

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - ADMINISTRATION
ADMINISTRATIVE DIRECTIVE NO. 146
(Replaces AD 146 dated 10/6/2005)

Effective Date: September 7, 2006

SUBJECT: ADMINISTRATIVE RULES

I. PURPOSE

Each employee shall be fully acquainted with the rules and regulations of the department and of the hospital. Any violation of these rules may result in adverse action. It shall be the duty of the employee to assist in carrying out the policies and the rules and regulations of the hospital and department. The rules are contained in the Coalinga State Hospital (CSH) Operating Manual (available on all units, programs, and departmental offices).

II. AUTHORITY

California Code of Regulations, Title 22, Section 6250, et seq. California Government Code. Department of Mental Health Special Orders 200, 201, 202, 205, 307, 314, 506, 508, 524, 601, 701, 702, 703, and 705.

III. POLICY

In the Department of Mental Health, all services shall be performed and facilities shall be utilized without regard to race, color, marital status, religion, national origin, age, sex, mental or physical disability, political affiliation, ancestry, or sexual orientation. These services and facilities shall not be used in the maintenance or furtherance of any discriminatory practice, nor shall any employee of these facilities be a party to any agreement, arrangement or plan, which has the effect of sanctioning or promoting such practices. Non-discrimination in employment and promotion is the policy of the Department of Mental Health and Coalinga State Hospital. Employees shall not only rigorously enforce this policy; they shall also take affirmative action to ensure this equality of opportunity.

IV. METHOD

The following are the general hospital rules for employees in the conduct of their day-to-day work at the hospital. A copy of Administrative Directive No. 146 shall be given to new employees of Coalinga State Hospital as a part of their welcome folder. A test on Administrative Directive No. 146 shall be administered to all new employees during new employee orientation and then filed in the Training Department.

PATIENT RESTRICTED

A. Employee Responsibility:

1. Organization charts of the hospital are available. Each employee will become familiar with these charts so lines of authority and responsibility are understood and followed.
2. In accordance with Section 19572 of the Government Code no state employee who is on duty or on standby for duty shall use, possess, or be under the influence of illegal or unauthorized drugs or other illegal mind-altering substances. No state employee shall use or be under the influence of any substance, including alcohol and prescribed medication, to any extent that would impede the employee's ability to perform his or her duties safely and effectively. Violation of this policy by a state employee may result in adverse action.
3. CSH promotes a respectful work environment. All employees are expected to behave in a manner that respects other staff members and patients. Inappropriate language, demeaning behavior and emotional outbursts are not professional or respectful. Every employee is responsible to promote a respectful work environment.
4. Any employee may be required to take a physical or mental examination or both at any time that there is reason to believe that a health condition may affect the performance of duties or endanger the health or welfare of other employees or individuals.
5. No gambling activity will be allowed on hospital grounds.

B. Safety and Security:

1. Police Services Officers have the power of peace officers while on duty. They are authorized to:
 - a. Regulate and enforce all traffic laws.
 - b. Enforce safety standards.
 - c. Inspect persons or vehicles on hospital grounds.
 - d. Enforce laws of the State of California.
 - e. Enforce Departmental and Hospital directives and polices that directly effect the security and safety of the staff, individuals, and visitors.
2. Automobiles will be operated in accordance with the following:
 - a. Observe posted speed limits.
 - b. Parking is permitted only at places designated.
 - c. Keys will not be left in parked cars.

