHCS posted testing reminders at staff entrances, exits, and other conspicuous areas of institutions.

4. As of a specified date on or after March 10, 2022, how many, respectively, CCHCS and CDCR staff statewide who are mandated to be vaccinated by the CDPH 8/19/21 order have been granted a religious exemption, and have such an exemption pending? How many such exemption requests have been denied? Please also provide that data for, respectively, CHCF and CMF.

Please refer to Attachment A for religious exemption data.

5. Finally, can you please provide, for a specified date on or after 3/10/22, charts showing (a) statewide and prison-specific staff vaccination data (for all staff, not just those subject to the CDPH mandates), of the kind you provided as Attachment A to your 1/21/22 memorandum (copy attached); and (b) statewide and prison-specific vaccination data for the correctional officer classification of the kind you provided as Attachment B to your 1/21/22 memorandum (copy attached)?

Please refer to Attachment E for vaccination data on all staff and Attachment F for data for the Correctional Officer classification.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director, Institution Operations, CCHCS

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Re: Staff Vaccine Requests, Including CDPH Mandated Vaccinated Staff Required To Be But Not Boosted Post March 2, 2022.

DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Annett Lambert, Deputy Director, Quality Management, CCHCS
Migdalia Siaca, Deputy Director, Labor Relations, CCHCS
Kimberly Seibel, Deputy Director, Facility Operations, DAI, CDCR
Robin Hart, Associate Director (A), Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Regions I-IV, CCHCS
Regional Health Care Executive, Regions I-IV, CCHCS
Regional Nursing Executive, Regions I-IV, CCHCS

ATTACHMENT A

ATTACHMENT B



MEMORANDUM

Date: December 30, 2021

To: California Department of Corrections and Rehabilitation – All Institution and Facility Staff
California Correctional Health Care Services – All Institution and Facility Staff

From:

DocuSigned by:
Jeffrey Macomber For
KATHLEEN ALLISON
Secretary
CDCR

DocuSigned by:
Clark Kelso
J. CLARK KELSO
Receiver
CCHCS

Subject: MANDATORY COVID-19 VACCINATION, BOOSTER AND TESTING FOR INSTITUTION/FACILITY STAFF

The purpose of this memorandum is to address the order issued by the California Department of Public Health (CDPH) on [December 22, 2021](#), which builds upon the August 19, 2021, CDPH order.

AUGUST 19, 2021 CDPH ORDER – FULL VACCINATION REQUIREMENT FOR STAFF

The August 19, 2021, CDPH order requires workers in specified correctional health care facilities to show evidence of full vaccination for COVID-19 by October 14, 2021, or to obtain approval for a reasonable medical or religious accommodation precluding them from the mandatory full vaccination. Workers to whom this requirement applies cannot opt out of vaccination or routinely test in lieu of vaccination. The implementation plans for the August 19, 2021, CDPH order are outlined in the memoranda issued by the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) on [August 23, 2021](#), [September 20, 2021](#) and [October 04, 2021](#).

On December 22, 2021, CDPH updated the August 19, 2021, CDPH order and now requires booster-eligible workers to receive their booster dose by no later than February 1, 2022, or to undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted.

Both the August 19, 2021, CDPH order and subsequent [December 22, 2021, CDPH order](#) apply to all workers at California Health Care Facility (CHCF), California Medical Facility (CMF), and the Skilled Nursing Facility at Central California Women's Facility (CCWF). In addition, it applies to those workers regularly assigned to work in the following health care areas or posts within institutions system-wide.

1. All Correctional Treatment Centers (CTC) and similar locations, including:
 - a. Medical CTC beds
 - b. Licensed and Unlicensed Psychiatric In-Patient Program housing
 - c. Licensed and Unlicensed Mental Health Crisis housing

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2. All Outpatient Housing Units (OHUs)
3. Medical, Specialty, Mental Health, and Dental clinic treatment areas
4. Hospice beds
5. Dialysis units
6. Treatment and Triage Areas (TTAs)
7. Staff identified on the Master Assignment Roster as assigned to transportation or medical guarding in the community
8. All Department of Juvenile Justice (DJJ) staff assigned to the Mental Health Residential Units, Intensive Behavioral Treatment Program Units, and Sexual Behavior Treatment Program Units
9. All staff assigned to the Medical Wings within DJJ facilities
10. All staff assigned to the Program Center at N.A. Chaderjian Youth Correctional Facility

All paid and unpaid regularly assigned workers/volunteers subject to both CDPH orders include but are not limited to the following: clinicians, nurses/nursing assistants, technicians, therapists, phlebotomists, pharmacists, dietary staff, janitorial and laundry staff, administrative staff, registry staff, contract staff, volunteers, custody staff, health facility maintenance workers and inmate workers. Both CDPH orders shall apply to all five-day-a-week posts and regular-day-off posts. Currently, both CDPH orders will not apply to non-regularly assigned staff, such as relief staff, voluntary overtime, mandatory overtime, swaps, or those who do not work in the area regularly, such as staff making pick-ups or deliveries, conducting maintenance repairs, conducting tours, etc. Additionally, both CDPH orders will not apply to any staff responding to emergencies.

DECEMBER 22, 2021, CDPH ORDER – BOOSTER AND TESTING REQUIREMENTS FOR STAFF

The [December 22, 2021, CDPH order](#) applies to the same CDCR/CCHCS workers impacted by the August 19, 2021, CDPH order, as defined above, and requires the following:

1. All workers currently eligible for boosters, who provide services or work in facilities as defined above shall be "fully vaccinated and boosted" for COVID-19 by receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A.
 - a. Those workers currently eligible for booster doses (per Table A) shall receive their booster dose by no later than February 1, 2022.
 - b. Workers not yet eligible for boosters shall be in compliance no later than 15 days after the recommended timeframe per Table A for receiving the booster dose.
2. Beginning December 27, 2021, booster-eligible workers who have not yet received their booster dose shall undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted. Fully-vaccinated workers who are not yet eligible for a booster are only required to test once they become eligible for a booster but remain unboosted.

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Table A: California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1 st and 2 nd doses	Booster dose 6 months after 2 nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1 st dose	Booster dose 2 months after 1 st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

JULY 26, 2021, CDPH ORDER – WORKER PROTECTIONS IN HIGH-RISK SETTINGS

As a reminder, the August 19, 2021 CDPH order and subsequent [December 22, 2021, CDPH order](#) do not supplant the [July 26, 2021, CDPH order](#). Therefore, pursuant to the [July 26, 2021, CDPH order](#), all unvaccinated and partially vaccinated workers in High-Risk Congregate Settings, including state and local correctional facilities, shall undergo screening and testing for COVID-19 twice-weekly with at least 72 hours between each test, until fully-vaccinated.

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VACCINE, BOOSTER AND TESTING LOCATIONS

Workers may obtain no-cost COVID-19 vaccination and booster from [CDCR/CCHCS vaccine clinics](#). Alternatively, workers may obtain no-cost vaccination/booster outside CDCR/CCHCS from any clinic listed on the website myturn.ca.gov, or from their personal health care provider.

Workers may obtain no-cost COVID-19 testing from CDCR/CCHCS [institution](#) and [non-institution](#) testing locations. Alternatively, workers may obtain no-cost testing outside CDCR/CCHCS from any location listed on [California's COVID-19 website](#), or from their personal health care provider.

Workers who obtained vaccination/booster/testing from outside CDCR/CCHCS shall submit proof as follows:

- To submit vaccination/booster documentation, follow the steps in Attachment A.
- To submit testing documentation, follow the steps in Attachment B.
- Division of Adult Institutions staff shall also submit proof of vaccination/booster/testing to the appropriate local compliance unit. Contact your supervisor/manager for details.

QUALIFYING ACCOMMODATION REQUESTS

Workers to whom the mandatory COVID-19 vaccination/booster apply but who opt out of the COVID-19 vaccination/booster on the basis of their sincerely-held religious belief or due to qualifying medical reason(s) may submit a request for a religious or reasonable medical accommodation following the processes outlined in the [August 23, 2021](#) and [September 20, 2021](#), memoranda. The Department shall engage in the interactive process with workers to ensure a timely and appropriate determination of religious or reasonable medical accommodation.

Workers with a pending or approved/denied request shall continue reporting to work and obtain COVID-19 testing twice-weekly with at least 72-hours between each test. If the accommodation request is denied, the worker has 14 calendar days to initiate a vaccination/booster.

FACE COVERING REQUIREMENTS FOR STAFF

Fully-vaccinated and booster-eligible workers (regardless of booster status) shall continue to wear at least a procedure mask while on CDCR institution/facility grounds, unless an N95 mask is required pursuant to the California Code of Regulations (CCR) [Title 8, Section 5199](#) or the [July 26, 2021, CDPH Order](#). Unvaccinated or partially vaccinated workers, including those with a pending or denied/approved accommodation request or disciplinary action, shall wear an N95 mask while on CDCR institution/facility grounds. Limited exceptions to masking requirements apply as outlined in the [December 6, 2021, memorandum](#).

NON-COMPLIANCE ACCOUNTABILITY

For civil service workers, refusal to comply with vaccination, booster, testing and masking mandates may result in corrective or disciplinary action in accordance with CCR Title 15, Section 3392, Employee Discipline, and the Department Operations Manual, Article 22,

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Employee Discipline, Section 33030.8, Causes for Corrective Action, and 33030.9, Causes for Adverse Action. Further directions to local Hiring Authorities (HA) will be forthcoming specifying expectations of progressive discipline for non-compliance by civil service workers.

For registry providers and contract workers, local HAs shall report non-compliance to the vendor/contractor/network contractor. On and after February 2, 2022, the assignment for non-compliant registry providers, contractors, and applicable retired annuitants who have neither requested nor received a religious or reasonable medical accommodation shall be ended. Assignments shall not be ended prior to this deadline. HAs shall follow the established method of communication with the vendor/contractor/network contractor to report non-compliance prior to the deadline to ensure services are provided and appropriate staffing levels are maintained.

REQUIREMENTS FOR LOCAL HIRING AUTHORITY

Each local hiring authority shall be responsible for identifying workers to whom the August 19, 2021, CDPH order and subsequent [December 22, 2021, CDPH order](#) apply and notifying these workers that they are covered by and shall comply timely with both CDPH orders.

HAs may utilize the [COVID-19 Staff Vaccination Registry](#) and the [COVID-19 Staff Testing Registry](#) to monitor compliance with COVID-19 vaccination, booster, testing, and masking requirements. It is the HA's responsibility to regularly review information from these reports and share relevant non-compliance information with their respective managers and supervisors. For any questions or concerns regarding the COVID-19 staff registries, please contact CCHCS Quality Management at QMStaff@cdcr.ca.gov

QUESTIONS OR CONCERNS

A revised Frequently-Asked-Question document regarding the August 19, 2021, CDPH order and subsequent [December 22, 2021, CDPH order](#) is forthcoming. Refer to Attachment C for a quick one-page guide of all CDPH orders related to COVID-19 vaccination, booster and testing.

If you have any questions or concerns, inquiries shall be directed as follows:

- For Wardens, contact your mission's Associate Director, Division of Adult Institutions.
- For Chief Executive Officers, contact your respective Regional Health Care Executive.
- For Division of Juvenile Justice, contact either Deputy Director.
- For religious accommodation-related questions, contact the local EEO coordinator.
- For reasonable medical accommodation-related questions, contact the RTWC for civil service workers, or appropriate vendor/contractor/network contractor for registry providers and contractors.
- For progressive discipline-related questions, contact the assigned Employee Relations Officer or Health Care Employee Relations Officer.
- For COVID-19 vaccination, booster, or testing questions, and any other COVID-19-related questions, contact the Employee Health Program at EHP@cdcr.ca.gov.



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

ATTACHMENT A
SUBMISSION OF COVID-19 VACCINATION RECORD

CDCR, CCHCS and Division of Juvenile Justice (DJJ) staff who have been vaccinated from an outside provider shall securely submit **COVID-19 Vaccination Record Cards** directly to the Environmental Health and Safety (EHS) Data Team. The EHS module within the Business Information Systems (BIS) platform is being used to capture vaccination data from the Centers for Disease Control and Prevention (CDC) **COVID-19 Vaccination Record Card** via DocuSign.

