

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA STATE PRISON – CORCORAN
CORCORAN, CALIFORNIA 93212-8309**

November 2014

I. PLAN NUMBER AND TITLE:

Operation Procedure Number: 1014
Operation Procedure Title: CSP- Corcoran Correctional Treatment Center

II. PURPOSE AND OBJECTIVES:

The purpose of this procedure is to establish custodial guidelines when guarding inmates (I/M) receiving medical and mental health care services. The primary objective of this procedure is to institute effective methods of maintaining security measures within the Correctional Treatment Center (CTC) setting.

III. REFERENCES:

- A. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), Section 53130, 54060, 62010.
- B. The California Code of Regulations (CCR), Title 15, Sections 3060, 3061, 3084.1, 3085, 3170, 3190, 3268, 3270, 3271, 3272, 3274, 3275, 3277, 3278, 3279, 3280, 3281, 3283, 3287, 3300, 3316, 3317, 3318, 3319, 3320, 3336, 3337, 3338, 3339, 3340, 3350, 3351, 3352, 3353, 3354, 3355, 3357, 3360, 3361, 3362, 3363, 3364, 3382, 3391.
- C. California Code of Regulations (CCR), Title 22, CTC Division 5, Ch. 12 Correctional Treatment Centers

IV. APPROVAL AND REVIEW:

This procedure is to be reviewed and updated annually by the Associate Warden-Health Care Operations (AW-HCO) for approval by the Chief Executive Officer (CEO) or designee and the Warden or designee.

V. RESPONSIBILITIES:

The CEO and the AW-HCO are responsible for the operation of this procedure.

VI. METHODS:

SECTION 1001 CUSTODY COVERAGE

- A. The duties and responsibilities of Correctional Officers assigned to California State Prison-Corcoran (CSP-COR) CTC are to provide a safe, secure, well-maintained CTC environment for CTC staff and the I/M-patient population. The following institutional operational plan operates in conjunction with the compliance requirements of CCR Title 22, CTC Licensing; to facilitate the delivery of Medical, Surgical and Mental Health services for inmates in a safe and secure setting.

B. The following are some of the custodial staffs' duties and procedures when assigned within the CTC/Mental Health Crisis Bed (MHCB) Unit.

1. Custody staff are responsible for maintaining security and progressive discipline among the I/M-patients, assuring compliance with all rules and regulations. While assigned within the CTC, custody staff must keep in mind that they are dealing with all levels of I/M-patients with a variety of serious medical and mental health conditions.
2. Custody staff shall provide security for all medical staff working within CTC. Custody staff in conjunction with medical staff shall ensure syringes or other types of medical equipment that could be deemed contraband in the possession of I/M-patients are not left unsecured.
3. Custody staff will conduct ongoing random searches of CTC cells and all common areas of the CTC. These searches are required to prevent the introduction of contraband and/or possession of contraband by I/M-patients.
4. Any staff member who observes illegal or unusual behavior by an I/M-patient within the CTC shall contact the CTC Sergeant immediately. Custody staff shall submit all written documentation as required in accordance with Departmental and institutional policy.
5. When a medical staff member needs to enter a cell occupied by a Security Housing Unit (SHU), Administrative Segregation Unit (ASU) I/M-patient, custody staff will place the I/M-patient in restraints taking into account the I/M-patients condition. At least two custodial staff will remain in the cell until the medical staff has completed their medical procedures or tasks.
6. When medical staff needs to enter a cell occupied by a Level I through Level IV General Population (GP) I/M-patient, at least one officer will remain in the same corridor of the cell medical staff has entered. Medical staff is required to have a Personal Alarm Device (PAD) on their person and have informed custody staff prior to entering a cell.
7. An officer will search all meal and snack trays prior to issuing to prevent the I/M-patients from receiving contraband items such as metal tabs, cans, etc. Custody staff will assist CTC staff with feeding procedures by opening cell doors and food ports.
8. Staff will prepare reports as necessary (Chronos, Disciplinary Reports, Incident Reports). Staff will ensure that all significant information relating to the I/M-patient during his stay in the CTC is properly logged in chronological order on the CDCR Detention/Segregation record Form 114A.
9. An I/M-patient who engages in Indecent Exposure or Sexual Disorderly Conduct shall be subject to a variety of Security Measures in an attempt to identify, prevent, reduce and eliminate the opportunity to repeat the behavior. When an I/M-patient is placed on Solid Door Yellow Placard status; staff will consider the I/M-patient's medical and mental health needs in addition to the security measures outlined in DOM Chapter 5, Article 25, Inmate Indecent Exposure and Sexual Disorderly Conduct Management.

This is to determine the appropriate placement of the placard to prevent the I/M-patient from repeating the behavior, while still ensuring he can be safely observed for any medical or mental health emergencies.

10. All staff entering the CTC will be properly identified. Official visitors will be documented in a logbook secured in the CTC Control Room.
11. Respond to and control emergencies, including disturbances, assaults, cell flooding, fires and emergency medical transports as directed or designated by post orders or duty statements.
12. Staff will maintain strict control of all locks, keys, weapons and issued safety equipment.
13. All custody staff assigned to CTC shall make regular, but unscheduled tours of the CTC Kitchen to ensure that proper security measures are being maintained.

SECTION 1002 SCREENING PROCESS FOR CTC ADMISSIONS

A. Screening Outside Institution Intake

1. Upon arrival of newly transferred I/M-patients to be directly admitted to the CTC, the CTC Sergeant will review the Central Files (C-Files), partial C-File (Flimsy) or Strategic Offender Management System (SOMS) of each I/M-patient. All pertinent custody information will be documented on a CDCR 1882, Initial Housing Review form. Every entry on this sheet must be filled out completely. The CTC Sergeant will ensure that the I/M-patients are properly endorsed to CTC and that this information is recorded on a CDCR Transportation Record Form 135.
2. Once the CDCR 1882, Initial Housing Review form has been completed, the original will be forwarded to the Intake Desk in the Records Department, along with the I/M-patient's C-File, the original CDCR Form 135 and the original CDCR Form 134 Records Transfer Check Sheet for scanning into the ERMS.
3. The information recorded on the CDCR 1882, Initial Housing Review form will be utilized in filling out the CDCR Form 114A-1 Special Information Section of the I/M-patient Segregation Record, which is maintained by the Housing Unit officers in the unit where the I/M-patient is housed.

B. Intake from Security Housing Units (SHU)/ASU

1. When an I/M-patient is admitted to the CTC from SHU or ASU, the CDCR Forms 114D, 114-A and 114A-1 files will accompany the I/M-patient. The CTC Sergeant will screen the file and ensure its placement in the appropriate CTC Housing Unit. Upon the I/M-patients discharge the CDCR Form 114D file will be returned to the sending SHU/ASU. The SHU/ASU will provide custody escort staff.