PATIENT RESTRICTED

- d. Any car on the grounds is subject to inspection.
 - e. All traffic and vehicle regulations as outlined in Administrative Directive No. 762.
3. No firearms shall be permitted on the grounds of the hospital without written permission of the Executive Director/Hospital Administrator. This shall not apply to on-duty members of law enforcement agencies.
 4. Security of the hospital is a shared responsibility of all employees. A part of security is control of contraband.
 5. Horseplay is prohibited.
 6. Except where specifically permitted as an adjunct to the treatment program, employees are not to eat state food intended for individual consumption. Violation of this rule could result in adverse action, including dismissal. This rule is not intended to preclude authorized nutrition service staff from sampling food; i.e., professional interns, Medical Officer of the Day, Executive Officer of the Day, or officials approved by hospital administration.
 7. Laws forbidding showing and reproduction of video or copy written material are to be observed by all employees. Videotapes for home use are not to be brought into the hospital.
- C. Hospital Operations:
1. Phone lines will be kept clear for the operational needs of the hospital. Coin operated phones are located in the administration building and should be used for personal calls. Official toll calls, facsimiles, telegrams, and personal calls by an employee in response to a family emergency, to verify the welfare of a family member, or provide notice of extended hours due to overtime, will be kept to a minimum.
 2. Use of e-mail for communication is limited to the operational needs of the hospital within the scope of an employee's assignment.
- D. Public Relations:
1. Staff must have permission from the Executive Director to address the public as a representative of the hospital.
 2. All inquiries from the media, public officials and dignitaries shall be directed to the Public Relations Officer, as well as requests for hospital wide individual events, filming or photography on hospital grounds, and official reports or documents for proposed publication.

PATIENT RESTRICTED

3. Any Public Records Act inquiries or requests are coordinated through the Public Records Act Coordinator in the External Affairs Unit.
4. All employees play a role in public relations for CSH. Employees are strongly encouraged to promote a positive image of CSH. The individual population we serve is controversial and good judgment should be used to maintain this positive image. If you need information or clarification on the Hospital, individuals or others issues, please contact the Public Information Officer.

E. Supervision Issues:

1. When an employee is observed to be unable to perform his/her duties, this observance shall be reported to the employee's immediate supervisor.
2. When an employee is required to work overtime, the employee is authorized a meal in the dining room if the employee is required to report to work at least two hours prior to or be required to remain at least two hours past the regularly scheduled work day.
3. A Professional Library is operated as a service to all employees. All users of this facility must comply with "Operating Rules for Professional Library." The librarian shall assure that these rules are prominently displayed in the Professional Library.

V. PERSONNEL PRACTICES

A. Work Procedures:

1. In accepting CSH employment, an employee agrees to work on any shift, and days off or assignment, within the scope of the job classification as the needs of the hospital may require. Every employee is expected to report to work regularly and on time. Frequent short-term absences, including tardiness, constitute an unsatisfactory attendance record because this involves both dependability and attitude. No employee will leave the hospital during duty hours without informing his or her immediate supervisor.
2. Employees must inform their immediate supervisor in cases of sudden illness or injury or an emergency that makes it necessary for an employee to be unexpectedly absent. All employees must inform their immediate supervisor as far in advance of their regular reporting time as possible, and in no case later than one half-hour before the time they are scheduled to be at work. Final determination/approval of the time and type to be used is at the discretion of the supervisor/manager or their designee. Manager's approval of such requests will be communicated to the employee as soon as possible.

PATIENT RESTRICTED

3. Any employee who has been off duty for an extended period of time must follow certain steps prior to return to work. This includes notification to the immediate supervisor and submission of a written physician's statement of the nature of illness and permission clearing return to duty. Form 634, Absence and Additional Time Worked Report, may be used for this purpose. If limited duty is necessary (restricted to a maximum of 45 days), arrangements must be made through the Personnel Office.
4. Employees shall promptly report all work injuries and illnesses (no later than 24 hours after the injury becomes known) to their supervisors, obtain first aid for minor injuries and fill out a "Self Report of Minor Injury" form. Supervisors will complete the "Supervisor's Referral for Evaluation of Employee Injury/Illness" form if sending employee to Occupational Health Clinic for first aid. The supervisor shall arrange examination and treatment in cases requiring more than first aid. Work injuries or illnesses resulting in loss of time or outside medical treatment must be reported by the supervisor to the Occupational Health Clinic AND the Health and Safety Officer within 24 hours.
5. Psychiatrists, psychologists, Marriage Family Child Counselors, or social workers, who maintain private practices outside of CSH, shall abide by their discipline-specific Code of Ethics regarding establishing the provision of professional services to co-workers (CSH employees).
6. Supervisors shall ensure that employees do not bring personal property into the security area of the hospital that is not required to perform their duties.
7. Generally, when work schedules or working conditions permit, employees may be granted a rest period, not to exceed fifteen (15) minutes during each four (4) hours of work. Insofar as practicable, the rest period shall be taken in the middle of each work period. It shall not be granted during the first or the last hour of a work shift, nor shall rest period time be accumulated. Employees need to refer to individual union contracts for specifics.
8. Whenever property or equipment is to be transferred to a new location, the Property Clerk must be notified in advance. The Information Technology Department shall be contacted before computers or any related equipment is moved.
9. Purchasing or request for materials, supplies and services must be carried out through the Procurement Office.
10. State property, equipment, or facilities must not be used for personal purposes, either on or off the hospital grounds. Equipment or supplies may not be taken off grounds without written permission.

