

### 1.4.1.3 Registry/Contracted Nursing Personnel Onboarding

#### (a) Policy

- (1) California Correctional Health Care Services shall provide all registry/contracted nursing personnel who provide clinical and support services in California Department of Corrections and Rehabilitation (CDCR) institutions with orientation and training relevant to the job duties for each registry/contracted nursing personnel.
- (2) Nothing in this policy and procedure shall be construed as altering existing laws and regulations governing nursing personnel scope of practice, the provisions of any applicable bargaining unit contract, or registry agency contract. Registry/contracted nursing personnel are not civil service employees of CDCR.

#### (b) Purpose

To establish a comprehensive and standardized registry/contracted nursing personnel onboarding process that:

- (1) Promotes consistency and standardization among all institutions statewide regarding minimum onboarding expectations for registry/contracted nursing personnel.
- (2) Supports newly engaged registry/contracted nursing personnel with relevant orientation and training by experienced subject matter experts prior to working in areas requiring that knowledge/training.
- (3) Facilitates adherence with applicable scopes of practice, standards of practice, and CDCR standards.
- (4) Enhances registry/contracted nursing personnel effectiveness and efficiency.

#### (c) Applicability

This policy applies to all newly engaged registry/contracted nursing personnel who are providing clinical and support services within or for CDCR institutions.

#### (d) Responsibility

##### (1) Statewide

The Statewide Chief Nurse Executive (CNE) is responsible for statewide planning, implementation and evaluation of this policy and procedure.

##### (2) Regional

Regional CNEs are responsible for the implementation of this policy and procedure at the subset of institutions within an assigned region.

##### (3) Institutional

(A) The institutional CNE is responsible for ensuring the implementation of the onboarding plan.

(B) The Supervising Registered Nurse (SRN) III and/or II, or the Unit Supervisor (US), as appropriate, and the Nurse Instructor (NI) shall individualize the [Registry-Contracted Nursing Personnel Onboarding Plan](#), located on the Nursing Services Resources Lifeline page under the Forms tab, to ensure each newly engaged registry/contracted nursing personnel completes, at minimum, seven days/watches of formal onboarding (Refer to the [Sample Registry-Contracted Nursing Personnel Onboarding Plan](#), located on the Nursing Services Resources Lifeline page under the Forms tab, for sample topics).

(C) The SRN III and/or II, or US, in coordination with the NI, is responsible for validating successful completion of the [Registry-Contracted Nursing Personnel Onboarding and Competency Checklist](#), located on the Nursing Services Resources Lifeline page under the Forms tab.

(D) All newly engaged registry/contracted nursing personnel are required to actively participate in and complete a standardized onboarding process including classroom orientation and on-the-job training and support.

(E) Newly engaged registry/contracted nursing personnel are required to complete the tasks related to the [Registry/Contracted Nursing Personnel Onboarding and Competency Checklist](#).

#### (e) Procedure

##### (1) Orientation and On-the-Job Support

(A) The SRN III and/or II, or US, NI, and appropriate subject matter expert shall use the [Registry/Contracted Nursing Personnel Onboarding and Competency Checklist](#), and implement the [Registry/Contracted Nursing Personnel Onboarding Plan](#), to ensure each registry/contracted nursing personnel completes seven days/watches of formal onboarding. The plan, at a minimum, shall include the following:

1. Initial introduction to the institution staff, overview of the institution's missions, physical layout, and issuance of an identification card, work space, computer, and other essential work items.
2. Orientation and shadowing of nursing staff in the institution's relevant patient care settings within which the registry/contracted nursing personnel will work prior to performing patient care duties. If the

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registry/contracted nursing personnel services are engaged to work in more than one area of the institution, he/she shall be provided orientation to each specific area in order to achieve competency in providing patient care in that area of the institution.

3. Training and demonstrated competency for the registry/contracted nursing personnel in the Electronic Health Record System prior to performing and documenting patient care duties or scheduling in the system.
4. Transition to performing independent, direct patient care duties shall begin no earlier than seven days/watches after the engagement of services date.
  - a. Registry/contracted nursing personnel shall be assigned where they can easily access other nursing staff familiar with their job duties for questions and assistance during the initial 14 days/watches of providing independent, direct patient care.
  - b. For the first 14 days/watches after the registry/contracted nursing personnel begins independent, direct patient care duties, the SRN III and/or II, or US, or NI shall meet with the registry/contracted nursing personnel prior to the start of the shift and afterwards to debrief and answer questions.
5. Within the first seven days/watches after the registry/contracted nursing personnel's engagement of services date, the SRN III and/or II, or US, or designee(s), in coordination with the institutional CNE and/or NI, shall ensure completion of the [Registry/Contracted Nursing Personnel Onboarding and Competency Checklist](#). The completed form shall be maintained in the registry/contracted nursing personnel's proof of practice file.