Staff should submit a **COVID-19 Vaccination Record Card** if:

1. You have completed your two shot series (Pfizer-BioNTech or Moderna) with at least one shot received outside of the CDCR offered COVID-19 Vaccination Program; **OR**
2. You have received the Johnson & Johnson Janssen single dose vaccine outside of the CDCR offered COVID-19 Vaccination Program; **AND**
3. You have an email account where you can verify your submission. For the best user experience, please use your @CDCR.CA.GOV email account.

NOTE: If you have received your entire COVID-19 Vaccination series from CDCR, there is no need to submit your **COVID-19 Vaccination Record Card.**

Staff may submit a **COVID-19 Vaccination Record Card** using any of the following methods:

1. DocuSign (preferred)

- Click below to initiate the COVID-19 Vaccination Record Card in DocuSign:
[COVID Vaccination Record Card](#)
A confirmation code will be sent to the email address you provide via DocuSign.
- Once you confirm the email account provided, DocuSign will launch.
- Enter the required information into DocuSign, which includes Name, Date, PERNR # and Date of Birth.
- Attach your scanned or photographed **COVID-19 Vaccination Record Card**.
- Click Finish to submit.

2. Email to EHS Help Desk Mailbox at EHSHelpDesk@cdcr.ca.gov

3. Via US Postal Service to the below address. NOTE: If sending via US Postal Service, do not send your original **COVID-19 Vaccination Record Card to the EHS team.**

Department of Corrections and Rehabilitation
Enterprise Information Services
1940 Birkmont Drive, Rancho Cordova, CA 95742
Attn: EHS Help Desk

Please allow 5-7 business days for your information to be entered into EHS. If you have any questions, please contact EHSHelpDesk@cdcr.ca.gov.



ATTACHMENT B
SUBMISSION OF COVID-19 TESTING DOCUMENTATION

CDCR, CCHCS and DJJ staff who have been tested from an outside provider shall securely submit documentation of Non-CDCR/CCHCS COVID-19 Test Result directly to the Employee Health Program team using this DocuSign PowerForm. The PowerForm can be used only if staff has an email account where they can verify their submittal. For the best user experience, staff shall use their @CDCR.CA.GOV email account.

Staff shall submit documentation of COVID-19 test result only if they have tested outside of CDCR/CCHCS (e.g. Kaiser, Sutter, CVS, etc.). Tests completed within CDCR/CCHCS will automatically be recorded in BIS. Documentation of test results shall include the following:

- 1. Name of the company that conducted the test
2. Name and date-of-birth of the employee
3. The test result

Directions for Using the PowerForm

- 1. A confirmation code will be sent to the email address provided while initiating the PowerForm.
2. Once confirmed via the email account provided, the Non-CDCR/CCHCS COVID-19 Test Result PowerForm will launch for staff to fill out.
3. Enter all required information into the form.
4. Attach the documentation of Non-CDCR/CCHCS COVID-19 Test Result.
5. Click Finish once all required information are entered and the documentation of Non-CDCR/CCHCS COVID-19 Test Result is attached.

- Name:
Date:
PERNR:
Date of Birth:
Attach documentation of Non-CDCR/CCHCS COVID-19 Test Result (as shown in Example photo).

Although DocuSign is the preferred method, staff may also mail-in their documentation of test results to the following address:

California Correctional Health Care Services
Attn: Employee Health Program, E-1
PO Box 588500
Elk Grove, CA 95758



ATTACHMENT C
CDPH PUBLIC HEALTH ORDERS FOR
STAFF COVID-19 VACCINATION, BOOSTER, AND TESTING
A Quick Guide for Institutional and Facility Staff

1. **JULY 26, 2021 - WORKER PROTECTIONS IN HIGH-RISK SETTINGS**
 - a. **Summary of Order:** Specified facilities, such as State and Local Correctional Facilities and Detention Centers, **shall verify vaccine status of all workers, and unvaccinated or partially vaccinated workers shall test twice-weekly with at least 72-hours between each test.**
 - b. **CDCR/CCHCS Implementation Plans:**
 - [July 30, 2021, memorandum](#)
 - [August 23, 2021, memorandum](#)
 - [December 6, 2021, memorandum](#)
 - c. **Resources:**
 - [CDPH Questions & Answers](#)

2. **AUGUST 19, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
 - a. **Summary of Order:** All paid and unpaid individuals regularly assigned to provide health care or health care services to inmates, prisoners, or detainees **shall show evidence of full-vaccination against COVID-19 by October 14, 2021,** unless they qualify for an accommodation based on a sincerely-held religious beliefs or due to qualifying medical reason(s).
 - b. **CDCR/CCHCS Implementation Plan:**
 - [August 23, 2021, memorandum](#)
 - [September 20, 2021, memorandum](#)
 - [October 4, 2021, memorandum](#)
 - c. **Resources:**
 - [CDPH Questions & Answers](#)

3. **DECEMBER 22, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
 - a. **Summary of Order:** Booster-eligible workers covered by the August 19, 2021, CDPH Order **shall be boosted by February 1, 2022 or test twice-weekly with at least 72-hours between each test until boosted.**
 - b. **CDCR/CCHCS Implementation Plan:**
 - [December 30, 2021, memorandum](#)
 - c. **Resources:**
 - [CDPH Questions & Answers](#)

ATTACHMENT C



MEMORANDUM

Date: January 28, 2022

To: California Department of Corrections and Rehabilitation – All Institution and Facility Staff
California Correctional Health Care Services – All Institution and Facility Staff

From:

DocuSigned by:
Kathleen Allison
066FFF332C694AB...
KATHLEEN ALLISON
Secretary
CDCR

DocuSigned by:
Clark Kelso
2E3708FD02AF4DC...
J. CLARK KELSO
Receiver
CCHCS

Subject: (UPDATED) MANDATORY COVID-19 VACCINATION, BOOSTER AND TESTING FOR INSTITUTION/FACILITY STAFF

This memorandum supersedes the December 30, 2021, memorandum entitled, [Mandatory COVID-19 Vaccination, Booster and Testing for Institution/Facility Staff](#), to include an extended deadline for compliance with mandatory COVID-19 booster, updated masking requirements, and testing requirements during an outbreak.

AUGUST 19, 2021 CDPH ORDER – FULL VACCINATION REQUIREMENT FOR STAFF

The August 19, 2021, California Department of Public Health (CDPH) order requires workers in specified correctional health care facilities to show evidence of full vaccination for COVID-19 by October 14, 2021, or to obtain approval for a reasonable medical or religious accommodation precluding them from the mandatory full vaccination. Workers to whom this requirement applies cannot opt out of vaccination or routinely test in lieu of vaccination. The implementation plans for the August 19, 2021, CDPH order are outlined in the memoranda issued by the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) on [August 23, 2021](#), [September 20, 2021](#), and [October 04, 2021](#).

On December 22, 2021, CDPH updated the August 19, 2021, CDPH order and now requires booster-eligible workers to receive their booster dose by no later than March 1, 2022¹, and to undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted. Workers not yet eligible for a booster shall be in compliance no later than 15 days after the recommended timeframe to get boosted, and once booster-eligible, shall undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted.

Both the August 19, 2021, CDPH order and subsequent [December 22, 2021, CDPH order](#) apply to

¹ On January 25, 2022, CDPH extended the deadline for covered workers to acquire their booster dose from February 1, 2022, to March 1, 2022. This change was necessary because of challenges caused by the Omicron surge that made it difficult for some to obtain their booster doses by the initial deadline.

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all workers at California Health Care Facility (CHCF), California Medical Facility (CMF), and the Skilled Nursing Facility at Central California Women's Facility (CCWF). In addition, it applies to those workers regularly assigned to work in the following health care areas or posts within institutions system-wide.

1. All Correctional Treatment Centers (CTC) and similar locations, including:
 - a. Medical CTC beds
 - b. Licensed and Unlicensed Psychiatric In-Patient Program housing
 - c. Licensed and Unlicensed Mental Health Crisis housing
2. All Outpatient Housing Units (OHUs)
3. Medical, Specialty, Mental Health, and Dental clinic treatment areas
4. Hospice beds
5. Dialysis units
6. Treatment and Triage Areas (TTAs)
7. Staff identified on the Master Assignment Roster as assigned to transportation or medical guarding in the community
8. All Department of Juvenile Justice (DJJ) staff assigned to the Mental Health Residential Units, Intensive Behavioral Treatment Program Units, and Sexual Behavior Treatment Program Units
9. All staff assigned to the Medical Wings within DJJ facilities
10. All staff assigned to the Program Center at N.A. Chaderjian Youth Correctional Facility

All paid and unpaid regularly assigned workers/volunteers subject to both CDPH orders include but are not limited to the following: clinicians, nurses/nursing assistants, technicians, therapists, phlebotomists, pharmacists, dietary staff, janitorial and laundry staff, administrative staff, registry staff, contract staff, volunteers, custody staff, health facility maintenance workers, and inmate workers. Both CDPH orders shall apply to all five-day-a-week posts and regular-day-off posts. Currently, both CDPH orders will not apply to non-regularly assigned staff, such as relief staff, voluntary overtime, mandatory overtime, swaps, or those who do not work in the area regularly, such as staff making pick-ups or deliveries, conducting maintenance repairs, conducting tours, etc. Additionally, both CDPH orders will not apply to any staff responding to emergencies.

DECEMBER 22, 2021, CDPH ORDER – BOOSTER AND TESTING REQUIREMENTS FOR STAFF

The [December 22, 2021, CDPH order](#) applies to the same CDCR/CCHCS workers impacted by the August 19, 2021, CDPH order, as defined above, and requires the following:

1. All workers currently eligible for boosters, who provide services or work in facilities as defined above shall be "fully vaccinated and boosted" for COVID-19 by receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A.
 - a. Those workers currently eligible for booster doses (per Table A) shall receive their booster dose by no later than March 1, 2022.
 - b. Workers not yet eligible for boosters shall be in compliance no later than 15 days after the recommended timeframe per Table A for receiving the booster dose.

MEMORANDUM

2. Beginning December 27, 2021, booster-eligible workers who have not yet received their booster dose shall undergo twice-weekly COVID-19 testing with at least 72 hours between each test, until boosted. Fully-vaccinated workers who are not yet eligible for a booster are only required to test once they become eligible for a booster, until boosted.

Table A: California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1 st and 2 nd doses	Booster dose 6 months after 2 nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1 st dose	Booster dose 2 months after 1 st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

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JULY 26, 2021, CDPH ORDER – WORKER PROTECTIONS IN HIGH-RISK SETTINGS

As a reminder, the August 19, 2021 CDPH order and subsequent [December 22, 2021, CDPH order](#) do not supplant the [July 26, 2021, CDPH order](#). Therefore, pursuant to the [July 26, 2021, CDPH order](#), all unvaccinated and partially vaccinated workers in high-risk congregate settings, including state and local correctional facilities, shall undergo screening and testing for COVID-19 twice-weekly with at least 72 hours between each test, until fully-vaccinated.

VACCINE, BOOSTER AND TESTING LOCATIONS

Workers may obtain no-cost COVID-19 vaccination and booster from [CDCR/CCHCS vaccine clinics](#). Alternatively, workers may obtain no-cost vaccination/booster outside CDCR/CCHCS from any clinic listed on the website [myturn.ca.gov](#), or from their personal health care provider.

Workers may obtain no-cost COVID-19 testing from CDCR/CCHCS [institution](#) and [non-institution](#) testing locations. Alternatively, workers may obtain no-cost testing outside CDCR/CCHCS from any location listed on [California's COVID-19 website](#), or from their personal health care provider.

Workers who obtained vaccination/booster/testing from outside CDCR/CCHCS shall submit proof as follows:

- To submit vaccination/booster documentation, follow the steps in Attachment A.
- To submit testing documentation, follow the steps in Attachment B.
- Division of Adult Institutions staff shall also submit proof of vaccination/booster/testing to the appropriate local compliance unit. Contact your supervisor/manager for details.

QUALIFYING ACCOMMODATION REQUESTS

Workers to whom the mandatory COVID-19 vaccination/booster apply but who opt out of the COVID-19 vaccination/booster on the basis of their sincerely-held religious belief or due to qualifying medical reason(s) may submit a request for a religious or reasonable medical accommodation following the processes outlined in the [August 23, 2021](#) and [September 20, 2021](#), memoranda. The Department shall engage in the interactive process with workers to ensure a timely and appropriate determination of religious or reasonable medical accommodation.

