



DISTRICT OFFICE PRE-EMPLOYMENT PACKET

Employment is contingent on approval by the Governing Board, obtaining tuberculosis (T.B.) clearance, fingerprint clearance and in some cases a pre-employment strength test and safety training. The necessary forms and information are enclosed.

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2. TUBERCULOSIS CLEARANCE

Call one of the facilities on the enclosed list to make your appointment for your T.B. test. Please bring all T.B. related forms to your appointment. You will be responsible for the cost of the T.B. clearance. (If you have a T.B. clearance within the last 4 years -- in lieu of another test -- you may provide a certified copy from your current employer.) You will need to submit your Certificate of Completion to your College Human Resource Assistant or, if your worksite is at the District Office, Renita Mack.

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3. POST OFFER PRE-EMPLOYMENT EVALUATION PROGRAM (PEP)

Note: Only the following classifications need to enroll in this program. If you are not in one of these classifications, you may disregard this section.

- | | | |
|-------------------------------|--|------------------------------|
| • Building Maintenance Worker | • Equipment Maintenance Worker, Senior | • Grounds Worker I, II |
| • Cook | • Food Services Assistant | • Grounds Worker, Lead |
| • Custodian I, II | • Food Services Coordinator | • Maintenance Mechanic, Lead |
| • Custodian, Lead | • Food Services Manager | |

If you will be working in one of the above classifications, please call the Contra Costa County Schools Insurance Group (CCCSIG) at 1-866-922-2744 ext. 239 to schedule your appointment. Please see the flier on page 9 for instructions and important information. **YOU MUST COMPLETE THIS PRIOR TO YOUR START DATE.**

4. NEW EMPLOYEE SAFETY TRAINING

Note: only the above classifications listed in section #3 are required to take this training. If you are not in one of those classifications, you may disregard this section.

This training provides new employees with environmental health and safety (EH&S) training on workplace procedures, processes, equipment, and hazards before they start work. This training will cover many of the Cal OSHA required trainings. All trainings are held at CCCSIG on the second Tuesday of each month. A Human resources representative will schedule your appointment and notify you of your scheduled date and time.

IMPORTANT INFORMATION FOR LIVE SCAN FINGERPRINTING APPLICANTS

What is Live Scan?

Live scan is an inkless electronic system designed to capture an individual's fingerprint images and demographic data (name, sex, race, date of birth, etc.) in a digitized format that can be transmitted to the Department of Justice and other agencies for processing. Live scan fingerprint technology provides a fast, easy way of capturing fingerprint images and transmitting them to get a quick criminal history record response.

How does it work?

Fingerprint impressions are taken by placing an individual's fingers against a glass platen and scanning them. The scanned images are digitized and packaged with the demographic information that must be keyed into the system. Both sets of data are then electronically forwarded to the Department of Justice system for processing. Most live scan submissions are processed and results returned within 72 hours.

Live Scan Fingerprinting Services:

Live Scan technology allows digitally scanned fingerprints to be submitted electronically to the Department of Justice within a matter of minutes and allows criminal background checks to be processed usually within 72 hours. It is the responsibility of the applicant to obtain the correct forms for their fingerprinting services.

How to make an appointment:

Bring this completed form with valid forms of ID (State ID (U.S. state), Passport, Permanent Resident Card or Military ID, if non-US has to be translated in English) to:

**Pak Mail Live Scan
649 Main St. Ste 102
Martinez, CA 94553
Please call ahead at: 925-228-6209**

What do I need to bring with me?

Applicants must bring to their appointment a completed Live Scan Request Form (also located on the CCCCD website at <http://www.4cd.edu/pd/services.html#livescan>) and should have a valid social security number on the form along with a valid form of government issued photo identification, and the identification presented must be current! Expired identification, DMV photo receipts will not be accepted per Department of Justice requirements.