SECTION 1003 BODY INSPECTIONS OF THE I/M-PATIENTS

- A. Security within CTC depends to a large extent upon the ability of the Officers to conduct proper body inspections of the I/M-patients. An I/M-patient is subject to an inspection of his person, either clothed or unclothed, when there is a substantial reason to believe the I/M-patient may have unauthorized or dangerous items concealed on his person. Such inspections shall also be a routine requirement for I/M-patient movement into or out of the CTC. All such inspections will be conducted in a professional manner, which avoids embarrassment or indignity to the I/M-patient. Searches must be conducted systematically, thoroughly and objectively.
1. When conducting a clothed body search, the I/M-patients shall be instructed to assume a standing position, if possible. As a safety precaution the I/M-patients must empty their pockets. Always search I/M-patients from behind when conducting clothed body inspections. All staff shall practice universal precautions.
 2. Only male officers will perform unclothed body searches of the I/M-patients unless an emergency situation exists. All unclothed body inspections of I/M-patients will be performed in isolated areas away from the view of other I/M-patients and other uninvolved persons.

SECTION 1004 SEARCHING SECURITY AREAS IN THE CTC

A. Cell/Room Searches/Inspections of CTC Rooms and Common Areas.

1. Upon the receipt or transfer of an I/M-patient into or from the CTC and prior to his placement into the cell/room or departure from the CTC, a search of the cell/room will be conducted. During all cell searches, the Universal Precaution policy will be followed.
 - a. The physical structure and operation aspects of all items within the cell/room will be inspected for defects. This inspection includes:

Cell light operation	Cell light structure
Cell window	Cell door/food port
Lexan window covering	Cell toilet operation
Mattresses	Structural integrity
Bed frame	Pillows
All wall and floor (inclusive of joints) Sinks/Medical appliances	
 - b. Care will be given to ensure that the cell/room is free of any and all contraband. All structural or operational defects are noted and reported for necessary repairs on a routine or emergency basis as appropriate.
 - c. A metal detection wand will be used to search non-metallic items within the cell/room, for hidden metallic contraband.
 - d. A minimum of three searches will be conducted per housing unit during 2nd and 3rd watch. 1st watch will continually search all common areas within the CTC.

- e. The I/M-patient will be issued a receipt for any and all items confiscated during a search of his assigned cell/room or person. A copy of the receipt will be placed into the appropriate CDCR Form 114-A folder. The receipt will also denote disposition of the confiscated items.
- f. Should the item, which is confiscated, constitute a threat to the safety of staff, I/M-patients and/or the security of the institution, the CTC Sergeant will be immediately notified of the discovery. Prosthetic devices will not be confiscated unless the I/M-patient uses the device in the commission or attempt of an assault on staff. If the discovery results in the issuance of a CDCR Rules Violation Report Form 115 or a CDCR Counseling Chrono Form 128A, issuance of this documentation to the I/M-patient will serve as his receipt.
- g. All searches will be documented on the I/M-patient's CDCR Form 114-A and within the Unit's Search Log.
- h. Anytime a felony is uncovered during the normal course of a cell search, the cell and everything inside the cell will become a crime scene. The area will be cordoned off and the CTC Sergeant as well as Investigative Services Unit will be contacted.
- i. An officer will ensure any items brought into the cell/room by medical staff are retrieved and accounted for (i.e., needles, syringes, etc.).
- j. All common areas accessible or used by I/M-patients (i.e., showers, clinics and exercise yards) shall be searched/inspected prior to each use and/or daily, as security needs necessitate. The searches will be documented on the Unit Log. The Search Log will be reviewed and signed by the Second and Third Watch CTC Sergeants on a daily basis.

SECTION 1005 CUSTODIAL SUPERVISION OF I/M-PATIENTS

A. I/M-patients scheduled for outpatient clinics are supervised by the following methods.

- 1. The Health Care Escort Officers will escort Level-I, Level-III and Level-IV GP I/M-patients via the Transportation Vehicle to the CTC. The Health Care Escort Officers will coordinate with facility staff when the I/M-patients will be escorted to the CTC. Upon arrival to the CTC, the I/M-patient's identification card will be turned over to the Treatment and Triage Area (TTA) Officer. During second watch the TTA Officer, Specialty Clinic Officer and Transport Officer shall provide the escort and security/custody coverage of the I/M-patients while in the CTC. Upon completion of all appointments, the Health Care Escort Officers will escort the I/M-patients back to the facility. During third and first watch, it is the responsibility of the sending facilities to provide the escort and security/custody coverage of the I/M-patients.
- 2. During Second Watch an I/M-patient from SHU/ASU will be escorted to the CTC by available Health Care Escort Officers. The escorting staff will provide escort and security/custody coverage while the I/M-patient is at the CTC. Upon completion of the

appointment, the escorting officer will escort the I/M-patient(s) back to the sending facility. During Third Watch an I/M-patient from SHU/ASU will be escorted to the CTC by the sending facility's custody staff.

3. The sending Institution's Transportation Team escorts all Outside Institution I/M-patients. The Transport Officers are responsible for escort, searches, and security/custody coverage while the I/M-patient(s) are at the CTC until the I/M-patient(s) are admitted or returned to their housing units.
4. All CSP-COR I/M-patients who are admitted will be escorted to the appropriate CTC housing unit by the CTC custody staff.
5. All I/M-patients scheduled for medical appointments will be searched with the use of a hand held metal detector and all clothing will be searched prior to being escorted to their appointments.

SECTION 1006 ESCORT PROCEDURES FOR THE I/M-PATIENT

- A. Escorts take place in many areas of the CTC. Some of the areas include radiology, laboratory specimen room, TTA rooms, eye examination room, procedural/examination room, physical therapy, within the housing units themselves and to and from the facilities.
 1. Restraints: When an I/M-patient from the SHU or ASU is escorted within the CTC; he will be placed in mechanical restraints (handcuffs). Mental Health Crisis I/M-patients who are in a locked treatment module/holding cell attending Inter-Disciplinary Treatment Team (IDTT) may be unrestrained, unless custody staff determines the I/M-patient has a history of assaultive/ disruptive behavior or his current behavior may pose a threat to the safety of himself and/or others and threatens the security of the CTC. I/M-patients being escorted to the CTC with suicidal, psychological, TB and/or Hepatitis concerns are not required to be in leg restraints or have a spit mask placed over their head, unless a supervisor deems it appropriate based on the I/M-patients behavior.
 - a. In the event that restraints have to be removed from a SHU or ASU I/M-patient for a medical procedure or examination, the CTC Sergeant will be notified prior to the removal of the restraints. The CTC Sergeant will discuss the reasoning for the request with the medical staff member to ascertain if another type of mechanical restraints can be utilized to complete the procedure, i.e. waist chains, plastic cuffs, etc.
 - b. If the handcuffs and leg restraints must be removed completely, the CTC Sergeant will be present for the duration of the procedure.
 2. An I/M-patient being escorted to the CTC for evaluation or admission, as a result of a Use of Force incident should be in mechanical restraints, leg restraints and/or spit mask only if he is exhibiting resistive or combative behavior. If the I/M-patient has calmed down and is under control, the need for the additional precautions may not be necessary.