Workers with a pending or approved/denied request shall continue reporting to work and obtain COVID-19 testing twice-weekly with at least 72-hours between each test. If the accommodation request is denied, the worker has 14 calendar days to initiate a vaccination/booster.

FACE COVERING REQUIREMENTS FOR STAFF

Facial covering directives are regularly reviewed and revised as necessary based on the response to the current COVID-19 outbreak. Current facial covering directives are posted on [Lifeline](#).

MEMORANDUM

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LOCAL TESTING REQUIREMENTS DURING A COVID-19 OUTBREAK

Hiring Authorities (HA) have the discretion to temporarily authorize more stringent testing requirements for staff (i.e. more frequent testing intervals, requiring fully vaccinated staff to undergo routine testing, etc.) in response to the current COVID-19 outbreaks.

NON-COMPLIANCE ACCOUNTABILITY

For civil service workers, refusal to comply with vaccination, booster, testing, and masking mandates may result in corrective or disciplinary action in accordance with CCR Title 15, Section 3392, Employee Discipline, and the Department Operations Manual, Article 22, Employee Discipline, Section 33030.8, Causes for Corrective Action, and 33030.9, Causes for Adverse Action. Further directions to local HAs will be forthcoming specifying expectations of progressive discipline for non-compliance by civil service workers.

For registry providers and contract workers, local HAs shall report non-compliance to the vendor/contractor/network contractor. On and after March 2, 2022, the assignment for non-compliant registry providers, contractors, and applicable retired annuitants who have neither requested, nor received, a religious or reasonable medical accommodation shall be ended. Assignments shall not be ended prior to this deadline. HAs shall follow the established method of communication with the vendor/contractor/network contractor to report non-compliance prior to the deadline to ensure services are provided and appropriate staffing levels are maintained.

REQUIREMENTS FOR LOCAL HIRING AUTHORITY

Each local hiring authority shall be responsible for identifying workers to whom the August 19, 2021, CDPH order and subsequent [December 22, 2021, CDPH order](#) apply, and notifying these workers that they are impacted by and shall comply timely with both CDPH orders.

HAs may utilize the [COVID-19 Staff Vaccination Registry](#) and the [COVID-19 Staff Testing Registry](#) to monitor compliance with COVID-19 vaccination, booster, testing, and masking requirements. It is the HA's responsibility to regularly review information from these reports and share relevant non-compliance information with their respective managers and supervisors. For any questions or concerns regarding the COVID-19 staff registries, please contact CCHCS Quality Management at QMStaff@cdcr.ca.gov.

QUESTIONS OR CONCERNS

A revised Frequently-Asked-Question document regarding the August 19, 2021, CDPH order and subsequent [December 22, 2021, CDPH order](#) is forthcoming. Refer to Attachment C for a quick one-page guide of all CDPH orders related to COVID-19 vaccination, booster, and testing.

MEMORANDUM

Page 6 of 9

If you have any questions or concerns, inquiries shall be directed as follows:

- For Wardens, contact your mission's Associate Director, Division of Adult Institutions.
- For Chief Executive Officers, contact your respective Regional Health Care Executive.
- For Division of Juvenile Justice, contact either Deputy Director.
- For religious accommodation-related questions, contact the local Equal Employment Opportunity Coordinator.
- For reasonable medical accommodation-related questions, contact the Return to Work Coordinator for civil service workers, or appropriate vendor/contractor/network contractor for registry providers and contractors.
- For progressive discipline-related questions, contact the assigned Employee Relations Officer or Health Care Employee Relations Officer.
- For COVID-19 vaccination, booster, or testing questions, and any other COVID-19-related questions, contact the Employee Health Program at EHP@cdcr.ca.gov.



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

ATTACHMENT A
SUBMISSION OF COVID-19 VACCINATION RECORD

CDCR, CCHCS, and DJJ staff who have been vaccinated from an outside provider shall securely submit **COVID-19 Vaccination Record Cards** directly to the Environmental Health and Safety (EHS) Data Team. The EHS module within the Business Information Systems (BIS) platform is being used to capture vaccination data from the Centers for Disease Control and Prevention (CDC) **COVID-19 Vaccination Record Card** via DocuSign.

Staff should submit a **COVID-19 Vaccination Record Card** if:

1. You have completed your two shot series (Pfizer-BioNTech or Moderna) with at least one shot received outside of the CDCR offered COVID-19 Vaccination Program; **OR**
2. You have received the Johnson & Johnson Janssen single dose vaccine outside of the CDCR offered COVID-19 Vaccination Program; **AND**
3. You have an email account where you can verify your submission. For the best user experience, please use your @CDCR.CA.GOV email account.

NOTE: If you have received your entire COVID-19 Vaccination series from CDCR, there is no need to submit your **COVID-19 Vaccination Record Card.**

Staff may submit a **COVID-19 Vaccination Record Card** using any of the following methods:

1. DocuSign (preferred)

- Click below to initiate the COVID-19 Vaccination Record Card in DocuSign:
[COVID Vaccination Record Card](#)
A confirmation code will be sent to the email address you provide via DocuSign.
- Once you confirm the email account provided, DocuSign will launch.
- Enter the required information into DocuSign, which includes Name, Date, PERNR #, and Date of Birth.
- Attach your scanned or photographed **COVID-19 Vaccination Record Card**.
- Click Finish to submit.

2. Email to EHS Help Desk Mailbox at EHSHelpDesk@cdcr.ca.gov

3. Via US Postal Service to the below address. NOTE: If sending via US Postal Service, do not send your original **COVID-19 Vaccination Record Card to the EHS team.**

Department of Corrections and Rehabilitation
Enterprise Information Services
1940 Birkmont Drive, Rancho Cordova, CA 95742
Attn: EHS Help Desk

Please allow 5-7 business days for your information to be entered into EHS. If you have any questions, please contact EHSHelpDesk@cdcr.ca.gov.



ATTACHMENT B
SUBMISSION OF COVID-19 TESTING DOCUMENTATION

CDCR, CCHCS, and DJJ staff who have been tested from an outside provider shall securely submit documentation of Non-CDCR/CCHCS COVID-19 Test Result directly to the Employee Health Program team using this DocuSign PowerForm. The PowerForm can be used only if staff has an email account where they can verify their submittal. For the best user experience, staff shall use their @CDCR.CA.GOV email account.

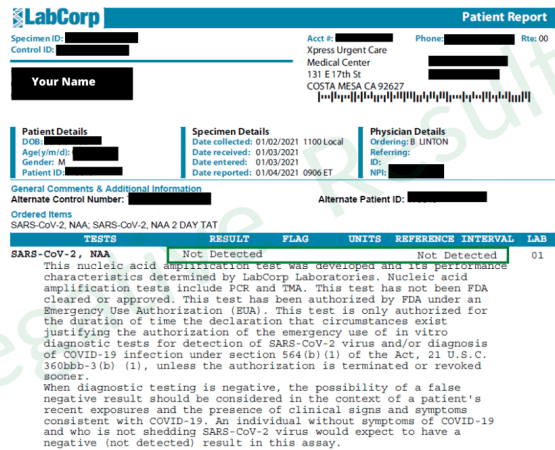
Staff shall submit documentation of COVID-19 test result only if they have tested outside of CDCR/CCHCS (e.g. Kaiser, Sutter, CVS, etc.). Tests completed within CDCR/CCHCS will automatically be recorded in BIS. Documentation of test results shall include the following:

- 1. Name of the company that conducted the test
2. Name and date-of-birth of the employee
3. The test result

Directions for Using the PowerForm

- 1. A confirmation code will be sent to the email address provided while initiating the PowerForm.
2. Once confirmed via the email account provided, the Non-CDCR/CCHCS COVID-19 Test Result PowerForm will launch for staff to fill out.
3. Enter all required information into the form.
4. Attach the documentation of Non-CDCR/CCHCS COVID-19 Test Result.
5. Click Finish once all required information are entered and the documentation of Non-CDCR/CCHCS COVID-19 Test Result is attached.

- Name:
Date:
PERNR:
Date of Birth:
Attach documentation of Non-CDCR/CCHCS COVID-19 Test Result (as shown in Example photo).



Although DocuSign is the preferred method, staff may also mail-in their documentation of test results to the following address:

California Correctional Health Care Services
Attn: Employee Health Program, E-1
PO Box 588500
Elk Grove, CA 95758



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

ATTACHMENT C
**CDPH PUBLIC HEALTH ORDERS FOR
STAFF COVID-19 VACCINATION, BOOSTER, AND TESTING**
A Quick Guide for Institutional and Facility Staff

1. **JULY 26, 2021 - WORKER PROTECTIONS IN HIGH-RISK SETTINGS**
 - a. **Summary of Order:** Specified facilities, such as State and Local Correctional Facilities and Detention Centers, shall verify vaccine status of all workers, and unvaccinated or partially vaccinated workers shall test twice-weekly with at least 72-hours between each test.
 - b. **CDCR/CCHCS Implementation Plans:**
 - [July 30, 2021, memorandum](#)
 - [August 23, 2021, memorandum](#)
 - c. **Resources:**
 - [CDPH Questions & Answers](#)

2. **AUGUST 19, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
 - a. **Summary of Order:** All paid and unpaid individuals regularly assigned to provide health care or health care services to inmates, prisoners, or detainees shall show evidence of full-vaccination against COVID-19 by October 14, 2021, unless they qualify for an accommodation based on a sincerely-held religious beliefs or due to qualifying medical reason(s).
 - b. **CDCR/CCHCS Implementation Plan:**
 - [August 23, 2021, memorandum](#)
 - [September 20, 2021, memorandum](#)
 - [October 4, 2021, memorandum](#)
 - c. **Resources:**
 - [CDPH Questions & Answers](#)

3. **DECEMBER 22, 2021 - STATE AND LOCAL CORRECTIONAL FACILITIES AND DETENTION CENTERS HEALTH CARE WORKER VACCINATION REQUIREMENT**
 - a. **Summary of Order:** Booster-eligible workers covered by the August 19, 2021, CDPH Order shall be boosted by March 1, 2022 or test twice-weekly with at least 72-hours between each test until boosted.
 - b. **CDCR/CCHCS Implementation Plan:**
 - [January 28, 2022, memorandum](#)
 - c. **Resources:**
 - [CDPH Questions & Answers](#)

ATTACHMENT D

Institution	Classification	Vaccination Status as of 3/10
CMF	Contractor	Fully Vaccinated
CMF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
WSP	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CHCF	Contractor	Fully Vaccinated
CMF	Contractor	Fully Vaccinated
CMF	Contractor	Fully Vaccinated
CMF	Contractor	No longer with CDCR/CCHCS
SVSP	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
SAC	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS

CMF	Contractor	No longer with CDCR/CCHCS
CHCF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
WSP	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
SAC	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	No longer with CDCR/CCHCS
CMF	Contractor	Not Subject to CDPH Order
CHCF	Contractor	Not Subject to CDPH Order
CHCF	Contractor	Pending Religious RA
CHCF	Contractor	Pending Religious RA
CHCF	Contractor	Pending Religious RA

ATTACHMENT E

ATTACHMENT F

Institution	Correctional Officers						
	Total number of staff	Completely Vaccinated		Vaccinated with at Least 1 Dose		Boosted	
		#	%	#	%	#	%
SW	21368	13532	63%	13761	64%	4699	22%
ASP	574	372	65%	378	66%	127	22%
CAC	282	116	41%	124	44%	19	7%
CAL	601	460	77%	468	78%	170	28%
CCC	397	161	41%	165	42%	41	10%
CCI	767	384	50%	395	51%	72	9%
CCWF	416	255	61%	265	64%	110	26%
CEN	601	504	84%	509	85%	194	32%
CHCF	896	723	81%	736	82%	330	37%
CIM	735	478	65%	483	66%	183	25%
CIW	382	275	72%	277	73%	142	37%
CMC	709	412	58%	415	59%	140	20%
CMF	716	625	87%	627	88%	401	56%
COR	930	553	59%	567	61%	179	19%
CRC	637	394	62%	399	63%	121	19%
CTF	498	355	71%	360	72%	150	30%
CVSP	339	231	68%	232	68%	77	23%
FSP	453	293	65%	295	65%	100	22%
HDSP	543	208	38%	211	39%	56	10%
ISP	564	383	68%	393	70%	90	16%
KVSP	792	493	62%	502	63%	157	20%
LAC	663	400	60%	411	62%	108	16%
MCSP	704	363	52%	369	52%	72	10%
NKSP	625	399	64%	402	64%	141	23%
PBSP	650	257	40%	262	40%	38	6%
PVSP	684	394	58%	405	59%	79	12%
RJD	874	599	69%	613	70%	200	23%
SAC	759	478	63%	483	64%	134	18%
SATF	787	487	62%	497	63%	119	15%
SCC	492	247	50%	253	51%	59	12%
SOL	603	365	61%	371	62%	103	17%
SQ	832	678	81%	688	83%	394	47%
SVSP	780	533	68%	541	69%	191	24%
VSP	427	279	65%	282	66%	109	26%
WSP	656	378	58%	383	58%	93	14%

Plaintiffs' Exhibit B



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date : March 24, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO REQUIREMENT THAT STAFF NEWLY ASSIGNED TO OR TRANSFERRING INTO A POSITION FOR WHICH CDPH MANDATES COVID-19 VACCINATION**

California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) are providing the italicized information below in response to your email inquiry dated March 4, 2022.