**(2) Clinical Competency and Professional Practice/Performance Evaluations**

The SRN III and/or II, or US, in coordination with the institutional CNE, shall meet prior to each registry/contracted nursing personnel's professional performance and clinical competency review to evaluate the clinical competency, professional performance and clinical observations in order to determine the continued engagement of services of the registry/contracted nursing personnel with CDCR. The performance of all registry/contracted personnel shall be evaluated as follows:

- (A) The SRN III and/or II, or US shall ensure each registry/contracted nursing personnel's professional performance and clinical competency is evaluated at least every two months after the engagement of services date for six months to assess continued clinical competency and professional performance.
- (B) The SRN III and/or II, or US shall complete an evaluation of professional performance and clinical competency a minimum of annually thereafter.
- (C) The SRN III and/or II, or US may complete additional professional performance and clinical competency evaluations of registry/contracted nursing personnel more frequently as needed to ensure the continued professional performance and clinical competence.
- (D) Professional performance evaluations shall be documented on the [Registry-Contracted Nursing Personnel Professional Performance Evaluation](#), located on the Nursing Services Resources Lifeline page under the Forms tab.
- (E) Clinical competencies shall be documented on the [Registry/Contracted Nursing Personnel Onboarding and Competency Checklist](#), and kept in a proof of practice file for that registry/contracted nursing personnel.

**(3) Maintenance of Onboarding Documents**

The following documents shall be maintained in the registry/contracted nursing personnel's proof of practice file:

- (A) The completed [Registry/Contracted Nursing Personnel Onboarding Plan](#), showing the onboarding activities for each day of the onboarding period.
- (B) The completed [Registry/Contracted Nursing Personnel Onboarding and Competency Checklist](#).
- (C) [Professional Performance Evaluations](#).

**(4) Transferring Between Institutions Without A Break In Service or Performing Patient Care Duties At More Than One Institution**

- (A) Each CDCR institutional CNE is responsible for ensuring that each registry/contracted nursing personnel working at that institution is competent to perform all the duties of the position for which the registry/contracted nursing personnel's services have been engaged.
- (B) The SRN III and/or SRN II, or US, in coordination with the institutional CNE and/or the regional CNE may develop an abbreviated onboarding plan for registry/contracted nursing personnel covered in this section on a case-by-case basis that takes into account the onboarding, professional performance, and clinical competency

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evaluations conducted and training provided to the registry/contracted nursing personnel at another CDCR institution.

1. Proof of completion of the onboarding process, clinical competencies, and professional performance evaluations shall be maintained at each institution.
2. This does not absolve each CDCR institutional CNE from ensuring that professional performance and clinical competency evaluations are conducted or that registry/contracted nursing personnel are competent to perform the duties required in the position for which their services have been engaged.

**(5) Registry/Contracted Nursing Personnel Converting to Permanent Civil Service Status**

(A) Registry/contracted nursing personnel who convert to permanent civil service status shall complete the new nursing civil service staff onboarding process including New Employee Orientation.

1. Topics on the Nursing Staff Onboarding and Competency Checklists, which must be tracked via a Business Event Type code and for which the registry/contracted nursing personnel did not have a Personnel Number for tracking purposes will need to be repeated.
2. Proof of completion of the [Registry/Contract Nursing Personnel Onboarding and Competency Checklist](#), and competency skills validations shall be maintained with the Nursing Staff Onboarding and Competency Checklists in the proof of practice file.

(B) Registry/contracted nursing personnel who convert to permanent civil service status shall complete the remainder of the onboarding process including, but not limited to:

1. Professional performance and competency evaluations.
2. Probationary evaluations conducted as per civil service rules and requirements.
3. Training to ensure all components of the onboarding process have been completed with proof maintained in the proof of practice file.

(C) The SRN III and/or II, or US, in coordination with the institutional CNE and/or the regional CNE, may adjust the length of the onboarding plan on an individual basis to take into account the experience and competencies already achieved and demonstrated by the registry/contracted nursing personnel prior to converting to permanent civil service status.

**References**

- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 5, Article 4, Section 3435, In-Service Training
- California Code of Regulations, Title 22, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 3, Article 18, General Training
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.13, Nursing Services Leadership
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.18, Nursing Competency Program
- California Correctional Health Care Services, Health Care On-Site Contractor's Orientation (2016); [http://www.cdcr.ca.gov/Divisions\\_Boards/Plata/docs/Health\\_Care\\_On-Site\\_Contractors\\_Orientation\\_Handbook.pdf](http://www.cdcr.ca.gov/Divisions_Boards/Plata/docs/Health_Care_On-Site_Contractors_Orientation_Handbook.pdf)
- American Nurses Association, *Standards of Nursing Practice in Correctional Facilities*, Kansas City, Mo., 1985
- American Nurses Association, *Correctional Nursing: Scope and Standards of Practice*, 2<sup>nd</sup> ed. Silver Spring, MD, 2013

**Revision History**

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