3. SHU and ASU escorts: Two officers armed with Monadnock Expandable Batons (MEB).
 - a. Under no circumstances will CTC cell doors be opened unless at least two officers are present.
 - b. I/M-patients will back up to the door and place their hands through the food port so they can be restrained with handcuffs. The I/M-patient will take a couple of steps away from the door prior to its opening. I/M-patients requiring waist restraints will be placed in those devices utilizing the proper procedures. Upon completion of the application of the waist restraints, the I/M-patient face away from the door and take a couple of steps.
 - c. Exceptions to these procedures will be when an I/M-patient is bedridden. These I/M-patients will be restrained to their bed in their CTC cell by an officer before medical staff enters the cell. These I/M-patients will be restrained to a CTC gurney or wheelchair during escorts. Restraints used will be compatible with the I/M-patients medical needs, as directed by Medical treatment staff.
4. All escorts to destinations other than the I/M-patient's Housing Unit will be coordinated through the CTC Control Officer. The CTC Control Officer will announce the escort to take place and its destination over the CTC "all calls" address system. All movement in the affected areas will cease until the escort is completed.

SECTION 1007 CONTROLLING I/M-PATIENT MOVEMENT

- A. All ducated I/M-patients attending outpatient clinics will be segregated in accordance with the following process:
 1. I/M-patients from different facilities will not be allowed to interact or be placed in the same holding cell waiting for their scheduled appointment. Level I I/M-patients are required to be seated on the benches provided outside the main entrance of the CTC. The TTA Officer and Transportation Officers are responsible for control, escort and supervision of these I/M-patients. During third and first watch the I/M-patients will be secured within the main holding cells inside the Treatment and Triage Area.
 2. Level IV GP I/M-patients are secured within the main holding tank inside the TTA. The TTA Officer, CTC Transport Officers and Specialty Clinic Officers are responsible for control, escorting to specific clinics and security of these I/M-patients.
 3. All I/M-patients requiring segregated housing (SHU/ASU) will be placed into one of the individual holding cells within the CTC TTA.
 4. Any I/M-patient on Heat Sensitive medications will be kept in a holding cell in the TTA, or if necessary, using one of the holding cells within the TTA.

5. The main holding tank and the individual holding cells will be searched prior to placing I/M-patients in them, and then again immediately after the I/M-patients are removed.
6. The CSP-COR holding cell policy will be strictly adhered to whenever holding cells are being used. I/M-patients will be placed in holding cells on a temporary basis only. Holding cells will not be used as punishment, but as a means of providing temporary control of an I/M-patient in the CTC.

SECTION 1008 DUCAT SYSTEM FOR MEDICAL APPOINTMENTS

- A. All medical ducats are issued as "priority ducats." The requests shall be reviewed and approved by the CEO, Chief Dental Officer, Chief Psychiatrist, Medical Record's Director, Health Records Technician II – Supervisor, or the Chief Physician and Surgeon.
 1. At the termination of the medical contact, the I/M-patients arrival and departure time shall be recorded on the back of the pass. The I/M-patient shall return the pass to the work supervisor to facilitate accountability and timekeeping by the work supervisor. The work supervisor shall record "S" time for the time spent away from the work/training assignment under these circumstances.
 2. Accountability needs to be established when an I/M-patient does not show up for a scheduled appointment. The Health Care Escort Officers will be provided with a list of I/M-patient no-shows. The Health Care Escort Officers will contact the I/M-patient's housing, program or job assignment in order to locate the I/M-patient. Once located, the Officer will coordinate with the facility to get the I/M-patient to the appointment. In the case of the I/M-patient refusing the appointment, the Health Care Escort Officer will contact the facility clinic to obtain a "Inmate Refusal of Treatment/Examination (CDCR 7225)

SECTION 1009 USE OF FORCE POLICY

A. Controlled Situations

Controlled situations (such as a recalcitrant I/M-patient in a locked cell or room) with no apparent likelihood of immediate danger or injury to any person shall be evaluated and alternatives to the use of force considered. In such controlled non-emergency situations, only personnel at the level of Correctional Captain or above may authorize the use of force. In the MHCB, the approval of a Licensed Psychiatrist or Psychologist shall be required.

B. Medical Emergency Use of Force

When it is determined by a doctor that due to a medical emergency, physical force to control an I/M-patients actions is necessary, the use of force will not be considered as calculated. The doctor will indicate in a written report why the I/M-patient had to be immediately controlled.

C. Oleoresin Capsicum Pepper Gas/ 5.0 Pepper Mace

1. The Oleoresin Capsicum (OC) Pepper Fogger will not be authorized for use in the CTC.
2. The use of the Non Burning and Flameless OC Grenades (117-CN and T-16 OC) is prohibited in the CTC. This is due to the possibility that use of the OC Grenades may accidentally expose I/M-patients in other areas of the CTC who suffer from respiratory illness and the untested effect on I/M-patients who may be housed in respiratory isolation.
3. OC will not be used on an individual who is physically restrained or otherwise under control. I/M-patients housed adjacent to the cell where OC may be used will be given the opportunity to leave their cell. The I/M-patients will be secured in the CTC wing showers.
4. Prior to using OC in a preplanned tactical extraction situation on any I/M-patient housed in the CTC, the CME or Medical Officer of the Day (MOD) shall be consulted in order to allow staff to make an informed decision as to whether to proceed with the use of OC or seek an alternative method of extraction (e.g. physical).

SECTION 1010 CELL EXTRACTION GUIDELINES

- A. If a preplanned tactical extraction is deemed necessary, the following procedures will be initiated prior to use of OC to prevent accidental exposure to other inmates and areas of the CTC.
1. The CTC engineer will shut down the ventilation system.
 2. If the CTC engineer is not available to shut down the ventilation system, maintenance personnel will be contacted to activate the smoke purge system. This system will vent air to the outside without recirculating contaminated air through the air filters. The smoke purge control panel is located in the CTC Control room. The smoke purge system should remain on until decontamination of the exposed areas has been completed.
 3. As previously stated, inmates housed adjacent to the cell where OC may be deployed will be given the opportunity to leave their cell prior to the OC deployment. The inmates will be secured in the CTC wing showers or other secured locations.