At the February 2022 Case Management Conference, Judge Tigar strongly encouraged the State to make what the Judge said he understood would be a very small, from the perspective of burden, change and require that staff be required to comply with the CDPH vaccine mandate by either verifying vaccination or have an approved exemption before starting work when newly assigned to or transferring into a position for which CDPH mandates COVID vaccination. Has or will CDCR and CCHCS make this change? If yes, when, and how was it done? If no, please explain.

CCHCS will continue requiring proof of full COVID-19 vaccination on or before the start dates of newly hired or assigned staff subject to the CDPH order. Staff with a request for religious or reasonable medical accommodation shall submit their request on or before the first day of assignment, may begin work, and will be required to test twice-weekly while awaiting determination of the request.

The Division of Adult Institutions will ensure that newly hired or assigned staff subject to the CDPH vaccination mandate will, on or before their first day of assignment, receive the first dose of their vaccination of choice or submit a request for religious or medical accommodation and test twice weekly while awaiting a determination of their request.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Kim Seibel, Deputy Director, Division of Adult Institutions Facility Operations, CDCR
Robin Hart, Associate Director (A), Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Regions I-IV, CCHCS
Regional Health Care Executive, Regions I-IV, CCHCS
Regional Nursing Executive, Regions I-IV, CCHCS

Plaintiffs' Exhibit C

Memorandum

Date: February 24, 2021

To: Associate Directors, Division of Adult Institutions
Wardens

Subject: **INMATES REFUSING TO COMPLY WITH HOUSING PROTOCOLS IN REGARDS TO COVID-19 ISOLATION AND QUARANTINE**

The purpose of this memorandum is to standardize a process to address inmates who refuse to comply with direction to move to an appropriate isolation or quarantine cell, housing unit, or alternate housing site as recommended by health care staff and COVID-19 protocols. Bed moves are an essential step the Department is taking to lower the risk of COVID-19 transmission within the institutions. Movement from one location to another shall be limited to that which is necessary for clinical care, medical isolation or quarantine, reduction of overcrowding, and/or serious custody concerns.

This memorandum further provides guidance and direction for the documentation, tracking, and use of progressive discipline for inmates refusing to move from one bed, cell, housing unit, or alternate housing location, to another. All institutions shall implement and abide by the procedures outlined in this memorandum to improve the consistency and effectiveness of monitoring, tracking, and compliance of inmates refusing to comply with housing protocols.

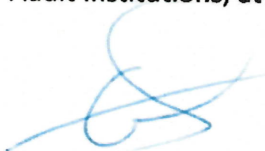
In order for institutions to be consistent in the monitoring and tracking of the inmate non-compliance related to COVID-19 housing, Wardens are directed to have their designated staff implement the following steps when documenting and disciplining an inmate's refusal to move to a designated isolation or quarantine cell, housing unit, or alternate housing location. The steps shall be completed as follows:

- Health care shall conduct rounds in the housing units documenting vitals, collecting medical information, and looking for inmates with symptoms consistent with COVID-19. Based on this information, healthcare may test for COVID-19.
- Health care will inform the inmate of their COVID-19 results and provide education.
- Custody staff will instruct the inmate to move to a designated cell, housing unit, or alternate housing location.
- If the inmate complies with the bed move, the inmate will be permitted to take their property at the time of the move.
- If the inmate refuses, Health care staff shall explain the circumstances and medical reasons pertaining to the move, ensuring the inmate understands why they are required to move. Health Care and Custody staff will ensure effective communication is established and achieved.

Associate Directors, Division of Adult Institutions
Wardens
Page 2

- If the inmate refuses to move, Custody staff shall document the inmate's refusal on a General Chrono (CDCR Form 128B), also documenting effective communication was established and how.
- If the inmate refuses to sign the CDCR Form 128B, Custody staff will indicate the inmate refusal on the CDCR Form 128B.
- Custody shall scan the CDCR Form 128B and email a copy of the CDCR Form 128B to the Incident Command Post (ICP) to track.
- The ICP staff shall add the inmate refusals to the Quarantine/Isolation Bed Move, Inmate Non-Compliance Tracking Log.
- After emailing the CDCR Form 128B to the ICP, facility Custody shall forward the original CDCR Form 128B to the Case Records Department for inclusion into the inmate's Electronic Records Management Systems file.
- Copies of the CDCR Form 128B will also be forwarded to the Facility Captain, Facility Lieutenant, Correctional Counselor I, and the inmate by Custody.
- Progressive discipline will be in accordance with California Code of Regulations, Title 15, Section 3312 Disciplinary Methods.

All institutions will forward their completed Quarantine/Isolation Bed Move, Inmate Non-Compliance Tracking Log to their respective Associate Director by the 5th of the following month for the preceding month. If you have any questions, please contact W. Anthony Dobie III, Special Assistant to Deputy Director, Facility Operations, Division of Adult Institutions, at (916) 323-1029 or Willie.Dobie@cdcr.ca.gov.



CONNIE GIPSON
Director
Division of Adult Institutions

DocuSigned by:

Barbara Barney-Knox

4A779D358DA14E1

BARBARA BARNEY-KNOX
Deputy Director, Nursing Services
Statewide Chief Nurse Executive

Attachments

cc: Kimberly Seibel
Charles W. Callahan
Patrice Davis
W. Anthony Dobie III

Plaintiffs' Exhibit D



MEMORANDUM

Date: January 11, 2022

To: Associate Directors, Division of Adult Institutions
Regional Health Care Executives
Wardens
Chief Executive Officers

From:

DocuSigned by:
Connie Gipson
60F75B8E86804F7...
CONNIE GIPSON, Director
Division of Adult Institutions

DocuSigned by:
Joseph Bick
347167202A8A404...
JOSEPH BICK, M.D., Director
Health Care Services

Subject: PATIENTS WHO REFUSE TO COMPLY WITH COVID-19 ISOLATION ORDERS

The purpose of this memorandum is to reiterate the standardized process to address patients who refuse to comply with direction to move to an appropriate isolation cell, housing unit, or alternate housing site as ordered by health care staff consistent with COVID-19 protocols. This memorandum strengthens the February 24, 2021, memorandum entitled *Inmates Refusing to Comply with Housing Protocols in Regards to Covid-19 Isolation and Quarantine* and provides explicit direction for orders to move patients to isolation and allows hiring authorities latitude for determining appropriate quarantine housing.

All infected patients shall be isolated throughout their contagious period. The location of isolation may change based upon institutional needs. Once a positive COVID-19 test is received, health care staff shall promptly determine whether the patient must be moved or can be safely isolated in place. If it is determined that movement is clinically necessary, health care will inform the patient and custody will move the patient as promptly as possible within 24 hours. If hiring authorities are not able to come to a consensus on appropriate housing the information will be elevated to the respective Associate Director and Regional Health Care Executive for review and determination of best housing option.

If the patient refuses to comply with the ordered move, every effort shall be made by medical, mental health and custody staff to facilitate a voluntary move by engaging in the interactive process. Patients shall be informed that continued refusal will result in disciplinary action consistent with the California Code of Regulations (CCR), Title 15, Section 3310, Inmate Discipline and will be subject to CCR, Title 15, Section 3268 (a)(6) Controlled Use of Force. All protocols will be followed for all incidents of controlled use of force with personal protective equipment consistent with current policy and directives. All staff who interact with patients who are known or suspected of being actively infected with COVID-19 shall wear an N95.

Patients subject to moves due to close contact quarantine measures will continue to be subject to these protocols; however, hiring authorities will work together to determine the best course of action for quarantine housing and movement as there may be times when it may be prudent for an entire housing unit to be placed on isolation or quarantine status in lieu of moving patients to an alternate housing location.

Tracking of non-compliance related to Covid-19 housing will continue as outline in the February 24, 2021 memorandum.

If you have any question or concerns regarding this directive or if there are housing differences please elevate them to your respective Associate Director or Regional Health Care Executive.

Plaintiffs' Exhibit E



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date : March 25, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO REQUEST FOR UPDATED INFO RE CERTAIN MEDICAL SERVICES BACKLOGS**

California Correctional Health Care Services (CCHCS) is providing the italicized information below in response to your email inquiry dated February 24, 2022.

1. ...we request that by 3/21/22 you provide updated data and information regarding certain medical services backlogs, as follows: A PCP Staffing and Backlog Report for the first part of March, which we assume will cover approximately 3/1 to 3/15/22. Also, does CCHCS agree with our statement, made in the most recent CMC Statement (see Doc No. 3779 at 26:8-10) that the backlog data in these reports does not include PCP appointments cancelled or discontinued and rescheduled for a later date, and that there are many such appointments? If you do not agree, please explain. If you agree, can you please provide data on the number of discontinued or cancelled PCP appointments in January and February 2022, compared to the numbers in October and November, 2021?

Please refer to Attachment A for the Primary Care Provider (PCP) Staffing and Backlog Report for March 1-15, 2022. The PCP backlog does not include PCP orders that are cancelled and re-ordered with a compliance date in the future; however, if an appointment is rescheduled it will be subject to the compliance date of the original associated order and would appear in the PCP backlog if the original compliance date has passed. Refer to Attachment B for PCP order volume data for October 2021 through February 2022. Compared to the overall PCP order volume, the percentage of orders that have been cancelled and re-ordered with a later compliance date ranges from 7-13% and ranges in volume from about 4,500 to 7,500 orders in a month. Please note, a majority of the appointments that were cancelled and re-ordered were due to COVID-19 outbreaks and the decrease in movement within the institutions. The re-ordered appointments were based on clinical decision making and do not reflect an effort to avoid the appearance of overdue appointments.

2. ...we request that by 3/21/22 you provide updated data and information regarding certain medical services backlogs, as follows: Specialty Services backlog spreadsheets, of the kind previously provided, for a specified date on or after 3/15/22. (We also await the summary or abstract of the CCHCS presentation to prisoner medical managers regarding specialty services backlogs, and ask that this be produced as soon as possible.)

Refer to Attachment C for the specialty backlog data as of March 15, 2022.

3. The number of overdue ultrasound exams statewide for ESLD / advanced liver disease patients, for a specified date on or after 3/15/22. Please also provide the five prisons which have the largest number of such overdue ultrasounds as of the specified date, and the number overdue at each of those prisons. Please also provide an update on the project to conduct additional ultrasound exams at certain prisons

MEMORANDUM

Page 2 of 2

Re: Updated Information RE Certain Medical Services Backlogs

in January and February, and whether that or other efforts intended to eliminate overdue ultrasound exams for advanced liver disease patients will continue in March and thereafter (if so, please explain).

Refer to Attachment D for overdue ultrasound data as of March 15, 2022.