PATIENT RESTRICTED

11. Employees with disabilities requiring Reasonable Accommodation or the use of personal assistive devices or aids shall follow the procedures outlined through the Reasonable Accommodation process.
12. It is the policy of CSH that all employees, appropriate to their work classifications, are expected to deliver care and treatment services to individuals regardless of the individual's behavior, physical or mental diagnosis, sexual preference or legal status. Employees, who are experiencing difficulties, have cultural values, ethics and/or religious beliefs in conflict with aspects of care and treatment shall notify their immediate supervisor in writing. Supervisors shall make appropriate referral.

B. Safety and Security:

1. Keys for use inside the secured area are not to be taken out of the secured area. Doing so may result in disciplinary action.
2. Institution fire regulations, as posted, will be observed, and in case of fire, suspicion of fire, explosion, rescue, or other general emergencies TELEPHONE 7119, which is the Police Services' Communication's Center.
3. Employee guests will not be toured about the hospital without the permission of Executive Staff/Program Director/Department Head.

C. Individual Interaction:

1. The role of a staff member at the hospital requires a professional relationship with individuals. Effective professional relationships are predicated on clear role definitions and boundaries. A personal or social connection with an individual creates an inappropriate dual relationship. Such relationships are professionally unacceptable, may place the individual and employee in a vulnerable position, may jeopardize facility security, and compromise individual treatment outcomes.
2. Employees who have had past or present relationships with individuals or their families shall not chart directly into the individual's medical record. Employees are to submit any reports or observations directly to the individual's treatment team, with follow-up notification to their immediate supervisor.
3. Employees and their immediate families shall not visit or associate socially with individuals or families of individuals during their treatment, unless authorized by the Executive Director or designee. If a former individual requests contact with an employee, this request for contact shall be brought to the attention of the Program Director/Department Head and shall be documented in the individual's medical record in the Health Information Management Department.

PATIENT RESTRICTED

4. Employees shall refrain from sharing personal information about themselves or another staff member (e.g., home address, phone number, information about family members, etc.) with an individual. Additionally, staff shall not seek such information from individuals or former individuals except in the line of duty.
5. "Relationship Security" in staff-individual interactions is essential in a setting such as CSH. A nonprofessional relationship between an individual and a staff member constitutes a major security concern. Therefore, staff is encouraged to adopt an air of "caring watchfulness" relative to staff-individual interactions that may be precursors to or indications of a breach in relationship security. If a breach in relationship security is suspected, staff is encouraged to report their concerns to the staff member's supervisor. Staff may also report concerns about breaches of relationship security to the EEO officer who will then conduct an objective assessment and serve as a resource person. Managers who receive a report of a relationship security concern shall report it to the EEO officer.
6. If a nonprofessional relationship is established between an individual and an employee, and results in the employee's voluntary or involuntary termination of employment, visitation subsequent to their separation from state service is subject to approval by the Executive Director or designee.
7. No employee will mail letters or packages for individuals except through the regular hospital mail service.
8. Except for legitimate treatment issues, employees will not make any outside telephone calls for individuals; nor accept any incoming calls regarding individuals, but shall refer them to the Unit Social Worker.
9. All personal purchases for individuals at this hospital are made through the canteen or by mail order. The Trust Office handles all financial transactions. Employees will not make purchases for individuals or make donations to individuals, except through authorized channels.
10. No employee of this hospital will engage in any business transaction (involving transfer of money, property, or other negotiable instruments) or social relationship with any individual or former individual of this hospital within a period of three years after the individual leaves the hospital, without the express consent of the Executive Director. Moreover, employees shall not accept gifts from individuals or their families, nor make gifts to or on behalf of individuals in such a fashion that the individual is singled out to the detriment of other individuals. Employees shall avoid any dealing with individuals that might be reasonably interpreted as exploitation.
11. All employees will immediately report to their Program Director or Department Head in writing any facts regarding past or present relationships with individuals or their families, which might tend to influence the