SECTION 1011 DECONTAMINATION PROCEDURES

- A. Any area that has been exposed to chemical agents in the CTC will be thoroughly decontaminated prior to re-housing I/M-patients in that area. Decontamination will be handled by housekeeping and will include as necessary:
- Washing exposed walls and fixtures with soap and water.
 - Replacing and laundering of all exposed bed linen.
 - Replacing and laundering of all exposed I/M-patient clothing.

- B. In an effort to minimize incidental exposure, Universal Precautions will be taken by all staff members designated to clean up exposed areas.
- C. All exposed persons will follow decontamination procedures that will include the following as necessary:
 - Removal of the subject to an uncontaminated area.
 - Use clear, cool water to flush exposed areas.
 - Face subject into the wind or utilize a fan when practical.
 - Use non-oil based soap to cleanse exposed areas.
 - Maintain visual contact with I/M-patients throughout the decontamination process.
 - Do not use creams, lotions, or salves on exposed areas.
 - Do not use any commercial eyewash.

SECTION 1012 MEDICAL EMERGENCY & CODE TEAM

- A. All Medical Emergencies shall be managed on site until Outside Emergency Medical Responders arrive at the scene.
- B. Under no circumstances shall an inmate be transferred to the TTA or unlicensed area to provide emergency care
- C. There will be an assigned code team. The responding members will include Pharmacy and ACLS certified staff. The code team is designated each shift by the staffing Supervisor and is written on the bottom of each day's staffing sheet. As soon as a pharmacist arrives for duty, she or he will be advised of the use of the crash cart and will replenish medications within an hour.
- D. ACLS measure shall only be provided under the direct care of a physician who is at the scene and assessing the inmate-patient.
- E. The SRN II or designee will assure required supplies are replaced in the crash cart within one hour.

SECTION 1013 I/M-PATIENT PLACEMENT INTO BEHAVIORAL RESTRAINTS GUIDELINES

A. Mechanical Equipment-Behavioral Restraints

- 1. Nursing staff shall notify the CTC Sergeant and Chief Psychiatrist or designee of an order to place an inmate-patient in behavioral restraints.
- 2. When behavioral restraints are applied to an inmate-patient MHCB staff shall have at least three custody personnel present for the application of these restraints, but the RN shall perform the actual application of restraints.

3. With the exception of emergencies, the CTC Sergeant will be present when an I/M-patient is placed in behavioral restraints.
4. Medical Staff will ensure proper application and adequate circulation.
5. Once in behavioral restraints, an I/M-patient shall:
 - a. Be observed every 15 minutes by medical staff, which will ensure proper circulation to the I/M-patient's hands and feet.
 - b. Be removed in the event of fire or other emergencies.
 - c. Be offered a range of motion in the scheduled intervals, ordered by an authorized clinician, while confined in the restraints.

B. Discharge of I/M-patients from behavioral restraints:

1. Every effort will be made by all staff to efficiently and safely discharge an I/M-patient from behavioral restraints in accordance with present policy and procedures.

SECTION 1014 SUICIDAL I/M-PATIENTS

In an emergency situation (i.e., where the threat of self-inflicted injury is present and/or imminent), the cell door will not be opened until appropriate responding staff have arrived.

A. Attempted Suicide by Cutting:

1. Once custody staff members have responded to the cell, one custody staff will order the I/M-patient to stop his self-injurious behavior and warn the I/M-patient OC will be used. If the I/M-patient continues his behavior, custody staff will open the food port and utilize the OC to quell the incident and gain the I/M-patients compliance. Upon the arrival of the CTC Sergeant, the I/M-patient will be ordered to the cell door and placed in mechanical restraints prior to removal from the cell. The CTC nursing staff will examine the I/M-patient and determine if further medical treatment is required. If the I/M-patient is, or appears to be, non-responsive, convulsing, or seizing, staff will conduct an emergency medical extraction.

B. Attempted Suicide by Hanging:

1. After sufficient staffing/custody members have responded to the cell, the Sergeant will determine the most effective way to resolve the incident with the least amount of resistance or force. Responding officers will retrieve the cut down kit from the officer's station, the cell door will be opened with a key, and a minimum of three officers will enter the cell simultaneously. One officer will take control of the I/M-patient's body while another utilizes the cut down kit to free the I/M-patient (cutting the hanging device above the knot).

2. Once the I/M-patient has been cut down from the hanging device, custody will place the I/M-patient in mechanical restraints and remove the I/M-patient from the cell. The responding supervisor(s) will take command of the incident upon their arrival or as soon as practical. The responding medical staff will loosen the hanging device and examine the I/M-patient to determine if the I/M-patient needs further medical treatment. Medical personnel will continue administering life saving techniques until a doctor deems otherwise or the I/M-patient is stable and requires no more life saving measures.

C. Attempted Suicide by Suffocation:

1. After sufficient staffing/custody members have responded to the cell, the Sergeant will determine the most effective way to resolve the incident with the least amount of resistance or force. The staff will instruct the I/M-patient to stop his behavior and submit to mechanical restraints. If the I/M-patient's behavior continues, responding staff will open the door with a key and custody staff members will enter the cell simultaneously, place the I/M-patient in mechanical restraints, and remove the I/M-patient from the cell. The responding supervisor(s) will take command of the incident upon their arrival or as soon as practical. The responding medical staff will examine the I/M-patient and determine if the I/M-patient needs further medical treatment. If the I/M-patient is, or appears, non-responsive, convulsing, or seizing, staff will conduct an emergency medical extraction. Medical personnel will continue administering life saving techniques until a doctor deems otherwise or the I/M-patient is stable and requires no more life saving measures.

SECTION 1015 LONG TERM CHRONIC CARE STATUS I/M-PATIENTS

- A. GP I/M-patients admitted to the CTC on Long Term Chronic Care status will be afforded limited privileges due to the daily operations of or security concerns in CTC. Every attempt will be made to afford an I/M-patient privileges in accordance with their custodial status. Long Term Chronic Care status is defined as an I/M-patient assigned to the CTC under a Physician's care that has a disease or condition which is persistent over an indeterminate length of time (30 days or more) and requires skilled nursing care for proper treatment. Yard access will be provided on the inner plaza between the CTC Units. (Yard procedures refer to section 1016 of this Operational Procedure).
1. I/M-patients on GP status will be permitted to obtain limited personal property, due to the lack of storage space and laundry facilities.
 2. Canteen ducats and canteen order forms will be processed once a month regardless of draw. I/M-patients that are on special diets prescribed by a physician will have their canteen order form screened by the Dietician before being issued to the canteen manager. Once the canteen manager has processed all the orders and delivered them to the CTC, the officer will distribute the canteen in a timely manner.
 3. Visits will be provided as detailed in Section 1017 of this policy, in accordance with DOM section 54020.1 (Visiting).
 4. Telephone access will be conducted as detailed in DOM Section 1022 of this policy.