Efforts to conduct additional ultrasound exams will continue until the backlog is significantly reduced. CCHCS' specialty imaging contractor recently hired an extra ultrasound technologist to assist with additional clinic days. During the statewide call on March 8, 2022, all institutions were instructed to schedule at least 20 ultrasound examinations per clinic. Refer to Attachment E for an update on the February and March 2022 ultrasound dates. Please note this document does not include ultrasounds refused within the last six months or patients that have an active hepatocellular carcinoma diagnosis. The scheduling of additional clinics for the remainder of March and April 2022 is on-going.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Renee Kanan, M.D., Deputy Director, Medical Services, CCHCS
Annette Lambert, Deputy Director, Quality Management, CCHCS
Robin Hart, Associate Director (A), Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Region I-IV, CCHCS
Regional Health Care Executive, Region I-IV, CCHCS
Regional Nursing Executive, Region I-IV, CCHCS

ATTACHMENT A

PCP STAFFING & BACKLOG REPORT

March 01, 2022 thru March 15, 2022

*** Backlog may be affected by COVID-19																								
Institution	Months Since EHR'S Go-Live	HR PCP Data							Daily Backlog							QM Tool Usage		PCP Orders					Chronic Care Patients With Out Pending PCP Appointment	
		Total Position Authority	Civil Service		Registry Coverage	Telemed Coverage	**Adjusted Coverage	**Staffing +/-	Current as of 03/15/2022	Backlog Per 100 Inmates	Backlog Older than 30 Days	Backlog Older than 90 Days	Minimum	Maximum	Average	Average Backlog Between 10/15/21 to 03/15/22	Medical Scheduling Registry	Total PCP Orders	Total PCP Orders Canceled	Orders Cancelled And Not Re-Ordered	Orders Cancelled and Re-Ordered	Percent Cancelled and Re-Ordered		
Delegated Institutions	CMC	62	12	2.5	-	0	2	-	-	1,382	43.3	870	237	1,382	1,609	1,499	1,281	-	1,443	161	43	118	8%	163
	COR	53	12	4	-	2	2	-	-	374	10.7	186	105	367	440	402	507	-	1,903	32	18	14	1%	119
	CVSP	62	6	3.5	-	0	1	-	-	354	14.5	153	5	354	401	381	216	-	807	13	-	13	2%	6
	CEN	61	6	3	-	0	3	8	-	293	10.0	65	1	281	303	294	185	-	1,053	13	5	8	1%	132
	KVSP	59	9	3	-	0	3.6	-	-	179	5.3	131	43	179	289	238	307	-	1,758	56	44	12	1%	214
	CAC	65	4	0	-	0	0	-	-	127	6.4	88	0	127	269	220	248	-	702	133	41	92	13%	53
	SCC	64	6.5	1.5	-	0	0	-	-	113	3.8	25	6	98	114	108	77	-	1,163	13	9	4	0%	8
	SQ	60	13	0.6	-	0.8	2	-	-	96	3.1	21	0	96	145	119	116	-	1,654	33	13	20	1%	80
	CCI	64	8	0.5	-	0.5	1	-	-	93	2.9	3	0	45	136	73	84	-	2,052	45	9	36	2%	30
	PBSP	66	5.5	4.5	-	2	2.4	-	-	63	3.3	11	1	54	97	77	34	-	606	10	3	7	1%	51
	CIW	77	7	1	-	1	0	-	-	38	3.7	2	0	19	48	32	15	-	984	13	13	0	0%	41
	CCC	64	4	3	-	1	0	-	-	37	2.2	0	0	1	43	16	7	-	709	-	-	0	0%	48
	ASP	61	8.5	1.5	-	1	0	-	-	24	0.6	10	6	24	59	41	102	-	1,423	12	9	3	0%	350
	CAL	57	5.5	0	-	0	1	-	-	24	0.9	3	2	9	32	18	19	-	861	3	2	1	0%	26
	VSP	59	10	6	-	4.6	1	-	-	15	0.5	0	0	12	96	33	150	-	1,463	26	17	9	1%	159
	CIM	55	13.5	-3.5	-	0	0	-	-	14	0.5	2	1	5	15	11	26	-	1,775	11	2	9	1%	43
	PVSP	58	6	1	-	0	1.3	-	-	3	0.1	1	0	2	5	3	3	-	1,589	2	-	2	0%	10
	FSP	77	8.5	0.5	-	0	0	-	-	3	0.1	1	1	1	5	3	18	-	1,081	5	4	1	0%	15
CTF	66	12	3	-	2	2	-	-	3	0.1	0	0	2	21	11	18	-	1,153	6	1	5	0%	536	
Non-Delegated Institutions	RJD	53	15.5	-1.5	-	0	0	-	-	519	15.3	164	2	519	888	729	506	-	4,211	37	21	16	0%	74
	SATF	55	15.5	3.5	-	0.5	3	-	-	505	10.5	146	7	456	505	475	464	-	2,803	64	37	27	1%	338
	ISP	60	5	3	-	1	2	-	-	437	20.8	201	2	437	537	487	225	-	791	16	2	14	2%	4
	SVSP	54	9.2	5.2	-	1.6	2	-	-	343	11.5	60	1	278	343	303	185	-	2,156	44	32	12	1%	24
	MCSP	53	17	2.5	-	0	0	-	-	265	6.9	115	5	247	298	268	226	-	2,316	27	13	14	1%	100
	SAC	58	7.5	0.5	-	0	0	-	-	251	14.1	79	0	199	253	232	145	-	2,142	64	41	23	1%	13
	CCWF	77	10	-1	-	1	0	-	-	242	11.0	4	0	174	257	232	94	-	3,081	19	8	11	0%	62
	LAC	53	10	0	-	1	1	-	-	240	8.6	179	145	240	385	328	853	-	2,036	15	10	5	0%	95
	HDSP	62	7.5	4.5	-	2.25	1	-	-	207	9.1	44	26	206	224	214	257	-	1,288	31	29	2	0%	55
	CRC	65	7	4	-	2	0	-	-	202	8.5	155	26	202	337	270	352	-	718	10	6	4	1%	74
	SOL	67	10.5	2.5	-	0	1	-	-	182	5.5	5	1	74	193	130	48	-	903	3	-	3	0%	30
	NKSP	57	10.5	0.5	-	0	0	-	-	166	4.5	10	5	67	217	120	464	-	2,192	16	9	7	0%	14
	CMF	54	15	3	-	3	0	-	-	80	4.2	24	5	76	106	89	94	-	1,464	13	8	5	0%	129
	WSP	53	11	1	-	2	1	-	-	56	1.8	22	11	46	79	56	83	-	2,351	16	3	13	1%	257
	CHCF	56	37	2	-	2.25	0	-	-	40	1.8	4	0	35	58	44	55	-	1,298	7	6	1	0%	571
	DVI	60	0	0	-	0	0	-	-	0	0.0	0	0	0	0	0	0	-	-	-	-	-	-	-
	SW	SW Total	-	345.2	65.3	-	31.5	33.3	-	-	6,970	-	2,784	644	6,314	8,807	7,554	7,465	0	53,929	969	458	511	-
SW Average		-	9.9	1.9	-	0.9	1.0	-	-	199	7.0	80	18	180	252	216	213	0	1,541	28	13	15	1.1%	112

* Functional Vacancies methodology is currently under revision

** Adjusted Coverage and Staffing +/- cannot be calculated due to the dependency on Functional Vacancies

*** Backlog may be affected by COVID-19

Calculations for vacancy rates are currently under revision. Until new methodology is defined, the columns "Functional Vacancies", "Adjusted Coverage" and "Staffing +/-" will not be calculated.

ATTACHMENT B

PCP Orders Completed and Cancelled/Discontinued/Voided

Year Month	Total Orders Completed, Cancelled, Discontinued, or Voided	Total Completed Orders		Total Cancelled/ Discontinued/ Voided Orders		Orders Cancelled and New Order Created within +/- 3 Days of Other Order Being Cancelled		Automatically Cancelled Orders (Due to EHRS Encounter Discharges)	
		#	%	#	%	#	%	#	%
202110	67312	51804	77%	15508	23%	11136	17%	6757	10%
202111	62297	47141	76%	15156	24%	10353	17%	6566	11%
202112	71739	53572	75%	18167	25%	12530	17%	7753	11%
202201	57232	40200	70%	17032	30%	11774	21%	5386	9%
202202	54079	39424	73%	14655	27%	10212	19%	5392	10%

PCP Orders Cancelled/Discontinued/Voided and Re-Ordered

Year Month	Orders Cancelled and New Order Created within +/- 3 Days of Other Order Being Cancelled	New Order with Same Compliance Date		New Order with Later Compliance Date		New Order with Earlier Compliance Date	
		#	%	#	%	#	%
202110	11136	3643	33%	4521	41%	2972	27%
202111	10353	3255	31%	4658	45%	2440	24%
202112	12530	3878	31%	5693	45%	2959	24%
202201	11774	2595	22%	7458	63%	1721	15%
202202	10212	2391	23%	5903	58%	1918	19%

PCP Orders Cancelled and Re-Ordered with a Later Compliance Date

Year Month	Total Orders Completed, Cancelled, Discontinued, or Voided	Orders Cancelled and Re-Ordered with a Later Compliance Date	
		#	%
202110	67312	4521	7%
202111	62297	4658	7%
202112	71739	5693	8%
202201	57232	7458	13%
202202	54079	5903	11%

ATTACHMENT D

The number of overdue ultrasound exams statewide for ESLD / advanced liver disease patients as of March 15, 2022

Top CDCR Institutions with largest number of Overdue Ultrasound As of March 15, 2022

Statewide Overdue Ultrasound
1020

Institution	Overdue Ultrasound
MCSP	192
RJD	147
CHCF	74
CMF	56
SATF	53

ATTACHMENT E

Site	Feb List	March List	Status
MCSP	165	173	Restarting 2 clinics per week on March 8
RJD	102	141	Restarting 2 clinics per week on March 1
CMF	71	56	Extra clinics completed 2/11, 2/17 & 2/23; Scheduled clinics on 3/8 & 3/22
CHCF	61	77	Extra clinic moved to March 4th, scheduled 2 clinics per week
KVSP	50	50	Extra clinic added 3/1, scheduled clinic on 3/10
CIM	49	50	Restarted weekly clinics on 2/24, 1 scheduled clinic per week
SQ	43	49	Extra clinic scheduled for 3/2 in addition to 2/28, 3/1, 3/14, 3/15, 3/28/3/29
SATF	42	49	Next clinic on 2/28, next clinics on 3/7, 3/14, 3/21, 3/28
LAC	42	30	Completed 2/25, next clinics on 3/2, 3/9, 3/16, 3/17, 3/30
SAC	41	43	Completed 2/25, next clinics on 3/7, 3/11, 3/25
COR	34	34	Clinic completed 2/22, next clinics on 3/8, 3/22, 4/5
SVSP	30	28	Next clinics scheduled for 3/1, 3/15, 3/29
CMC	29	29	Next clinics scheduled for 3/1, 3/15, 3/29
CCI	21	28	Next clinics scheduled for 3/4, 3/18, 4/1
SOL	18	19	Extra clinic completed 2/25, next clinics on 3/10, 3/24
VSP	17	20	Next clinics scheduled for 3/2, 3/16, 3/30
NKSP	16	16	Extra clinic completed 2/24, next clinics on 3/7, 3/24
FSP	15	18	Next clinic scheduled for 3/7
CTF	9		
WSP	7		
HDSP	5		
CVSP	4		
CIW	4		
CAC	3		
PBSP	3		
ASP	2		
CCWF	2		
CAL	2		
CRC	2		
SCC	1		
CEN	1		
US Overdue Totals:	891	910	

Plaintiffs' Exhibit F

**Speciality Backlog by Institution
as of April 30th, 2021**

Institution	Total Speciality Orders
ASP	201
CAC	173
CAL	46
CCC	183
CCI	244
CCWF	548
CEN	8
CHCF	934
CIM	76
CIW	80
CMC	636
CMF	188
COCF	1
COR	44
CRC	20
CTF	102
CVSP	380
DVI	4
FSP	170
HDSP	834
ISP	114
KVSP	119
LAC	213
MCSP	830
NKSP	7
PBSP	63
PVSP	157
RJD	1033
SAC	47
SATF	205
SCC	124
SOL	880
SQ	817
SVSP	416
VSP	576
WSP	47
Grand Total	10,343

**Specialty Backlog by Institution
as of July 15th, 2021**

Institution	Total Specialty Orders
ASP	62
CAC	65
CAL	128
CCC	138
CCI	29
CCWF	469
CEN	84
CHCF	966
CIM	75
CIW	119
CMC	689
CMF	183
COR	62
CRC	42
CTF	92
CVSP	313
DVI	27
FSP	25
HDSP	874
ISP	55
KVSP	62
LAC	186
MCSP	677
NKSP	40
PBSP	38
PVSP	28
RJD	831
SAC	73
SATF	190
SCC	169
SOL	747
SQ	430
SVSP	253
VSP	370
WSP	55
Grand Total	8,262

