Dear Medical Student,

The attached documents are required of each student before the start of your rotation at the Kaiser Permanente Riverside Medical Center. Completion of this packet does not guarantee a placement, but is required before you can be placed. Please read the instructions below:

**Paperwork:**

All required documentation must be completed and submitted to Holly Miller, GME Department at Kaiser Permanente, in Riverside, four weeks prior to your first day of rotation. Therefore, please submit your paperwork to Faye Dawson Brock, as soon as possible, or the date Faye assigns. If all of the completed documentation is not received prior to your arrival at Kaiser Permanente, your start date could be delayed which we want to avoid.

**Orientation:**

Once I confirm that all of your paperwork is complete, I will email badging a request to print your badge. You will then be able to go to the Badging Office located in the Hospital Building (10800 Magnolia Ave., Riverside, CA 92505) on the Lower Level. Their hours are from 8:30 AM – 4:30 PM and they are closed from 12:00 noon – 1:00pm for lunch. Once you have received your badge, please report to your rotation department.

You will need to wear your school issued Student badge with photo. It must be worn at all times. Student parking is located across the street behind the Medical Office building which is next to the Red Lobster restaurant Monday through Friday. Please do not park in the restaurant parking, as you will be towed at your own expense, which is approximately $300.00. If you are scheduled during the weekends, you may park on the outer perimeter of Kaiser Permanente member parking.

Please be aware that lunch is not provided for Medical Students.

If you have any questions, please feel free to contact me directly at the number listed above.

We look forward to having you at Kaiser Permanente, Riverside Medical Center and hope that your rotation will be both enjoyable as well as a great learning experience.

Sincerely,

Holly Miller, MBA
Kaiser- Riverside
Graduate Medical Education Department
DIRECTIONS TO KAISER RIVERSIDE BADING OFFICE

Please enter the Hospital Building from the front on the far right side. Pass the Orthopedics department and go to the elevators that are straight ahead. Select the LL button in the elevator which is the lower level. Get out of the elevator and turn left, turn left at the end of the hall, and then left again and you will end up at the badging office.

Their phone number is 951-353-3662.

Office hours: 8:30 am – noon
1:00-4:30 pm
Alcohol and Drugs

POLICY STATEMENT

Kaiser Permanente (KP) prohibits the use and/or abuse of drugs, including alcohol, in the workplace. In acknowledgement that chemical dependency is a chronic disease and that rehabilitative treatment is available, KP supports the use of such treatment and will provide it when conditions and circumstances warrant. However, KP is committed to providing a workplace safe from the adverse effects of alcohol and drugs.

PURPOSE

This policy is consistent with requirements of the federal Drug-Free Workplace Act of 1988 and with KP's obligation to provide safe, reliable and timely health care services and a safe work environment.

COVERAGE

All KP employees including temporary employees; contract personnel; registry personnel; volunteers; and students/trainees; all of whom are herein referred to as employees.

All organizations who supply temporary or registry personnel, students or trainees to KP will be held accountable for providing personnel who meet the same drug-free standard imposed by KP on its own employees. Violation of applicable provisions or refusal to cooperate in the implementation of this Policy can result in contract personnel being barred from company premises or from working in its operations.

Employees whose jobs require commercial driver's licenses are subject to a drug and alcohol testing program in accordance with SCAL HR Policy #5.05.

DEFINITIONS

Illegal drug -- means any drug (a) which is not legally obtainable; or (b) which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes or at prescribed dosages. It also includes any mind-altering drug and controlled substance.

Company premises -- includes company parking lots, vehicles and other facilities and property owned, leased or operated by KP.

Being under the influence -- means an individual is affected by a drug or alcohol, or the combination of drugs and alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance, but may include symptoms such as the odor of alcohol. A determination of "under the influence" can be established by a...
professional opinion, a medically accepted drug or alcohol screening test, or a lay person’s opinion based upon observation of conduct and/or events.

Employees with Drug and Alcohol Problems

Any employee covered by this policy who is experiencing alcohol or drug dependency is urged to make use of KP’s confidential Employee Assistance Program (see California HR Policy #5.03) and/or such disability plans, rehabilitation programs and health coverage plans as are appropriate. Conscientious efforts to seek and use such help will not jeopardize an employee’s job. They may, in fact, help to preserve an employee’s job by leading to rehabilitation before serious absenteeism, performance problems, or misconduct occur.

Employees’ voluntary participation in chemical dependency recovery programs or other rehabilitation services will be kept confidential and will not affect their employment. Both KP policy and existing laws protect the confidentiality of persons who seek treatment for chemical dependency.