5. Quarterly packages will be issued to Long Term Chronic Care I/M-patients in accordance with their assigned privilege group and CSP-COR Operational Procedure (OP) 806 Inmate Property. I/M-patients that are on special diets prescribed by a physician will have their quarterly packages screened by the Dietician before being issued. Only authorized food products will be issued.
6. Access to law library and legal materials will be coordinated through the Education Department on a regular basis.

B. Haircuts

1. I/M-patients can schedule an appointment for the use of the Barber Equipment via an I/M-patient Request for Interview Form (GA-22).
2. The housing unit officer will ensure that all barber tools and equipment are inventoried at the beginning and end of each shift. The housing unit officer will ensure that all barber equipment is accounted for at time of issuance and when the equipment is returned.
3. When an I/M-patient is scheduled to use the barber tools, the officer will provide security. At no time will I/M-patients be allowed to use the barber equipment without staff supervision.
4. Housing unit "C" (MHCB Unit I/M-patients) will not be allowed to use the barber equipment without prior approval from the IDTT.
5. Individual metal barber boxes with a lock will be provided for each housing unit. The housing unit floor officer #1 will inventory each box at the beginning of each shift.
6. In the event that the Barber tools are intentionally lost or damaged, a Trust Account Withdraw Form will be signed by the I/M-patient to cover the cost of replacing the equipment and a Rules Violation Report will be issued to the I/M-patient.
7. An inventory list for each complete barber box will be provided.
8. In the event that any barber tools or equipment are missing, the CTC Sergeant will be notified immediately. A search of the unit and immediate area will be completed along with a missing tool report.
9. When the barber tools and equipment are in need of repairs or replacement, the unit staff will notify the CTC Sergeant in writing. The CTC Sergeant will process the order for approval through the HCO Captain.

C. Sterilization and Sanitation

1. Mar-V-Cide or Barbicide will be used as the disinfectant agent. The Mar-V-Cide Disinfectant will be mixed with two ounces per gallon of water, or one ounce per

Barbers disinfectant plastic jar or tray. The disinfectant will remain fresh and covered at all time.

2. The disinfectant container (plastic jar or tray) will be thoroughly washed with hot soapy water after each use.
3. Rusty, bent or damaged tools should not be used as they pose a danger of injury to the I/M-patient as well as the Barber.
4. Tools or implements dropped on the floor must be sanitized prior to continuing their use. All non-electrical instruments shall be cleaned with soap, detergent and water and then totally submerged in Mar-V-Cide or Barbicide for 10 minutes. The tool will then be thoroughly rinsed in hot water and dried prior to use or placing back in the Barber Box.
5. Upon completion, the area will be thoroughly cleaned.

SECTION 1016-YARD PROGRAM FOR LONG TERM CARE I/M-PATIENTS

- A. I/M-patients placed in the CTC from other CDCR institutions for more than 10 days will appear before the Unit Classification Committee (UCC) for initial review and yard placement (walks alone or group). The CTC Correctional Counselor I (CCI) will schedule UCC. If the inmate-patient is on Administrative Segregation or Security Housing Unit status then the inmate-patient will be seen by Institution Classification Committee.
1. All I/M-patients that are identified as long-term (over 30 days) and are medically cleared by their attending Physician, will be afforded the opportunity to go to yard, as availability permits. A CDCR Medical Chrono Form 128C will be written by medical staff on each I/M-patient approved for yard, detailing any medical or physical restrictions. I/M-patients housed in Unit "C" the MHC Unit, will not receive yard.
 2. The CTC Yard/Visiting Officer will obtain a list of all UCC approved I/M-patients cleared for exercise yard through the CTC CCI, paying close attention to any medical conditions or restrictions. Also, the CCI will review the case factors and generate a CDC 128-B clearing the inmate-patient for yard. The CDC 128-B will be forward to the yard officer.
 3. I/M-patients approved for yard will receive yard time during the hours of 0830 hrs to 1530 hrs Monday through Friday. Additional yard time will be offered on Saturdays and Sundays, if visits are not scheduled. Every effort will be made to provide each I/M-patient with a minimum of ten hours of yard time per week.
 4. The CTC Yard/Visiting Officer will schedule all yard times and will maintain a constant visual of each I/M-patient on the exercise yard. Each I/M-patient will have a CTC Yard Schedule Sheet. All refusals of yard will be documented in the I/M-patient's CDCR Form 114-A log and on his CTC Yard Schedule Sheet.

5. No more than six I/M-patients will be scheduled for yard at any given time. I/M-patients will be segregated according to their individual security needs, as determined by the CTC ICC.
6. The CTC Yard/Visiting Officer will thoroughly search the exercise yard before and after each I/M-patient is processed to the yard. Additionally, each I/M-patient will be thoroughly searched prior to going to the yard and at the completion of the yard. The CTC Sergeant will be notified immediately of any discrepancies.
7. I/M-patients on Uniform Heat Trigger (UHT) status will not be allowed to participate in the yard program when the heat trigger plan has been activated.
8. I/M-patients who are on SHU or Ad-Seg Status or who have a recent escape history will be on **Walk Alone status only**. They will go to yard in waist restraints and/or leg irons, with consideration given to medical disabilities and restrictions. Medically approved SHU/Ad-Seg inmates will be escorted to the ASU1 Small Management Yards (SMYs) to attend the Walk Alone Yard program periods noted above. Three SMYs are designated for use by inmates assigned to CTC (#s 18, 19, and 20). Yard escorts will be conducted by HCA-CTCCTC Officers. Should there be a need for an ADA SMY; SMY #11 is available as long as ASU1 does not house a DPW inmate. In this instance the CTCCTC Sergeant and ASU1 Sergeant shall arrange a schedule to accommodate both inmates.
9. Two Officers will escort each SHU or ASU I/M-patient from his assigned cell to the exercise yard and back to his cell.

SECTION 1017 VISITING POLICY FOR THE I/M-PATIENTS

- A. I/M-patients housed in the CTC, meeting the following criteria, will be allowed visits in accordance with DOM Section 54020.1 (Visiting), while housed at CSP-COR:
 1. Long Term Chronic Care or Extended Stay I/M-patients (30 days or more).
 2. I/M-patients that the CEO or attending physician have approved to receive a CTC (bedside) visit due to being diagnosed as terminally ill.
 3. Visits are by appointment only, through the CCI Health Care Operations.
- B. Long-term ambulatory and terminally ill ambulatory I/M-patients housed in the CTC, will be allowed visits in the appropriate Visiting Rooms, based on custody levels and in meeting the established security measures as defined below:

<i>Level I I/Ms</i>	<i>3B Visiting Room</i>
<i>Level III SNY I/Ms</i>	<i>3C Visiting Room</i>
<i>Level IV (3A) I/Ms</i>	<i>3A Visiting Room</i>
<i>Level IV SNY I/Ms</i>	<i>3B Visiting Room</i>
<i>SNY I/Ms</i>	<i>3C Visiting Room</i>
<i>SHU I/Ms</i>	<i>4B Visiting Room</i>
<i>ASU I/Ms</i>	<i>4B Visiting Room</i>
<i>PHU I/Ms</i>	<i>PHU Visiting Room</i>

- C. After a review of his Central File/ERMS, if the I/M Patient has been identified as being part of a group of inmates, with visiting restrictions, noted in a CDCR 3022, Program Status Report (PSR) Part A, affecting their designated Visiting Room's Facility, the I/M-patient will also be subject to the restrictions noted in the PSR.