**Speciality Backlog by Institution
as of August 25th, 2021**

Institution	Total Speciality Orders
ASP	60
CAC	96
CAL	57
CCC	154
CCI	33
CCWF	381
CEN	180
CHCF	946
CIM	101
CIW	125
CMC	712
CMF	194
COR	73
CRC	36
CTF	145
CVSP	299
DVI	1
FSP	31
HDSP	926
ISP	56
KVSP	55
LAC	195
MCSP	505
NKSP	17
PBSP	135
PVSP	27
RJD	712
SAC	89
SATF	267
SCC	237
SOL	746
SQ	449
SVSP	308
VSP	243
WSP	40
Grand Total	8,631

**Speciality Backlog by Institution
as of October 15th, 2021**

Institution	Total Speciality Orders
ASP	83
CAC	63
CAL	22
CCC	119
CCI	24
CCWF	375
CEN	280
CHCF	853
CIM	85
CIW	106
CMC	492
CMF	182
COR	190
CRC	129
CTF	195
CVSP	279
FSP	31
HDSP	914
ISP	32
KVSP	100
LAC	301
MCSP	242
NKSP	18
PBSP	93
PVSP	42
RJD	548
SAC	124
SATF	277
SCC	85
SOL	783
SQ	514
SVSP	288
VSP	174
WSP	64
Grand Total	8,107

**Speciality Backlog by Institution
as of December 14th, 2021**

Institution	Total Speciality Orders
ASP	154
CAC	153
CAL	31
CCC	19
CCI	39
CCWF	316
CEN	288
CHCF	487
CIM	93
CIW	137
CMC	520
CMF	201
COR	309
CRC	41
CTF	219
CVSP	304
FSP	59
HDSP	714
ISP	40
KVSP	216
LAC	318
MCSP	230
NKSP	14
PBSP	78
PVSP	128
RJD	477
SAC	141
SATF	305
SCC	67
SOL	710
SQ	544
SVSP	354
VSP	63
WSP	68
Grand Total	7,837

**Speciality Backlog by Institution
as of February 7, 2022**

Institution	Total Speciality Orders
ASP	323
CAC	221
CAL	147
CCC	37
CCI	282
CCWF	196
CEN	199
CHCF	334
CIM	205
CIW	97
CMC	626
CMF	301
COR	367
CRC	220
CTF	232
CVSP	377
FSP	211
HDSP	602
ISP	42
KVSP	385
LAC	525
MCSP	735
NKSP	19
PBSP	270
PVSP	211
RJD	1201
SAC	132
SATF	484
SCC	103
SOL	498
SQ	848
SVSP	481
VSP	126
WSP	331
Grand Total	11,368

**Speciality Backlog by Institution
as of March 15, 2022**

Institution	Total Speciality Orders
ASP	373
CAC	162
CAL	50
CCC	79
CCI	332
CCWF	167
CEN	127
CHCF	188
CIM	161
CIW	47
CMC	677
CMF	296
COR	249
CRC	149
CTF	234
CVSP	326
FSP	163
HDSP	534
ISP	22
KVSP	280
LAC	396
MCSP	847
NKSP	8
PBSP	178
PVSP	169
RJD	1280
SAC	102
SATF	394
SCC	87
SOL	360
SQ	809
SVSP	510
VSP	127
WSP	224
Grand Total	10,107

Plaintiffs' Exhibit G

Emergency Medical Response Improvement Initiative PROGRAM CHARTER (Rev. 08/14/2018)

Identified Opportunity	<p>To restructure the existing California Correctional Health Care Services (CCHCS) Emergency Medical Response Program to align with the latest evidence-based practice and outpatient community standards in regards to Emergency Medical Response (EMR). The last update to the CCHCS Emergency Medical Response Program (EMRP) occurred in 2006-2007. Advances in emergency medicine combined with fluctuations in staffing due to retirement, promotions, and new hires have had a negative impact on the current Emergency Medical Response (EMR) system. In 2016, 11% of all patient deaths (total of 36 patients) were secondary to lapses in emergency medical response. By the end of the first quarter of 2017, 22% of healthcare incident reports (total of 453 patients) involved a delay in emergency medical response. Restructuring the EMRP is critical to improve patient outcomes. The EMRP shall ensure ongoing sustainability of training; improvement of knowledge, skills, and abilities for rapid identification, early intervention, and appropriate Basic Life Support (BLS) treatment of all medical emergencies, which may include 9-1-1 community EMS activation. Standardized emergency medical response processes including policy, procedures, training and equipment, metrics, monitoring at an institutional, regional and HQ level are a critical part of our organization, and essential to the competent provision of care for our patient population.</p>
Purpose & Scope	<p>To provide a standardized emergency medical response training program for healthcare staff and custody staff in all institutions statewide. The Emergency Medical Response Program will ensure that all healthcare staff who respond or are involved in dealing with emergencies within our institutions will possess the necessary knowledge, skills, and abilities to intervene in accordance with CCHCS and National Institute of Corrections guidelines. Restructuring our current system will also ensure a safe hand off and transition for our patients sent to our local hospitals' Emergency Departments via our community EMS partners. Standardizing equipment will ensure staff competency in emergency medical response. The Emergency Medical Response Program will further develop monitoring tools such as registries and dashboards that will facilitate a transparent and sustainable program which can be monitored at the institutional, regional and headquarters levels. Some of the items to be addressed include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Policy and procedure 2) BCP: Equipment, Supplies, Training 3) Strategic rollout of EMRP statewide 4) Sustainability plan once institutions "go live" 5) Identification and training of SME's at HQ, regional and institutional levels 6) Committee will be formed and will be in place to support all institutions 7) Create/modify existing tools: EHRS, QM registries, Agenda templates, after action review reports, mock drills, standardization of equipment supplies and checklists, protocols and order sets 8) Ensure our EMRP is in sync with our CCM ex. EMRRC is linked with QMC and PCTs 9) Ensure a collaborative cross departmental approach to EMRP is in place at every institution
Membership	<p>Jorge Gomez, Region IV CNE Chair EMS program Allen Francis, Region IV NCPR Co-chair: strategy Mickey Claudius, Region I NCPR Co-chair: strategy Kathleen Allison, Director of Adult Institutions Renee Kanan, Deputy Director Medical Services Jane Robinson, Deputy Director Nursing Services Bernhard Stepke, CME CAL</p>

Emergency Medical Response Improvement Initiative PROGRAM CHARTER (Rev. 08/14/2018)

Steven Heyne, CME CRC
 Bonnie Gieschen, Deputy Medical Executive
 John Dunlap, Deputy Medical Executive
 Connie Gipson, Deputy Director DAI facility operations
 Mike Brady, HQ CNE
 Grace Song, Chief Physician and Surgeon
 Holley Courtmier NSB AGPA
 La Toya Holmes-Green NSB HPSII
 Shannon Martin, CNE HDSP
 Phillip Mallory, CNE CCWF
 Michael Day, Senior Emergency Management Coordinator
 Jeremy Prentice, Correctional Lieutenant
 Charles Wood, CHSA II

Policy & Mandates

- ❖ IMSP&P Volume 4 Chapter 12.1 Emergency Medical Response System Policy (Rev. 06/18)
- ❖ IMSP&P Volume 4 Chapter 12.2 Emergency Medical Response System Procedure (Rev. 06/18)
- ❖ Receiver’s Turnaround Plan Objective 2.3: Improve emergency response and delivery of health care services to reduce avoidable morbidity and mortality.
- ❖ California Code of Regulations, Title 15 section 3351(a) and 3354 (f)(1)
- ❖ California Code of Regulations, Title 16, §1016
- ❖ California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009 Revision, Chapter 10, Suicide Prevention and Response
- ❖ California Department of Corrections and Rehabilitation, Emergency Alarm Response Plan
- ❖ 2005 Policy Memorandum entitled “Policy Regarding Peace Officer’s Responsibility for Use of Cardio Pulmonary Resuscitation – Overall Directives”
- ❖ Department Operations Manual
- ❖ American Heart Association, Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care

Goals

- ❖ To provide a standardized emergency medical response training program for healthcare staff and custody staff in all institutions statewide.
- ❖ Provide healthcare staff who respond or are involved in dealing with emergencies within our institutions with the knowledge, skills, and abilities necessary to intervene effectively.
- ❖ Structure emergency response processes in a way that is equal to and/or exceeding current community EMS processes to ensure a smooth handoff into our community EMS partners for all patients being transported to the various community Emergency Departments.
- ❖ Standardize equipment, tools and training to establish a robust and sustainable EMRP in CCHCS.
- ❖ Standardization of all training and EMR equipment statewide,
- ❖ Develop monitoring tools such as registries, metrics and dashboards that will lead to a transparent program that can be monitored at the institutional, regional and headquarters levels.
- ❖ Ensure a sustainability plan is in place to support institutions
- ❖ Ensure regional and HQ committee oversight is established to monitor the effectiveness of the EMRP program utilizing metrics and various tools (registries and dashboards)



Emergency Medical Response Improvement Initiative

PROGRAM CHARTER (Rev. 08/14/2018)

- ❖ To restructure CCHCS current Emergency Response Program to ensure an efficient and effective healthcare delivery system
- ❖ Revise/Adjust current policy and procedures to match CCHCS guidelines and community standards
- ❖ Decrease Emergency Response related death cases and sentinel events
- ❖ Develop testing and competencies to ensure skills are maintained for all emergency response staff
- ❖ Define and develop EMR protocols consistent with our Complete Care Model health care delivery system
- ❖ Modify existing policies and procedures to encompass newly developed EMS program
- ❖ EHRS – Modify and adjust existing forms to match updated policy and procedure such as:
 - a) First Responder Form
 - b) iView documentation
 - c) ESI severity scale
 - d) Transfer to Higher Level of Care (HLOC) reports
 - e) Adjust existing workflows
 - f) Protocols and Standing Orders
 - g) Treatment Plans and PowerForms
 - h) Decision support tools: TTA log, registry, and dashboard

Proposed Statewide:

- 1) Timely Departure for Emergent Alarms (Composite Measure) – The rate at which the state/institution met timeframes for Emergent Emergency Medical Responses during the measurement period. (Statewide and Institution)
 - a. Sub-measure timeframes:
 - i. Initiation of medical alarm to Emergency Medical Response (EMR) contact
 - ii. Initiation of medical alarm to EMS arrival to institution
 - iii. Initiation of medical alarm to EMS departure from institution
- 2) Appropriate & Effective Use of Narcan- The rate at which the state/institution met timeframes for administering Narcan appropriately during the measurement period. (Statewide and Institution).
 - i. Improvement in GCS following Narcan administration
- 3) Potentially Avoidable Emergency Department Utilization – The rate at which the state/institution send patients to the Emergency Department that are considered potentially avoidable. (Statewide and Institution)
 - b. Potentially avoidable ED Utilization may be defined as patients sent to community ED with stable vitals who could have otherwise received appropriate care in the ambulatory setting care
 - c. Potentially avoidable ED Utilization may be defined as patients sent to community ED who returned within 12 hours
- 4) Effective CPR Administration – The rate of successful “Return Of Spontaneous Circulation” (ROSC) due to CPR administration for cardiac arrest. (Statewide only? Monthly denominator

Required Reports / Performance Metrics

Emergency Medical Response Improvement Initiative
PROGRAM CHARTER (Rev. 08/14/2018)

may be too low for individual institutions)

Proposed Institutional:

- HQ QM staff will assist in creating registry tools to support institutions Emergency Medical Response Committees that will monitor all unscheduled departures from the institution.
- Pending development

Committee Support

Report to CCOT deliverables and status on a monthly basis. (utilizing Gantt chart)

Committee Actions

Chartered workgroup in May 2017 to develop a robust, sustainable and standard Emergency Medical Response Program

Plaintiffs' Exhibit H



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date : June 17, 2019

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO EMERGENCY MEDICAL RESPONSE TRAINING PROJECT AND REVISED POLICY AND PROCEDURES**

California Correctional Health Care Services (CCHCS) is providing the italicized information below in response to your e-mail inquiry dated, Thursday, May 9, 2019.