Examples of acceptable forms of identification are:

- State ID (U.S. state),
- Passport,
- Permanent Resident Card or
- Military ID,
- Current School ID if you are 18 years or younger

*Expired IDs are not accepted as means of verifying identification.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Instructions:

1. Fill in the blanks in the highlighted areas with clear print.
2. Bring this completed form with valid forms of ID (State ID (U.S. state), Passport, Permanent Resident Card or Military ID, if non-US has to be translated in English)

ORI: <u>A0594</u> Code Assigned by DOJ		Type of Application: <u>Employment-School Employee</u>	
Job Title: ☐ Full-time Faculty ☐ Part-time Faculty ☐ Manager ☐ Classified ☐ Independent Contractor/Other			
Agency authorized to receive criminal history information			
<u>Contra Costa Community College District</u> Agency Address Set Contributing Agency		<u>02154</u> Mail Code (five-digit code assigned by DOJ)	
<u>500 Court Street, 4th Floor</u> Street No. Street or PO Box		<u>Julie Planchon</u> Contact Name (Mandatory for all school submissions)	
<u>Martinez CA 94553</u> City State Zip Code		<u>(925) 229-6460</u> Contact Telephone No.	
Name of Applicant: _____, _____ (Please Print) Last First MI			
Alias: _____		Driver's License No. _____	
Date of Birth: _____	Sex: ☐ Male ☐ Female	Agency Billing No. <u>144392</u>	
Height: _____	Weight: _____	Misc. No: _____	
Eye Color: _____	Hair Color: _____	Home Address: _____	
Place of Birth: _____	_____		
Social Security Number: _____	_____		
Your Number: _____ OCA No. (Agency Identifying No.)		Level of Service: ☒ DOJ ☒ FBI	
_____		If resubmission, list original ATI No.	
Employer: (Additional Response for Agencies listed by Statute)			
Campus Location: ☐ DO ☐ DVC ☐ LMC ☐ CCC ☐ Off Campus/Other			
_____		_____	
Street No. Street or PO Box		Mail Code (five digit code assigned by DOJ)	
_____		_____	
City State Zip Code		Agency Telephone No. (Optional)	
Live Scan Transaction Completed By: _____ Name of Operator			
_____		_____	
Transmitting Agency ATI No.		Amount Collected/Billed	



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges



The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth _____

Status: ☐ New Hire; Date of Hire _____
(At cost to new hire)

☐ Current Employee/Renewal
(At cost to District)

History of Tuberculosis Infection or Disease (Check appropriate box below)

☐ **Yes**

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

☐ **No** (Assess for Risk Factors for Tuberculosis using box below)

Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

☐ One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue. Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

☐ Close contact to someone with infectious TB disease at any time

☐ Foreign-born person from a country with an elevated TB rate. Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

☐ Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate. Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

☐ Volunteered, worked or lived in a correctional or homeless facility





School Staff & Volunteers: Tuberculosis Risk Assessment User Guide

Job-related requirement for child care, pre-K, K-12, and community colleges

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG. BCG=Bacillus Calmette-Guérin;

TST= tuberculin skin test; IGRA= Interferon gamma release assay (e.g., QuantiFERON-TB Gold, T-SPOT.TB)

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.





Employees: Please bring this form to your College Human Resources Assistant or, if your worksite is at the District Office, Julie Planchon.

To satisfy job-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

CCCCD Human Resources Only
Date Entered: Initials

Tuberculosis Testing Medical Facilities

Concentra Medical Center (4 locations)

2970 Hilltop Mall Road, Suite 203
Richmond, CA 94806

For information/appointments call: (510) 222-8000
Offers chest x-ray services, if required

US Health Group

1855 Gateway Blvd. Ste. 100
Concord, CA 94520

For information/appointments call: (925) 685-7744
Offers chest x-ray services, if required

3140 Balfour Road, Suite C
Brentwood, CA 94513

For information/appointments call: (925) 626-3801
Offers chest x-ray services, if required

1981 N. Broadway, Suite 190
Walnut Creek, CA 94596

For information/appointments call: (925) 932-7715

Procedure:

New employees are required to pay *any and all costs* associated with their TB tests. This includes any subsequent chest x-rays at the facilities in Concord, Brentwood or Walnut Creek, and the Concentra Medical Center in Richmond if you test positive on the PPD skin test.

Existing employees are required to renew their TB certification every four years which may include PPD skin tests and/or chest x-rays, if required, and are allowed time away from their normal work hours for this purpose. If the employee elects to go to one of the District's physicians listed above, the District is invoiced and there is no cost to the employee.

However, **if the employee elects to go to another physician**, he/she will be reimbursed for the test only in the amount charged by the District's lowest cost physician.

Contra Costa Community College District

Human Resources Procedure 1020.01

Post Offer Pre-Placement Evaluation Program

The purpose of the Post Offer Pre-Employment Evaluation Program (PEP) is to determine if applicants possess the level of strength necessary to perform essential job functions. The positions we currently test are: custodian, food service worker, special education instructional assistant, building & grounds maintenance worker, heavy equipment mechanic, bus driver, warehouse worker and delivery driver. The physical demands of each position were closely observed, measured, and examined by a job analysis expert. The collected information was used to determine the corresponding cutoff scores.