Employees Taking Prescribed Medication

The use of prescribed medication at prescribed dosages and for prescribed purposes under the direction of a physician or other appropriate licensed person on either a long-term or short-term basis may affect the safety of the employee, co-workers or members, the employee's job performance, or the safe or efficient delivery of services. Therefore, any employee who feels or has been informed that the use of such medication might impair his or her motor functions (e.g., drowsiness, dizziness, vision impairment, lack of balance) is urged to report such to his or her supervisor. If the use of such medication affects the safety of the employee, co-workers or members, the employee's job performance, or the safe or efficient delivery of services, the employee may be required to be away from work temporarily using sick leave, ETO, medical leave or personal leave.

Drug and Alcohol Related Offenses and Penalties

Being under the influence of alcohol by any employee while on company premises is prohibited. The consumption, sale, or offer for sale of alcohol on company premises is prohibited. Violations of these prohibitions will subject the employee to disciplinary action, up to and including termination.

Being under the influence of an illegal drug by any employee on company premises is prohibited. The unlawful manufacture, distribution, dispensation, possession, use, sale, offer for sale, or purchase of an illegal drug on company premises is prohibited. Violations of these prohibitions will subject the employee to disciplinary action, up to and including termination and to possible criminal prosecution by law enforcement agencies.

The theft, diversion or unauthorized removal of drugs maintained or dispensed on KP premises will subject the employee to discipline, up to and including termination.
Reasonable Suspicion

When there is reasonable suspicion that any employee covered by this policy is under the influence of alcohol or a drug, the employee will be required to report to a designated location on company time and at company expense, and blood and urine specimens will be obtained and tested for the presence of alcohol, drugs or drug metabolites. Reasonable suspicion will include, but not be limited to, supervisor’s personal observations of an employee’s appearance, behavior or speech. Employees suspected of being under the influence of such a substance as described above will be removed from the worksite. Refusal to submit to required testing will constitute insubordination and will subject the employee to disciplinary action, up to and including termination.

Where there is reasonable suspicion that employees possess or their personal effects (including vehicles, purses, briefcases, clothing, personal containers) contain an illegal drug or an open container of alcohol, KP may, with consent, search such individuals or their personal effects. Refusal to consent to such searches will constitute insubordination and will subject such employees to discipline, including termination. KP may search lockers, desks and other company property where justified by reasonable suspicion that such property contains an illegal drug or an open container of alcohol. Illegal drugs which are confiscated will be turned over to local law enforcement agencies.

KP is obligated to file a report on any employee who is convicted of a criminal offense for a drug violation that occurred in the workplace.

Employees who unlawfully manufacture, distribute, dispense, possess, sell, purchase, or use an illegal drug while off duty or off premises may be subject to disciplinary action, up to and including termination, where the conduct adversely affects the employment relationship or KP’s business interests.

Confidentiality

KP recognizes the importance of maintaining confidentiality in any situation where current and former employees covered by this policy are suspected of alcohol or drug related infractions. Every effort will be made to assure the privacy of suspected employees throughout investigatory and disciplinary proceedings.

X. Additional Resources

If there are concerns or questions about implementing this policy, managers should contact their local HR Consultant or the Security department. Additional resources include:

- Employee Assistance Program: insidekp.kp.org/myhr/about_hr/departments/eap/
- Supervisor’s Guide to Handling Employee Alcohol or Drug Problems
Section 11166.5 of the Penal Code is amended to read:

11166.5. (a) On and after January 1, 1985, any mandated reporter as specified in Section 11165.7, with the exception of child visitation monitors, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The statement shall inform the employee that he or she is a mandated reporter and inform the employee of his or her reporting obligations under Section 11166 and of his or her confidentiality rights under subdivision (d) of Section 11167. The employer shall provide a copy of Sections 11165.7, 11166, and 11167 to the employee (see copies of sections below):

Section 11165.7
SEC. 5. Section 11165.7 of the Penal Code is amended to read:

11165.7. (a) As used in this article, "mandated reporter" is defined as any of the following:

1. A teacher.
2. An instructional aide.
3. A teacher's aide or teacher's assistant employed by any public or private school.
5. An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
6. An administrator of a public or private day camp.
7. An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
8. An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
9. Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
10. A licensee, an administrator, or an employee of a licensed community care or child day care facility.
11. A Head Start program teacher.
12. A licensing officer or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
14. An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
15. A social worker, probation officer, or parole officer.
16. An employee of a school district police or security department.
17. Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
18. A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
19. A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
20. A firefighter, except for volunteer firefighters.
21. A physician, surgeon, psychologist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
22. Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
23. A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
24. A marriage, family, and child therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
25. An unlicensed marriage, family, and child therapist intern registered under Section 4980.44 of the Business and Professions Code.
26. A state or county public health employee who treats a minor for venereal disease or any other condition.
27. A coroner.
28. A medical examiner, or any other person who performs autopsies.
29. A commercial film and photographic print processor, as specified in subdivision (d) of Section 11166. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.
30. A child visitation monitor. As used in this article, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.
31. An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:
   (A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.
   (B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.
32. A clergy member, as specified in subdivision (c) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.
33. Any custodian of records of a clergy member, as specified in this section and subdivision (c) of Section 11166.
34. Any employee of any police department, county sheriff's department, county probation department, or county welfare department.
35. Any employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the California Rules of Court.
36. A custodial officer as defined in Section 831.5.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) Employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(d) School districts that do not train their employees specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws shall report to the State Department of Education the reasons why this training is not provided.

(e) The absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(f) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

SEC. 5.5. Section 11167.5 of the Penal Code is amended to read:

11167.5. (a) As used in this article, "mandated rep or ter" is defined as any of the following:

1. A teacher.
2. An instructional aide.
3. A teacher's aide or teacher's assistant employed by any public or private school.
5. An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
6. An administrator of a public or private day camp.
7. An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
8. An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
9. Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.

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(34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.

(36) A custodial officer as defined in Section 831.5.

(37) Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) A clergy member, as specified in subdivision (c) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(39) Any custodian of records of a clergy member, as specified in this section and subdivision (c) of Section 11166.

(40) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.

(41) An employee of a school district police or security department.

(42) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

(43) Any employee of any child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.

(44) Any social worker, probation officer, or parole officer.

(45) Any person who is an administrator of or has contact with a Head Start program.

(46) Any employee of any public or private school.

(47) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

(48) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

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(100) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

Any report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) Any mandator reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine.

(c) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11169.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11169.9. The provisions of Section 11172 apply to all reports made pursuant to this paragraph.

(4) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(5) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

Any report made by a mandated reporter who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

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(e) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).

(f) Any person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9.

(g) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(h) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(i) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(j) A county probation or welfare department shall immediately, or as soon as practically possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (c) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(k) A law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department.

(l) A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

SEC. 7. Section 11166 of the Penal Code is amended to read:

11166. (a) Except as provided in subdivision (c), a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

(c) (1) A clergy member who acquires knowledge of or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a).

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(d) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the incident of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practicably possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, videotape, negative, or slide within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(e) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).

(f) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9.

(g) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
(h) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any
sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not
inconsistent with this article.
(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.
(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a
substitute for making a mandated report to an agency specified in Section 11165.9.
(i) A county probation or welfare department shall immediately, and as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having
jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known
or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the
county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the
information concerning the incident to any agency to which it makes a telephone report under this subdivision.
(j) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the Welfare
and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known
or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that
the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the
incident to any agency to which it makes a telephone report under this subdivision.