In early February, you provided a copy of a training schedule for the first six months of, and other materials related to, CCHCS' project to restructure and improve Emergency Medical Responses (EMRs). According to that schedule, staff at five prisons (Solano, Pleasant Valley, Sacramento, Mule Creek, and Folsom) have or by will have by next week completed the new EMR training, with another six to be trained by early September; this schedule suggests that training for all 35 prisons will take until approximately September 2020. Per the related material provided by CCHCS, the training at each prison includes among other things 40 hours of sessions about EMRs for nursing staff. The CCHCS-provided "charter" for the EMR project makes clear that revised EMR policy and procedures are foundational to it. CCHCS, at Plaintiffs' request, provided what it called a "draft" (dated February 2019) of the new EMR policy and procedures, and in response to Plaintiffs' comments on March 29, 2019 provided a revised set of the new EMR policy and procedures, dated March 2019. The revised policy and procedures were also watermarked "Draft." Plaintiffs assume staff at the five prisons that have completed the above-referenced EMR training, will now conduct, document, and review EMRs pursuant to the recent revised EMR policy and procedures, not the policies and procedures set forth in Inmate Medical Services Policies and Procedures (IMSP&P), Volume 4, Chapters 12.1 – 12.8, all dated July 2012, which currently govern such matters. The same presumably will be true at the prisons scheduled to complete the new EMR training in the coming months. We are concerned that the revised EMR policy and procedures apparently have been implemented at five prisons, and within a few months will be implemented at a six others, yet have not been formally adopted. Implementing policy and procedures not formally adopted is inconsistent with the Court's 9/6/07 Order reiterating the Stipulation's requirement that formal policies and procedures must be followed, and requiring the Receiver to provide notice of changes to those policies and procedures (the Receiver has since agreed to provide Plaintiffs with at least 30 days' notice of policy and procedure changes, except in emergencies when a shorter notice period can be used). Also, because they have not been formally adopted, patients at the prisons which have been trained on the new EMR policy and procedures and apparently cannot access the policy and procedures in their law libraries. Nor is it clear how staff at those prisons can access those documents. Please respond to the concern that the training of staff on the revised EMR policy and procedures at the listed prisons, and having them conduct, document, and review EMRs subsequent to the training in accord with the revised policy and procedures, is inconsistent with the Court's 9/6/07 order. Please include whether staff at prisons that have completed the new EMR training now conduct, document, and review EMRs pursuant to the recently revised EMR policy and procedures. If not, please explain. Relatedly, given CCHCS' decision to stage training and implementation of the

MEMORANDUM

Page 2

Re: Emergency Medical Response Training Project and Revised Policy and Procedures

new EMR policy and procedures over what appears to be an 18 month period, Plaintiffs believe a dual system of governing policy and procedures for EMRs is appropriate and necessary. Specifically, Plaintiffs request that CCHCS immediately formally notice and then adopt the new March 2019 EMR policy and procedures (or whatever further version is now current), and do so with the special proviso that the policy and procedures shall be implemented at a prison upon completion of the new EMR training, and that until such training is completed a prison shall follow the July 2012 EMR policies and procedures currently found at IMSP&P, Volume 4, Chapters 12.1 – 12.8. Plaintiffs also ask that the recently revised EMR policy and procedure be made available to staff at the prisons that have completed the new EMR training (and thus conduct, document, and review EMRs in accord with the revised policy and procedures), and that the revised policy and procedures be placed in the law libraries of such prisons so that patients can review them. Plaintiffs also ask CCHCS to publically state, and to regularly update, which prisons are mandated to follow the new revised EMR policy and procedure, and which continue to follow those currently in place. Will CCHCS take these requested actions? Please explain, including any timetable to do so or, if necessary, why actions will not be taken. Finally, please provide an update regarding the EMR training schedule, including whether training was in fact completed and remains scheduled to take place as indicated in the attached schedule. If there is an updated schedule, including for prisons or phases other than those listed in the attached, please provide.

The Receiver has advised CCHCS to delay adoption of new Emergency Medical Response (EMR) regulations until the medical care regulations package has been adopted. Upon adoption of the medical care regulations, CCHCS will initiate the Administrative Procedure Act rulemaking process to amend the current EMR regulations based on the new EMR policy and procedures. Given the importance of this issue, however, training will proceed as planned. On May 31, 2019, the revised EMR policy and procedures were released statewide so that all institutions would be aware of this initiative. Prior to that date, the revised EMR policy and procedures were only provided to institutions that had completed the EMR training. Please note that only institutions that have completed the EMR training will follow the updated policy and procedures. Institutions that have not completed training will continue to follow the previous EMR policy and procedures until training has been completed. Both the previous and revised versions of the policies and procedures will be available on the intranet for staff reference. CCHCS anticipates all institutions will complete the EMR training by October 2020. Please refer to Attachment A for a copy of the EMR Program training schedule for Phases 1 and 2.

Thank you.

ATTACHMENT A



Emergency Medical Response Program TRAINING SCHEDULE: PHASE 1

<u>Dates</u>	<u>Institution</u>	<u>Training Location</u>	<u>Training Audience</u>	<u>Room</u>
March 4-8, 2019	SOL	HQ	Institutional Trainers	C-104
March 11-15, 2019	SOL	Institution-SOL	Healthcare Staff	
March 18-22, 2019	SOL	Institution-SOL	Healthcare Staff	
April 8-12, 2019	PVSP	HQ	Institutional Trainers	B-345
April 15-19, 2019	PVSP	Institution-PVSP	Healthcare Staff	
April 22-26, 2019	PVSP	Institution-PVSP	Healthcare Staff	
April 8-12, 2019	SAC	HQ	Institutional Trainers	B-345
April 15-19, 2019	SAC	Institution-SAC	Healthcare Staff	
April 22-26, 2019	SAC	Institution-SAC	Healthcare Staff	
April 29-May 3, 2019	MCSP	HQ	Institutional Trainers	B-126
May 6-10, 2019	MCSP	Institution-MCSP	Healthcare Staff	
May 13-17, 2019	MCSP	Institution-MCSP	Healthcare Staff	
April 29-May 3, 2019	FSP	HQ	Institutional Trainers	B-126
May 6-10, 2019	FSP	Institution-FSP	Healthcare Staff	
May 13-17, 2019	FSP	Institution-FSP	Healthcare Staff	
June 3-7, 2019	CMF	HQ	Institutional Trainers	C-101
June 10-14, 2019	CMF	Institution-CMF	Healthcare Staff	
June 17-21, 2019	CMF	Institution-CMF	Healthcare Staff	
July 8-12, 2019	SQ	HQ	Institutional Trainers	B-345
July 15-19, 2019	SQ	Institution-SQ	Healthcare Staff	
July 22-26, 2019	SQ	Institution-SQ	Healthcare Staff	
July 8-12, 2019	CCC	HQ	Institutional Trainers	B-345
July 15-19, 2019	CCC	Institution-CCC	Healthcare Staff	
July 22-26, 2019	CCC	Institution-CCC	Healthcare Staff	
Aug 5-9, 2019	CHCF	HQ	Institutional Trainers	B-345
Aug 12-16, 2019	CHCF	Institution-CHCF	Healthcare Staff	
Aug 19-23, 2019	CHCF	Institution-CHCF	Healthcare Staff	
Sept 9-13, 2019	PBSP	HQ	Institutional Trainers	B-346/347
Sept 16-20, 2019	PBSP	Institution-PBSP	Healthcare Staff	
Sept 23-27, 2019	PBSP	Institution-PBSP	Healthcare Staff	
Sept 9-13, 2019	HDSP	HQ	Institutional Trainers	B-346/347
Sept 16-20, 2019	HDSP	Institution-HDSP	Healthcare Staff	
Sept 23-27, 2019	HDSP	Institution-HDSP	Healthcare Staff	



Emergency Medical Response Program TRAINING SCHEDULE: PHASE 2

<u>Dates</u>	<u>Institution</u>	<u>Training Location</u>	<u>Training Audience</u>	<u>Room</u>
Oct 7-11, 2019	SCC	HQ	Institutional Trainers	B-345
Oct 14-18, 2019	SCC	Institution- SCC	Healthcare Staff	
Oct 21-25, 2019	SCC	Institution- SCC	Healthcare Staff	
Oct 7-11, 2019	COR	HQ	Institutional Trainers	B-345
Oct 14-18, 2019	COR	Institution- COR	Healthcare Staff	
Oct 21-25, 2019	COR	Institution- COR	Healthcare Staff	
Nov 4-8, 2019	CAL	HQ	Institutional Trainers	C-101
Nov 11-15, 2019	CAL	Institution- CAL	Healthcare Staff	
Nov 18-22, 2019	CAL	Institution- CAL	Healthcare Staff	
Nov 4-8, 2019	DVI	HQ	Institutional Trainers	C-101
Nov 11-15, 2019	DVI	Institution- DVI	Healthcare Staff	
Nov 18-22, 2019	DVI	Institution- DVI	Healthcare Staff	
Dec 2-6, 2019	LAC	HQ	Institutional Trainers	C-101
Dec 9-13, 2019	LAC	Institution- LAC	Healthcare Staff	
Dec 16-20, 2019	LAC	Institution- LAC	Healthcare Staff	
Dec 2-6, 2019	CEN	HQ	Institutional Trainers	C-101
Dec 9-13, 2019	CEN	Institution- CEN	Healthcare Staff	
Dec 16-20, 2019	CEN	Institution- CEN	Healthcare Staff	
Jan 27-31, 2020	CMC	HQ	Institutional Trainers	C-101/102
Feb 3-7, 2020	CMC	Institution- CMC	Healthcare Staff	
Feb 10-14, 2020	CMC	Institution- CMC	Healthcare Staff	
Jan 27-31, 2020	KVSP	HQ	Institutional Trainers	C-101/102
Feb 3-7, 2020	KVSP	Institution- KVSP	Healthcare Staff	
Feb 10-14, 2020	KVSP	Institution- KVSP	Healthcare Staff	
Feb 24-28, 2020	CVSP	HQ	Institutional Trainers	C-101/102
March 2-6, 2020	CVSP	Institution- CVSP	Healthcare Staff	
March 9-13, 2020	CVSP	Institution- CVSP	Healthcare Staff	
Feb 24-28, 2020	VSP	HQ	Institutional Trainers	C-101/102
March 2-6, 2020	VSP	Institution- VSP	Healthcare Staff	
March 9-13, 2020	VSP	Institution- VSP	Healthcare Staff	
March 16-20, 2020	SATF	HQ	Institutional Trainers	C-101/102
March 23-27, 2020	SATF	Institution-HD SATF SP	Healthcare Staff	
March 30-June 3, 2020	SATF	Institution- SATF	Healthcare Staff	
March 16-20, 2020	ISP	HQ	Institutional Trainers	C-101/102
March 23-27, 2020	ISP	Institution- ISP	Healthcare Staff	
March 30-April 3, 2020	ISP	Institution- ISP	Healthcare Staff	

Plaintiffs' Exhibit I



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date : March 21, 2022

To : Steven Fama, Prison Law Office

Subject : **PRISON LAW OFFICE NON-PARAGRAPH 7 CONCERN RELATING TO REQUEST FOR UPDATED INFORMATION REGARDING EMERGENCY MEDICAL RESPONSE PROGRAM TRAINING AND IMPLEMENTATION (INCLUDING SITE VISIT VERIFICATION AND FINAL DRILLS)**

California Correctional Health Care Services (CCHCS) is providing the italicized information below in response to your email inquiry dated February 22, 2022.

1. Can you please provide an update regarding the status of each prison with regard to Emergency Medical Response Program (EMRP) training and implementation (including site visit verification and final drills)? In addition to an updated training schedule, we would appreciate, if you can do so, a chart that lists each prison in alphabetical order as well as their EMRP start date, if any, the completed or scheduled site visit verification date, and each prison's final drill dates, if any. We'd also appreciate confirmation of our understanding only when a prison completes its final EMRP drills is it subject to Health Care Department Operations Manual (HCDOM), Section 3.7.1-1, Emergency Medical Response System (revised July 2019). We would also appreciate it if the chart requested here specially indicate the prisons subject to HCDOM Section 3.7.1-1, Emergency Medical Response System (revised July 2019).

Please refer to Attachment A for EMRP training and implementation updates. Institutions are subject to the Health Care Department Operations Manual, Section 3.7.1-1, Emergency Medical Response System upon completion of training.