What if you are ill?

It is important that you are well-rested for the strength test. If you have had an illness previous to your scheduled test, and are still not feeling 100% better, please reschedule for a different day.

What if you fail the test?

Contact the District to find out when you may re-take the test.

Pleasant Hill Testing Site: CCCSIG, 550 Ellinwood Way, Pleasant Hill, CA. Please call 1-866-922-2744 ext. 239 when you arrive. Please do not enter the building until a Testing Technician calls you with instructions.

Only applicants are allowed in the building; there are no public restrooms available; and, if you need to cancel or reschedule your test, please call 1-866-922-2744 ext. 239.

- Bring photo identification, such as a driver's license, identification issued by the DMV, military identification or passport.
- Bring an interpreter if you have trouble understanding, reading, writing, or speaking English. *CCCSIG does not provide interpreters.*
- Wear comfortable clothing.
- Wear flexible shoes. No boots, clogs, heels or sandals. *Your appointment will be rescheduled if you are not dressed appropriately.*
- Eat and drink fluids as you normally do (with the exception of those fluids that contain caffeine or alcohol). Avoid eating a heavy meal immediately before test.
- Consider bringing water with you as there is none available at the testing facility.
- Take your normal medications/prescriptions at your normal times.
- Bring your asthma inhaler, if asthmatic.
- Avoid consuming caffeinated products (coffee, tea, sodas) for at least four hours before your appointment.
- Avoid smoking or chewing tobacco products for at least four hours before your appointment.
- Avoid drinking alcoholic beverages or ingesting/smoking/injecting any illegal drugs before your appointment.
- Please do not bring children to your appointment unless they are accompanied by another adult while you are in the testing room. Children are not allowed in testing room or alone in the lobby.
- Avoid engaging in vigorous exercise before the test.
- Please do not wear perfume, cologne, strong lotions or hair spray.



What Happens During the Test?

PRE-TEST CHECK:

A qualified technician will review your completed forms, which include an informed consent and health questionnaire, and allow time to answer questions. Your blood pressure and resting pulse will be checked to determine if it is safe for you to perform the strength test.

A CCCSIG Medical Clearance Form will be required if any of the following conditions apply:

During the Blood Pressure Check:

- Blood pressure is at or over 160/100
- Resting pulse is at or over 100

AND/OR:

- Any condition, such as a recent/past injury, sprain or surgery, exists that could further be worsened by the exertion of maximal force

AND/OR (In the past 5 years):

- Diagnosed as having heart or circulatory problems
- Frequently had pains in your heart or chest
- Often felt faint or had dizzy spells
- Been told by a doctor that you have a bone, muscle or joint problem that has been aggravated by exercise or could be made worse by exercise
- Been told by a doctor that you have a physical restriction, i.e., ability to lift

The CCCSIG Medical Clearance Form must be approved and signed by a physician before you can take the strength test. If you would like to obtain the Medical Clearance Form and instructions for submitting the form to CCCSIG in advance of your appointment, please contact CCCSIG at 1 (866) 922-2744 ext. 239. Note: Only the actual CCCSIG Medical Clearance Form will be accepted.

STRENGTH TESTING INCLUDES:

Grip Test, Arm Lift, Torso Pull & Shoulder Lift



Each test will require you to exert maximal force for three seconds. Each test is performed three times with the first trial being a optional practice test, which does not count toward the final score. The score for each test is obtained by taking the average of the two maximum effort trials.

All four tests must be completed in order to pass. When testing is over, CCCSIG notifies the school district of your pass/fail status only, and not actual scores. Testing sessions usually last approximately 30 minutes but can last up to 1 hour, depending on the circumstances.

***NOTE:** CCCSIG does not disclose pass/fail status or scores to applicants.



To Schedule Your Appointment:

- **Online Scheduling Option:** For Pleasant Hill Testing Site, click [here](#).
- **By Phone:** Please call us at 1 (866) 922-2744 ext. 239.
- If you need to cancel or reschedule, please call the number above to let us know as soon as possible.
- If you are more than 20 minutes late for your appointment, you may need to reschedule.
- Please do not show up without an appointment. You must have an appointment in order to be tested.
- **555 Ellinwood Way, Pleasant Hill CA 94523** (green building with white trim). Please park in the CCCSIG parking lot (disregard the chains blocking some entrances).