SECTION 1018 I/M-PATIENT PROPERTY PROCEDURES

- A. Handling and disposition of personal and legal property of I/M-patients housed in the CTC will be limited due to space. All personal and legal property items of I/M-patients housed within the CTC who have been deemed long-term care, will be approved by the CTC Sergeant prior to issuance, and will be handled per CSP-COR OP #806 Inmate Property, and CCR Title 15, Article 9.
- B. I/M-patients may request to be issued their allowable personal property 30 days after their arrival to the CTC.
1. One TV or Radio (due to the CTC having no fixed cable outlets, television antennas will be issued with the appliance.)
 2. The television antennas will be inspected and accounted for on a daily basis by the officers.
 3. Only I/M-patients on GP status will be authorized to obtain a television.
 4. The CTC Sergeant will conduct a thorough review of the I/M-patient's C-File/ERMS prior to the issuance of any appliance to ensure proper issuance.
 5. Canteen (limited, case by case basis, Dietician approved items only).
 6. Personal clothing (limited, due to lack of laundry facilities and storage). 1- personal shirt/sweats, 1- personal pants/sweats, 2-personal shorts/boxers, 1-personal T-shirt, 2-personal socks, 1-pair of personal shoes.
 7. Quarterly Packages, in accordance with I/M-patients assigned Privilege Group (case-by-case basis, Dietician approved food products only and personal clothing also limited due to lack of space availability).
 8. Legal Property allowed per DOM 54030 Inmate Property.
 9. Special Canteen allowed DOM 54030 Inmate Property.
 10. Items that are not issued will be stored at Receiving & Release (R&R) pending I/M-patients transfer or discharge from CTC.

SECTION 1019 FEEDING PROCEDURES

- A. Serving of all meals will be initiated immediately upon receipt of food items from the CTC kitchen.
1. Upon receipt of the food items unit staff will inspect the food trays prior to issuing meals to I/M-patients for contraband.
 2. If an item is contaminated, spoiled or prepared improperly immediately notify the kitchen staff to facilitate the timely substitution of the unusable item.
 3. Medical staff will issue the food trays to all I/M-patients with the assistance of an officer.
 4. An officer will initiate tray pick-up ensuring all trays and eating utensils are accounted for.
 5. All ASU / SHU I/M-patients will be fed through the food port unless mobility impaired.
 6. The CTC Sergeant will be notified immediately of any I/M-patients refusing to surrender meal trays and/or food ports.

SECTION 1020 SHOWERS, BATHS AND HYGIENE PROCEDURES

- A. All inmates assigned to Units A and B will be offered a shower on a daily basis. The shower program shall be run on a 7 day per week schedule, on second watch at 0730-0900 hours and on third watch at 1700-1900 hours.
1. Each housing units' population shall be divided equally between second and third watch. Each watch will shower half of the housing unit, conducting showers in collaboration with on-duty nursing staff and documenting the completed showers/refusals on a Shower Log. Inmates requiring wound dressing changes will be showered on second watch to facilitate the application of fresh bandages following his shower. Showers and refusals to shower shall be logged in the appropriate CDCR Form 114-A folder
 2. Cells of each inmate offered a shower will be cleaned by housekeeping staff. In the event an inmate refuses a shower, the inmate will be handcuffed to the bed while custody staff remains at the door threshold during the cleaning process. Upon completion of the shower, the I/M-patients will be released from the shower and escorted back to their assigned cell.
 3. All showers/room cleaning shall be documented on the Unit Shower Log daily. All logs shall be collected by the Third Watch (3/W) CTC Sergeant and forwarded to the HCA Captain.

4. I/M-patients housed in the Mental Health Crisis Unit (MHCU) shall be authorized to obtain a toothbrush upon review of the Inter-Disciplinary Treatment Team and physicians order.
5. Upon authorization, one toothbrush shall be issued to the I/M-patient only when showering.
6. Toothbrushes shall be inspected by the unit's custody staff prior to being issued and upon return from the I/M-patient, prior to release from the shower enclosure.
7. In the event that a toothbrush has been altered or the I/M-patient refuses to relinquish it to custody staff, the inmate shall remain in the shower under constant supervision pending arrival of a supervisor.
8. If authorized to use a toothbrush, crisis care I/M-patients shall be closely monitored by the unit's custody staff to ensure its recovery and deter misuse.
9. Any misuse of a toothbrush shall result in forfeiture of the toothbrush pending review by Mental Health Staff.
10. Due to the CTC environment, the toothbrush shall be discarded after each shower.
11. Toothbrushes shall be stored in the officer's station in the MHCU.

SECTION 1021 RAZOR BLADE CONTROL

- A. If the I/M-patient is authorized to possess a razor per the CTC Sergeant or Doctors orders, one will be issued to the I/M-patient when showering.
 1. Razors shall be inspected prior to issuance and upon return from the I/M-patient prior to being released from the shower enclosure.
 2. In the event that a razor has been altered/tampered with, the I/M-patient shall be retained in the shower under constant supervision pending arrival of a supervisor. Should the blade portion of the razor fail to be recovered, the I/M-patient will be placed on Contraband Surveillance Watch as per procedures and razor privileges may be suspended for a period of up to 90 days via disciplinary proceedings.
 3. Crisis care I/M-patients will be continuously observed, if authorized to use a razor by IDTT, to ensure its recovery and deter misuse.
 4. Due to the CTC environment, the razor will be discarded after each shower in an authorized sharps disposal container.
 5. The issuance of a razor will be recorded in the I/M-patients CDCR Form 114-A folder.
 6. Razors are stored in the officer's station in each CTC wing.