Section 11167
SEC. 15. Section 11167 of the Penal Code is amended to read:
11167. (a) Reports of suspected child abuse or neglect pursuant to Section 11166 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes
the person a mandated reporter; the child's name; and the information that gave rise to the reasonable suspicion of child abuse or neglect and the source or sources of that information. If a report is
made, the following information, if known, shall also be included in the report: the child's address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone
numbers of the child's parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected
the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.
(b) Information relevant to the incident of child abuse or neglect may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.
(c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, may be given to the licensing agency when it is investigating a known
or suspected case of child abuse or neglect.
(d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the district attorney in a criminal
prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the
Welfare and Institutions Code, or to the county counsel or district attorney in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the
Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.
(2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court
order.
(e) Persons who may report pursuant to subdivision (f) of Section 11166 are not required to include their names.
SEC. 15.5. Section 11167 of the Penal Code is amended to read:
11167. (a) Reports of suspected child abuse or neglect pursuant to Section 11166 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes
the person a mandated reporter; the child's name; and the information that gave rise to the reasonable suspicion of child abuse or neglect and the source or sources of that information. If a report is
made, the following information, if known, shall also be included in the report: the child's address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone
numbers of the child's parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected
the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.
(b) Information relevant to the incident of child abuse or neglect may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.
(c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, may be given to the licensing agency when it is investigating a known
or suspected case of child abuse or neglect.
(d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the district attorney in a criminal
prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the
Welfare and Institutions Code, or to the county counsel or district attorney in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the
Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.
(2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court
order.
(e) Notwithstanding the confidentiality requirements of this section, a representative of a child protective services agency performing an investigation that results from a report of suspected child abuse
or neglect made pursuant to Section 11166, at the time of the initial contact with the individual who is subject to the investigation, shall advise the individual of the complaints or allegations against
him or her, in a manner that is consistent with laws protecting the identity of the reporter under this article.
(f) Persons who may report pursuant to subdivision (f) of Section 11166 are not required to include their names.
SEC. 16. Section 11167.5 of the Penal Code is amended to read:
11167.5. (a) The reports required by Sections 11166 and 11166.2, and child abuse or investigative reports that result in a summary report being filed with the Department of Justice pursuant to
subdivision (a) of Section 11169 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality provided by this article is a misdemeanor
punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars ($500), or by both that imprisonment and fine.
(b) Reports of suspected child abuse or neglect and information contained therein may be disclosed only as provided in the following:
(1) Persons or agencies to whom disclosure of the identity of the reporting party is permitted under Section 11167.
(2) Persons or agencies to whom disclosure of information is permitted under subdivision (b) of Section 11170 or subdivision (a) of Section 11170.5.
(3) Persons or agencies with whom investigations of child abuse or neglect are coordinated under the regulations promulgated under Section 11174.
(4) Multidisciplinary personnel teams as defined in subdivision (d) of Section 18951 of the Welfare and Institutions Code.
(5) Persons or agencies responsible for the licensing of facilities which care for children, as specified in Section 11165.7.
(6) The Department of Social Services or any county licensing agency which has contracted with the state, as specified in paragraph (4) of subdivision (b) of Section 11170, when an individual
has applied for a community care license or child day care license, or for employment in an out-of-home care facility, or when a complaint alleges child abuse or neglect by an operator or
employee of an out-of-home care facility.
(7) Hospital scan teams. As used in this paragraph, "hospital scan team" means a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of
hospitals, the Department of Public Health, and representatives of law enforcement and child protective services, the members of which are engaged in the identification of child abuse or neglect. The disclosure
authorized by this section includes disclosure among all hospital scan teams.
(8) Coroners and medical examiners when conducting a postmortem examination of a child.
(9) The Board of Prison Terms, who may subpoena an employee of a county welfare department who can provide relevant evidence and reports that both (A) are not unfounded, pursuant to Section 11165.12, and (B) contain only the current incident upon which parole revocation proceedings are pending against a parolee charged with child abuse or neglect. The reports and information
shall be confidential pursuant to subdivision (d) of Section 11167.

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(10) Personnel from an agency responsible for making a placement of a child pursuant to Section 361.3 of, and Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of, the Welfare and Institutions Code.

(11) Persons who have been identified by the Department of Justice as listed in the Child Abuse Central Index pursuant to paragraph (6) of subdivision (b) of Section 11170 or subdivision (c) of Section 11170, or persons who have verified with the Department of Justice that they are listed in the Child Abuse Central Index as provided in subdivision (e) of Section 11170. Disclosure under this paragraph is required notwithstanding the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code. Nothing in this paragraph shall preclude a submitting agency prior to disclosure from redacting any information necessary to maintain confidentiality as required by law.

(12) Out-of-state law enforcement agencies conducting an investigation of child abuse or neglect only when an agency makes the request for reports of suspected child abuse or neglect in writing and on official letterhead, identifying the suspected abuser or victim by name. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written request shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports is to be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the criminal penalties for unlawful disclosure provided by the requesting state or the applicable interstate compact provision. In the absence of both (A) a specific out-of-state statute or interstate compact provision that requires that the information contained within these reports be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and (B) criminal penalties equivalent to the penalties in California for unlawful disclosure, access shall be denied.

(13) Each chairperson of a county child death review team, or his or her designee, to whom disclosure of information is permitted under this article, relating to the death of one or more children and any prior child abuse or neglect investigation reports maintained involving the same victim, siblings, or suspects. Local child death review teams may share any relevant information regarding case reviews involving child death with other child death review teams.

(c) Authorized persons within county health departments shall be permitted to receive copies of any reports made by health practitioners, as defined in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7, and pursuant to Section 11165.13, and copies of assessments completed pursuant to Sections 123600 and 123605 of the Health and Safety Code, to the extent permitted by federal law. Any information received pursuant to this subdivision is protected by subdivision (e).

(d) Nothing in this section requires the Department of Justice to disclose information contained in records maintained under Section 11170 or under the regulations promulgated pursuant to Section 11174, except as otherwise provided in this article.

(e) This section shall not be interpreted to allow disclosure of any reports or records relevant to the reports of child abuse or neglect if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of child abuse or neglect.