PATIENT RESTRICTED

individual's treatment program. After review, the Program Director/Department Head will provide comments and forward to the Executive Director for review. Reports will then be routed to the employee's personnel folder. These relationships include, but are not limited to, such situations as pre-hospitalization acquaintance with individuals or families, post-hospitalization contacts unrelated to CSH services within three years after individual's release, kinship with individual or relative, etc.

12. No employee shall neglect, abuse or inflict cruelty by physical or psychological means upon any individual. The use of physical force to secure the cooperation of individuals is to be avoided, and is to be undertaken only to the extent necessary to ensure the safety of the individuals and staff. Sufficient assistance should be obtained from other employees so that injury to individuals and employees can be avoided.
13. Any staff member witnessing or suspecting an incident of individual abuse, physical, verbal or psychological, will immediately report this to their immediate supervisor.
14. Supervisory personnel witnessing, suspecting or receiving a report from another staff member of an incident of individual abuse, physical, verbal, or psychological, will immediately notify their Program Director/Department Head or designee.
15. Program Directors/Department Heads or their designees will immediately review and evaluate the incident with all parties involved and take appropriate measures to ensure that all patients are protected from any further incident of abuse.
16. Program Directors/Department Heads shall forward all allegations and findings to the Standards Compliance Department for review and follow-up as defined in CSH Administrative Directive No. 830.
17. Staff participation in approved hospital wide or program leisure/recreational activities during work hours is for the sole purpose of engaging individual participation. Neither employees nor individuals are allowed to engage in highly competitive, aggressive sports activities, which expose participants to unnecessary risk of physical injury.

D. Professional Behavior:

1. Employees are expected to dress professionally and in a manner that is appropriate to the work performed in their work area. All employees must maintain a neat and clean personal appearance. Employees wearing khaki or similar colored clothing will not be allowed inside the security area. It is strongly suggested that employees follow the clothing guidelines enforced for hospital visitors.

PATIENT RESTRICTED

2. All employees are expected to be courteous to all persons with whom they are in contact as part of their assigned duties. Verbal or physical aggression will not be tolerated in the work place. Discourteous or aggressive treatment of individuals, co-workers or the general public may be cause for adverse action, up to and including dismissal.
3. A healthy and safe work environment is the responsibility of every employee. All employees will be aware of the hospital's Health and Safety Program.
4. Employees will not disclose or discuss information available as part of their job that concerns staff or individuals. Any exceptions to this are subject to supervisory/administrative review to determine appropriate action.
5. When verbally discussing the individual's record, no portion shall be read or discussed with him by anyone other than the author unless approved by the treatment team. Individual's request for access to records must comply with Administrative Directive No. 580. Staff will not disclose the author of the information to the individual at the time of discussion.
6. Activities on hospital property, not otherwise associated with an employee's specific work assignment, require advance approval by the Executive Director.
7. Canvassing, peddling or sales promotion work among employees at their work location by employees or private organizations for personal profit is prohibited by law. No employee shall engage in canvassing, peddling or sales work on the hospital grounds or use state time and duty hours of another employee for private gain or advantage. Private non-profit organizations should contact the Hospital Administrator regarding the use of public areas of the hospital for sales purposes.