SECTION 1022 TOOL, KEY AND EQUIPMENT INVENTORY

- A. All keys, tools, and equipment shall be inventoried at the beginning and end of each shift, issued only to authorized personnel, and not used in a manner inconsistent with its designated purpose per DOM, Sections 52040 and 55020.
1. A log recording all key sets that have been deemed "take home" keys will be maintained in CTC Control. This log will contain the key set number, name of staff member, and a record of the individual keys on the set. In the event a "take home" set of keys are lost, it will be immediately reported to the person's immediate supervisor and the on-duty CTC Sergeant, the locksmith and the Custody Captain.
 2. All keys, tools and equipment will be issued only upon receipt of a chit bearing the name of the recipient.
 3. In the event that any keys, tools, or equipment are not accounted for, the CTC Sergeant will be immediately notified. All I/M-patient movement will cease. A comprehensive search will be conducted. At the conclusion of the search, a memorandum completely describing the circumstances surrounding the occurrence and the action taken will be prepared for the immediate supervisor and the Custody Captain's review prior to the end of the respective shift. During non-business hours, the Administrative Officer of the Day (AOD) will be notified.
 4. A log recording all key sets that have been deemed "hot keys" will be maintained in CTC Control. **This log will contain the key set number, name of staff member who checked it out, time the set was checked out, and time the set was returned.** In the event a set of "hot keys" become missing, or not accounted for, it will be immediately reported to the on duty CTC Sergeant, the Watch commander and the Custody Captain. "Hot keys" will only be issued to staff that are authorized to use them by the Custody Captain.
 5. Equipment, which has been authorized by a Medical Doctor for use by an I/M-patient (i.e., razors, nail clippers, barber equipment), shall be inspected, counted, and audited prior to issuance and immediately upon return. I/M-patients will not be allowed to vacate the area from which the equipment was used prior to the inspection.

SECTION 1023 CLOTHING AND LINEN EXCHANGE:

- A. Clothing will be exchanged during the I/M-patient shower.
1. Linen will be changed at the discretion of medical staff.
 2. Supplies will be issued on an as needed basis in quantities as listed below:

<u>ITEM</u>	<u>QUANTITY PER I/M</u>
Toilet Paper	1 roll
Tooth Powder	1 ounce

Toothbrush	1 for 1 as needed
Soap	one half bar
Wash cloth	1 for 1
Towel	1 for 1
Writing Paper	5 sheets
Envelopes	5

3. I/M-patients housed in the MHCB Unit will only be issued items that have been authorized by IDTT.
4. Housing unit staff will record all supplies given to the I/M-patient in the appropriate CDCR Form 114-A folder.

SECTION 1024 TELEPHONE PROCEDURES

A. I/M-patients that are designated as GP or Protective Housing Unit (PHU) prior to being admitted to CSP-COR CTC, who meet the criteria of a long-term patient, will be allowed to make outside telephone calls. All telephone calls will be monitored.

1. I/M-patients classified as GP, who have been housed in the CTC for more than 72 hours and will be housed there for more than 10 days, as verified by medical staff, will be allowed an initial telephone call after the 72 hour period to notify his family.
2. I/M-patients that medical staff are unable to determine their length of stay in the CTC, and have been housed more than seven days, will be allowed the privilege of a telephone call.

B. SHU I/M-patient Telephone Call Criteria

1. SHU I/M-patients who are admitted and/or housed in the CTC are not authorized telephone calls. Only emergency calls may be authorized, and shall require prior approval of the HCA Lieutenant or HCA Captain.

C. Emergency Telephone Calls

1. An emergency is defined as a death, serious illness, or accident involving an immediate family member.
2. When a member of an I/M-patient's family calls to convey an emergency message, the call shall be referred to the CTC Sergeant and reviewed by the Health Care Lieutenant. The appropriate Chaplain, CCI or Social Worker will be notified as soon as possible.
3. The staff member accepting the call shall verify the emergency before allowing the I/M-patient to return the telephone call.
4. I/M-patients that the CME or designee has diagnosed as in the final stages of their terminal illness will be permitted to make an unscheduled final telephone call. If the I/M-

patient is on SHU status and the Health Care Lieutenant, HCA Captain or AW-HCO is unable to be notified, the Watch Commander may authorize the telephone call.

D. Scheduling of Telephone Calls

1. I/M-patients eligible for telephone privileges will request telephone access from third watch officer. Third watch officer will allow I/M-patient telephone calls only when it does not interfere with their regular duties. All calls will be monitored.
2. I/M-patients may need to utilize the telephone during second watch. This may occur if the I/M-patient has had a death in the family, a scheduled call with legal counsel and for interview purposes, such as appeals or investigations. If this arises the housing officer will inform the CTC Sergeant and wait for approval, prior to the telephone call being made.
3. Privilege Group A I/M-patients will have telephone access daily limited only by institution/facility telephone capabilities. Privilege Group B I/M-patients will be allowed one personal call a month. Privilege Group C and D IM/s will make telephone calls on an emergency basis only as determined by institution/facility staff. Telephone calls will be limited to 15 minutes.
4. All outside telephone calls will be collect only. The I/M-patient phones are located by the officer's station on each CTC wing.
5. A weekly telephone sign-up sheet will be posted at the officer's station for tracking purposes. All calls will be logged in the I/M-patient's CDCR Form 114A file.

E. Correctional Officer Responsibilities

1. An officer will verbally inform the I/M-patient that his telephone call is being monitored, and that it is the I/M-patients responsibility for notifying the person called that their conversation will be monitored.
2. The CTC Control Officer will monitor all outside telephone calls made by I/M-patients.
3. An officer will appropriately document the I/M-patients phone call on his CDCR Form 114A and bed card.

SECTION 1025 FOOD PORT EMERGENCIES:

- A. In accordance with DOM Chapter 5, Article 2, Use of Force Policy, Section 51020.11.3, Food Ports, which states; if during routine duties, correctional officers encounter an inmate who refuses to allow staff to close and lock the food port:
 1. The officer shall verbally order the inmate to relinquish control of the food port and allow staff to secure it.
 2. If the inmate relinquishes control of the food/security port, it will be secured.

3. In the event the inmate does not relinquish control of the food port, the officer shall back away from the cell and contact and advise the custody supervisor of the situation. Controlled force may be initiated in accordance with DOM Section 51020.12, while custody staff continues to monitor the inmate.

SECTION 1026 MAIL PROCEDURES

- A. All personal and legal mail of I/M-patients housed within the CTC will be issued to the I/M-patient in accordance with CSP-COR Operational Procedure #205 Inmate Mail, and CCR, Title 15, Article 4.
 1. I/M-patients housed within the MHCB Unit will be issued their personal and legal mail only if the I/M-patient has been cleared by IDTT to receive mail.
 2. I/M-patients that are not cleared for personal or legal mail due to being on restricted property status, behavioral restraint status, suicide watch or suicide precaution status, per IDTT, will be notified by the officer that mail has arrived for them. The mail will be kept in their respective CDCR Form 114-A files and delivered to the I/M-patient as soon as they are authorized to receive it.
 3. I/M-patients that receive legal mail while on property or mail restriction per IDTT will be notified of the arrival of their legal mail and be allowed to sign for the legal mail. The legal mail will be stored in a secure area within the Crisis Unit. The I/M-patient will be issued his legal mail as soon as he has been cleared by IDTT to receive mail.
 4. If the I/M-patient refuses to sign for his legal mail, it will be sent back to the mailroom for disposition. A CDCR Form 128 chrono will be written explaining the circumstances of the returned legal mail.