Thank you.

cc: Clark Kelso, Receiver
Directors, CCHCS
CCHCS Office of Legal Affairs
Office of Legal Affairs, CDCR
Office of the Attorney General
Hanson Bridgett, LLP
Jackie Clark, Deputy Director, Institution Operations, CCHCS
DeAnna Gouldy, Deputy Director, Policy and Risk Management Services, CCHCS
Barbara Barney-Knox, Deputy Director, Nursing Services, CCHCS
Robin Hart, Associate Director (A), Risk Management Branch, CCHCS
Regional Deputy Medical Executive, Regions I-IV, CCHCS
Regional Health Care Executive, Regions I-IV, CCHCS
Regional Nursing Executive, Regions I-IV, CCHCS

ATTACHMENT A

EMERGENCY MEDICAL RESPONSE PROGRAM

Training Status Update

2/25/2022



Institution	Region	Go-Live Training Start Date	95% of Staff Trained	Site Visit Verification	Final Drill Date (w/ DAI)	Final Transition Report Completed	HCDOM 3.7.1-1	Completion Status
ASP	III	1/27/2020	96%	9/27/2022 - TENTATIVE	9/28/2022 - TENTATIVE			Final Drill Pending
CAC	III	4/24/2023	0	TBD	TBD			NOT STARTED
CAL	IV	1/6/2020	93%	5/17/2022	5/18/2022			Final Drill Date = Pending Confirmation
CCC	I	7/8/2019	95%	TBD	TBD			Final Drill Pending
CCI	III	2/24/2020	99%	12/13/2022 - TENTATIVE	12/14/2022 - TENTATIVE			Final Drill Pending
CCWF	II	6/5/2023	0	TBD	TBD			NOT STARTED
CEN	IV	1/6/2020	96%	6/21/2022 - TENTATIVE	6/22/2022 - TENTATIVE			Final Drill Pending
CHCF	I	2/27/2023	0	TBD	TBD			NOT STARTED
CIM	IV	6/28/2021	99%	11/2/2022 - TENTATIVE	11/3/2022 - TENTATIVE			Final Drill Pending
CIW	IV	7/11/2022	0	TBD	TBD			NOT STARTED
CMC	II	1/27/2020	58%	TBD	TBD			IN PROGRESS
CMF	I	6/3/2019	COMPLETED	8/30/2022 - TENTATIVE	8/31/2022 - TENTATIVE			Final Drill Pending
COR	III	11/4/2019	89%	2/7/2023 - TENTATIVE	2/8/2023 - TENTATIVE			IN PROGRESS
CRC	IV	8/23/2021	94%	11/8/2022 - TENTATIVE	11/9/2022 - TENTATIVE			IN PROGRESS
CTF	II	5/2/2022	0	TBD	TBD			NOT STARTED
CVSP	IV	5/24/2021	91%	11/15/2022 - TENTATIVE	11/16/2022 - TENTATIVE			IN PROGRESS
DVI	I	10/7/2019	COMPLETED	N/A	N/A	N/A		CLOSED
FSP	I	4/29/2019	99%	4/26/2022	4/27/2022			Final Drill Date = Pending Confirmation
HDSP	I	9/9/2019	COMPLETED	11/2/2021	11/3/2021	12/21/2021	YES	COMPLETED / TRANSITIONED TO REGION
ISP	IV	3/21/2022	0	TBD	TBD			NOT STARTED
KVSP	III	10/10/2022	0	TBD	TBD			NOT STARTED
LAC	III	2/24/2020	89%	10/25/2022 - TENTATIVE	10/26/2022 - TENTATIVE			IN PROGRESS
MCSP	I	4/29/2019	COMPLETED	10/26/2021	10/27/2021	12/13/2021	YES	COMPLETED / TRANSITIONED TO REGION
NKSP	III	9/12/2022	0	TBD	TBD			NOT STARTED
PBSP	I	9/9/2019	COMPLETED	12/7/2021	12/8/2021	12/22/2021	YES	COMPLETED / TRANSITIONED TO REGION
PVSP	III	4/8/2019	COMPLETED	10/19/2021	10/20/2021	11/19/2021	YES	COMPLETED / TRANSITIONED TO REGION
RJD	IV	8/8/2022	0	TBD	TBD			NOT STARTED
SAC	I	4/8/2019	95%	6/28/2022 - TENTATIVE	6/29/2022 - TENTATIVE			Final Drill Pending
SATF	III	11/4/2019	COMPLETED	12/15/2021	12/16/2021	1/5/2022	YES	COMPLETED / TRANSITIONED TO REGION
SCC	II	10/7/2019	98%	4/12/2022	4/13/2022			Final Drill Date = Pending Confirmation
SOL	I	3/4/2019	COMPLETED	7/16/2019	7/16/2019	3/2/2020	YES	COMPLETED / TRANSITIONED TO REGION
SQ	I	7/8/2019	96%	8/2/2022	8/3/2022			Final Drill Pending
SVSP	II	10/11/2021	35%	TBD	TBD			IN PROGRESS
VSP	II	6/6/2022	0	TBD	TBD			NOT STARTED
WSP	III	1/23/2023	0	TBD	TBD			NOT STARTED



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

EMERGENCY MEDICAL REPOSE PROGRAM Status Update 2/25/2022		
STATUS = PENDING GO-LIVE TRAINING: <i>Institutions are pending start dates to begin Go-Live Training.</i>		
RJD	KVSP	CTF
WSP	VSP	CCWF
CAC	CIW	CHCF
NKSP	ISP	
STATUS = TRAINING IN PROGRESS <i>Institutions are still in the process of training healthcare staff and implementing policy requirements.</i>		
LAC	CMC	CVSP
CRC	SVSP	COR
STATUS = PENDING DRILL <i>Training completed; drill to be scheduled for observation reporting and transition for transition to regional oversight.</i>		
SQ	FSP	SCC
CCC	SAC	CMF
CIM	ASP	CEN
CCI	CAL	
STATUS = TRANSITIONED TO REGION <i>Institutions have completed implementation of EMRP and received observation feedback from EMRP and DAI. Transition Reports have been completed and provided to the regional team for continued oversight.</i>		
SOL	MCSP	PBSP
PVSP	HDSP	SATF
STATUS = COMPLETED & CLOSED		
DVI		



Emergency Medical Response Program (EMRP) GO-LIVE TRAINING SCHEDULE 2022-2023

The following schedule lists the order of Go-Live training for all remaining institutions.

<u>Dates</u>	<u>Institution</u>	<u>Training Location</u>	<u>Training Audience</u>	<u>Rooms</u>
March 21-25, 2022	ISP	HQ - Ontario	Institutional Trainers	236/254/255
April 4-8, 2022		Institution – ISP	Healthcare Staff	
April 11-15, 2022		Institution – ISP	Healthcare Staff	
May 2-6, 2022	CTF	HQ - Ontario	Institutional Trainers	236/254/255
May 9-13, 2022		Institution – CTF	Healthcare Staff	
May 16-20, 2022		Institution – CTF	Healthcare Staff	
June 6-10, 2022	VSP	HQ - Ontario	Institutional Trainers	236/254/255
June 13-17, 2022		Institution – VSP	Healthcare Staff	
June 20-24, 2022		Institution – VSP	Healthcare Staff	
July 11-15, 2022	CIW	HQ - Ontario	Institutional Trainers	236/254/255
July 18-22, 2022		Institution – CIW	Healthcare Staff	
July 25-29, 2022		Institution – CIW	Healthcare Staff	
August 8-12, 2022	RJD	HQ - Ontario	Institutional Trainers	236/254/255
August 15-19, 2022		Institution – RJD	Healthcare Staff	
August 22-26, 2022		Institution - RJD	Healthcare Staff	
September 12-16, 2022	NKSP	HQ – Ontario	Institutional Trainers	236/254/255
September 19-23, 2022		Institution – NKSP	Healthcare Staff	
September 26-30, 2022		Institution – NKSP	Healthcare Staff	
October 10-14, 2022	KVSP	HQ – Ontario	Institutional Trainers	236/254/255
October 17-21, 2022		Institution – KVSP	Healthcare Staff	
October 24-28, 2022		Institution – KVSP	Healthcare Staff	
January 23-27, 2023	WSP	HQ – Ontario	Institutional Trainers	236/254/255
Jan 30 – Feb 3, 2023		Institution – WSP	Healthcare Staff	
February 6-10, 2023		Institution – WSP	Healthcare Staff	
Feb 27 – Mar 3, 2023	CHCF	HQ – Elk Grove	Institutional Trainers	TBD
March 6-10, 2023		HQ – Elk Grove	Institutional Trainers	TBD
March 13-17, 2023		Institution – CHCF	Healthcare Staff	
March 20-24, 2023		Institution – CHCF	Healthcare Staff	
March 27-30, 2023		Institution – CHCF	Healthcare Staff	
April 3-7, 2023		Institution – CHCF	Healthcare Staff	
April 24-28, 2023	CAC	HQ - Ontario	Institutional Trainers	236/254/255
May 1-5, 2023		Institution – CAC	Healthcare Staff	
May 8-12, 2023		Institution – CAC	Healthcare Staff	
June 5-9, 2023	CCWF	HQ – Ontario	Institutional Trainers	236/254/255
June 12-16, 2023		Institution – CCWF	Healthcare Staff	
June 19-23, 2023		Institution – CCWF	Healthcare Staff	

Plaintiffs' Exhibit J

Summary of Changes in Projected Completion Dates
Stated by CDCR in January 2020 and January 2022 for the Seventeen Prisons
at which Health Care Facility Improvement Project (HC-FIP)
Phase I Construction Continues

(Prepared by Plaintiffs' Counsel from CDCR-provided monthly HCFIP Dashboards)
(Prisons listed alphabetically by abbreviation)

Calipatria State Prison (CAL)

January 2020 Projected Completion Date: June 2021

January 2022 Projected Completion Date: July 2023

Delay of two years, one month

California Correctional Institution (CCI)

January 2020 Projected Completion Date: July 2020

January 2022 Projected Completion Date: July 2023

Delay of three years

Central California Women's Facility (CCWF)

January 2020 Projected Completion Date: February 2021

January 2022 Projected Completion Date: September 2023

Delay of two years, seven months

California Men's Colony (CMC)

January 2020 Projected Completion Date: February 2021

January 2022 Projected Completion Date: April 2024

Delay of three years, two months

California State Prison, Corcoran (COR)

January 2020 Projected Completion Date: January 2021

January 2022 Projected Completion Date: April 2024

Delay of three years, three months

Correctional Training Facility (CTF)

January 2020 Projected Completion Date: January 2022

January 2022 Projected Completion Date: May 2023

Delay of one year, four months

Chuckawalla Valley State Prison (CVSP)

January 2020 Projected Completion Date: April 2021

January 2022 Projected Completion Date: August 2023

Delay of two years, four months

Folsom State Prison (FOL)

January 2020 Projected Completion Date: September 2020

January 2022 Projected Completion Date: April 2022

Delay of one year, seven months

High Desert State Prison (HDSP)

January 2020 Projected Completion Date: October 2020

January 2022 Projected Completion Date: August 2022

Delay of one year, ten months

Ironwood State Prison (ISP)

January 2020 Projected Completion Date: March 2021

January 2022 Projected Completion Date: July 2022

Delay of one year, four months

North Kern State Prison (NKSP)

January 2020 Projected Completion Date: June 2020

January 2022 Projected Completion Date: June 2023

Delay of three years

Pleasant Valley State Prison (PVSP)

January 2020 Projected Completion Date: February 2021

January 2022 Projected Completion Date: February 2023

Delay of two years

California Substance Abuse Treatment Facility and State Prison, Corcoran (SATF)

January 2020 Projected Completion Date: July 2020

January 2022 Projected Completion Date: December 2023

Delay of three years, five months

Sierra Conservation Center (SCC)

January 2020 Projected Completion Date: September 2021

January 2022 Projected Completion Date: March 2023

Delay of one year, six months

California State Prison, Solano (SOL)

January 2020 Projected Completion Date: June 2021

January 2022 Projected Completion Date: March 2023

Delay of one year, nine months

Valley State Prison (VSP)

January 2020 Projected Completion Date: September 2020

January 2022 Projected Completion Date: April 2023

Delay of two years, seven months

Wasco State Prison (WSP)

January 2020 Projected Completion Date: October 2020

January 2022 Projected Completion Date: March 2023

Delay of two years, five months