E. Employee Responsibilities:

1. All new employees are required to attend the orientation class provided for them shortly after their appointment. The employee shall be notified by the supervisor, who will make arrangements for the employee's attendance.
2. All designated new employees will be notified and alerted to sign necessary documents and report regarding: (a) child abuse, (b) elder and dependent adult abuse, and (c) serious threats of physical violence against an identified victim. For additional information, contact the Public Relations Officer.
3. No employee may operate a State vehicle or a personal car on State business without possession of a valid operator's license and the State issued Defensive Driving Certificate.

PATIENT RESTRICTED

F. Employee Procedures:

1. Employees using the hospital facilities for personal recreation or exercise must do so on their own time. Use of the gym and equipment must comply with "Guidelines on Employee Use of the Gymnasium," which are located in the gymnasium and enforced by gym personnel.
2. Hospital employees receiving duly executed subpoenas shall review the individual's record prior to making a court appearance. The subpoenaed employee may photocopy portions of the individual's medical record for reference. Upon conclusion of the court action, any copied materials are to be disposed of by shredding.
3. Every employee has the right to use the established grievance procedure. However, any employee should also feel free to bring a complaint first to the immediate supervisor. Failing adequate resolution, the Labor Relations Officer is available to assist.
4. Employees who believe that they have been subject to discrimination on the basis of race, color, marital status, religion, national origin, age, sex, mental or physical disability, ancestry, political affiliation, or sexual orientation may file a complaint of discrimination without fear of reprisal. The discrimination complaint process is posted in each work area. Sexual harassment in the workplace is prohibited. It is the responsibility of all employees to know and follow the hospital's policy against sexual harassment. You may contact a trained EEO counselor.
5. When an employee resigns or is separated from a position at Coalinga State Hospital, the established procedure for clearance must be followed. No dismissal procedure shall be initiated against any employee without the authorization of the Executive Director.
6. Each hospital employee is required to keep their current phone number and residence address updated and on file with their department, and the Personnel Office Employee phone numbers and/or addresses will be given only to hospital administrative/supervisory staff for business purposes. Such information is not divulged to the public in general.
7. Employees are not to bring personal property items to the hospital without supervisory approval. If permission is granted, responsibility for it remains with the employee. Neither the hospital nor the state can be held liable for the loss, theft, or damage of any employee-owned property.

VI. INDIVIDUALS' CARE AND PRIVILEGES

- A. Individuals may be permitted limited use of hospital telephones, for good cause, through their unit social worker in accordance with A.D. No. 722

PATIENT RESTRICTED

Telecommunications. The Program Director or designee must approve any exception.

- B. Individuals are not allowed to have money.
- C. Any person desiring to serve legal papers on an individual must be referred to the External Affairs Unit.
- D. No individual is permitted off the hospital grounds except under CDC Correctional Officer's supervision or by order of the Executive Director.



W. T. VOSS
Executive Director

Cross Reference(s):

- A.D. No. 150 - Relationship Security: Safe Therapeutic Interactions
- A.D. No. 154 - Public Relations
- A.D. No. 310 - Fire Plan – Procedures in Case of Fire, Explosion or Rescue
- A.D. No. 581 - Patients' Access to the Medical Record
- A.D. No. 628 - Meal Allowance
- A.D. No. 722 - Telecommunications
- A.D. No. 730 - Property, Safeguarding & Control of State and Personal
- A.D. No. 738 - Visiting Regulations
- A.D. No. 762 - Vehicle Parking and Traffic Regulations
- A.D. No. 810 - Security Sallyports
- A.D. No. 818 - Contraband
- A.D. No. 822 - Photo Identification Cards
- A.D. No. 858 - Key Control
- A.D. No. 902 - Dress Standards - All Personnel
- A.D. No. 907 - Sexual Harassment
- A.D. No. 934 - Substance Abuse Testing of Employees in Sensitive Positions
- A.D. No. 961 - Labor Relations Policy
- A.D. No. 976 - Duty to Warn, Inform, & Report Abuse & Serious Threats
- A.D. No. 979 - Hospital Health and Safety Program
- A.D. No. 981 - Limited Duty Assignments
- A.D. No. 984 - Reasonable Accommodation