SECTION 1027 FIRE EVACUATION (EMERGENCY PREPAREDNESS PLAN), FIRE PREVENTION AND SUPPRESSION

- A. It is the responsibility of every employee to familiarize himself or herself with the location of fire suppression equipment. This includes fire extinguishers, fire hoses, smoke detection equipment and evacuation routes.
- B. It is the duty of all employees to report any emergency, including fires. Staff will give the location of the fire and injuries, if known, when reporting.
- C. In a fire emergency, dial CSP-COR telephone #222. If 222 is not operational, dial 7700.
- D. Evacuation drills are to be held quarterly.
- E. In the event of a fire in the CTC, designated staff will work under the supervision of the Fire Chief or Institutional Fire Captain to extinguish the fire. The Watch Commander will make custody decisions. Assistance will be given to American Disabilities Act (ADA) I/M-patients and bedridden I/M-patients.

F. Conditions of Evacuation:

1. If the situation permits, SHU / ASU I/M-patients and I/M-patients assigned to the MHCBC, shall be placed in handcuffs and escorted to the outside patio areas in an orderly manner.
2. Protective Housing Unit (PHU) I/M-patients will be escorted unrestrained. PHU I/M-patients will be escorted to an area where they will not have any I/M-patient contact other than PHU I/M-patients.
3. Correctional staff are cautioned to maintain and adhere to established security measures (i.e., ensuring maximum available staff presence during all phases of evacuation), realizing that an I/M-patient(s) may take advantage of the situation and resulting confusion to attempt escape and/or acts of violence against staff or other I/M-patients.
4. Should the nature of the emergency prohibit physical escort, staff will be stationed at each doorway (i.e., wing gates, patio door).
5. Should any wing or section door become inoperable/impassible, I/M-patients will be released to the outside doors at the other end of the wing.
6. At completion of evacuation, a head count of I/M-patients in the patio areas will be conducted and compared to the actual Housing Unit count.
7. Following the count, the CTC Sergeant and two officers (each equipped with OC spray) will tour the Unit to ensure/confirm complete evacuation.

SECTION 1028 CTC PROGRAM FOR GRADE "A" AND "B" CONDEMNED I/M-PATIENTS:

- A. It shall be the responsibility of the Watch Commander to issue a CDCR Form 114-D "Administrative Segregation Placement Notice" to any condemned I/M-patient received at CTC. The CDCR Form 114-D shall be given to the Facility Captain the next working day for Administrative Review. Condemned I/M-patients placed in the CTC for more than 10 days will appear before ICC for Initial Review and Yard Review. The CTC CCI will schedule ICC.
- B. Condemned I/M-patients shall be classified into a Grade "A" or Grade "B". I/M-patients in the programs are, generally described as follows:

1. Grade "A"

I/M-patients who have demonstrated a good, disciplinary-free adjustment and are deemed able to get along safely and peacefully with other I/M-patients and staff shall be classified Grade "A".

2. Grade "B"

I/M-patients with a high escape or violence potential who are serious disciplinary or management cases shall be classified Grade "B". Included in Grade "B" are those I/M-patients with a history of escape, in-prison assault, gang affiliation, introduction of contraband, conspiracy to commit crimes, weapons possession and/or manufacturing, and history of medical and psychiatric problems.

- a. Grade "B" I/M-patients will be treated the same and subjected to the same conditions of confinement as are non-condemned Max-A, ASU I/M-patients.

C. VISITING

1. Grade "A" and "B" Condemned I/M-patient Visiting Procedure:

- a. I/M-patients assigned as Grade "A" and Grade "B" Condemned I/M-patient are ineligible for routine contact visits.
- b. Visiting hours for Grade "A" and Grade "B" I/M-patients shall be Saturday and Sunday by appointment only. Visiting hours will be from 0900 hrs to 1300 hrs.
- c. One hour visits only.
- d. Visits will be conducted at 4B Visiting Room unless otherwise stated by a physician (bedside).

D. YARD PROCEDURES

1. Grade "A" or "B" Condemned I/M-patients will be approved for Single Cell (S/C) and Walk Alone (W/A) yard status only.
2. A CDCR 128C will be submitted on any condemned I/M-patient approved for CTC yard, listing any medical restrictions.
3. Scheduling for CTC yard will be the responsibility of the CTC Sergeant. The CTC Sergeant will utilize the input of the Nursing Department staff prior to scheduling CTC yard approved I/M-patients.
4. Condemned I/M-patients will be escorted to and from the exercise yard in mechanical restraints. Once on the yard the restraints will be removed via the cuff port. The officer will provide direct visual observation from the hallway window.

E. ESCORTS

1. Grade "A" and "B" Condemned I/M-patients shall be escorted in restraints at all times. I/M-patients shall have their hands restrained behind their back (unless medical

documentation indicates waist restraints). Staff shall utilize cuff ports at all times when applying/removing restraints.

F. PROPERTY

Condemned I/M-patients will be allowed to have the same property items as other long-term I/M-patients (see Section 1018 Inmate-Patient Property Procedures of this Operational Procedure) housed in CTC. No exceptions will be made without the written consent of the HCA Captain.

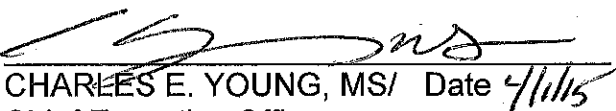
G. I/M-patient MAIL

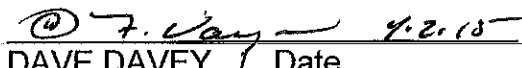
Mail will be processed through the institution mailroom in accordance with CCR Section 3143 and established CSP-COR Operational Procedures.

Any issue relative to the program for condemned I/M-patients may be temporarily modified or suspended by the Correctional Captain or a higher authority pending review by the Institution Classification Committee.

SECTION 1029 – DISCHARGED INMATE-PATIENTS

A. Inmates discharged from CTC who are endorsed to CSP-COR will be taken to the appropriate facility/unit by second watch staff. Upon notification of discharge by Nursing staff, the on duty 2/W CTC Sergeant will contact the receiving unit to notify them of the impending transfer. The 2/W CTC Sergeant in conjunction with the HCA Complex Sergeant will have the inmate escorted from CTC to the assigned cell or unit holding area, whichever is appropriate.


CHARLES E. YOUNG, MS/ Date 4/1/15
Chief Executive Officer
California State Prison – Corcoran


DAVE DAVEY / Date 4.2.15
Warden (A)
California State Prison – Corcoran