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2950  ELDER AND DEPENDENT ADULT ABUSE REPORTING REQUIREMENTS

Welfare and Institutions
Code Definition of Mandated Reporter  Elder and Dependent Abuse

15630. (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective service agency or a local law enforcement agency is a mandated reporter.

15610.17. Care custodian means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff:

(a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
(b) Clinics
(c) Home health agencies.
(d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services.
(e) Adult day health care centers and adult day care.
(f) Secondary schools that serve 18- to 22-year-old dependent adults and post-secondary educational institutions that serve dependent adults or elders.
(g) Independent living centers.
(h) Camps.
(i) Alzheimer’s Disease day care resource centers.
(j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code.
(k) Respite care facilities.
(l) Foster homes.
(m) Vocational rehabilitation facilities and work activity centers.
(n) Designated area agencies on aging.
(o) Regional centers for persons with development disabilities.
(p) State Department of Social Services and State Department of Health Services licensing divisions.
(q) County welfare departments.
(r) Offices of patients’ rights advocates and clients rights advocates, including attorneys.
(s) The office of the long-term care ombudsman.
(t) Offices of public conservators, public guardians, and court investigators.
(u) Any protection of advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurance of the following:
(1) The Federal Developmental Disability Assistance and Bill of Rights Act, as amended, contained in Chapter 75 (commencing with Section 6000) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities.
(2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illnesses. (v) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

5610.37. Health practitioner means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker, or intern, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, a coroner, or a religious practitioner who diagnoses, examines or treats elders or dependent adults.

Please do not return this page with form.
15630. (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective service agency or a local law enforcement agency is a mandated reporter.

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(r) Offices of patients’ rights advocates and clients rights advocates, including attorneys.
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EMTALA Overview

EMTALA (the federal Emergency Medical Treatment and Active Labor Act) was adopted in 1986. EMTALA has been amended and expanded over subsequent years. The regulations address the obligations of hospitals and physicians to provide emergency care to member and non-members alike. California law (Health and Safety Code 1317) established similar requirements.

Potential consequences for violating EMTALA include:

- Loss of revenue by loss of the hospital’s ability to bill Medicare and MediCal
- Loss of hospital license
- Fines to the hospital and the physician of up to $50,000 for each violation
- Claims by private citizens in Federal Court for monetary damages
- Negative publicity

EMTALA REQUIREMENTS

MEDICAL SCREENING and DOCUMENTATION

All patients presenting for care in Triage/Labor and Delivery shall receive prompt medical examination (within 30 minutes) by an appropriately privileged physician, a member of an approved post-graduate medical education program, or a Certified Nurse-Midwife (in accordance with approved protocols) without regard to membership status or ability to pay. A registered nurse with current competence in labor and delivery care may assist in such medical screening examination. If the practitioner determines that the patient is in labor or that she has an Emergency Medical Condition, the hospital shall provide necessary medical care and service within its capability to deliver the baby (including the placenta) and/or stabilize any Emergency Medical Condition. If the practitioner determines that the patient does not have an Emergency Medical Condition and is not in active labor, is stable for discharge home, the patient may be discharged. Any patient deemed Not In Active Labor (NIAL) shall have an MD evaluation/consultation per CMS requirements prior to discharge.*

NOTE:*As of October 2006, the wording of the federal legislation includes CNM’s as practitioners who can certify false labor without MD evaluation and consultation.

Discussions about ability to pay will not occur prior to or during assessment, care, and stabilization.

CONSULTATIONS

If the practitioner asks a consultant to examine a patient, the consultant must respond in person to the best of his/her capability. Discussions about the necessity of the in-person examination should be handed AFTER the consultation is performed.

Consultations must be timely (the regional performance target for all consultations is within 1 hour of the request) and provided to non-members in the same way they are provided to KFHP members.

ACCEPTING PATIENTS FROM OTHER FACILITIES: “If in doubt, just say yes!”

CONCERNS OR CONFLICTS SHOULD BE ESCALATED TO MEDICAL CENTER LEADERSHIP IMMEDIATELY

SUMMARY OF EXPECTATIONS

All women presenting to Triage/Labor and Delivery requesting a medical evaluation will be registered and assessed. Assessment will be completed by a physician, resident, or CNM. A medical screening exam will be completed and documented on the perinatal observation form and other forms as applicable. If an emergency medical condition exists or active labor is diagnosed, the patient will be admitted to Labor and Delivery. If the patient does not have an emergency medical condition, is not in active labor, and is stable for discharge, the patient may be discharged with appropriate discharge instructions and plan for follow-up care. Any patient deemed Not In Active Labor (NIAL) shall have an MD evaluation/consultation per CMS requirements prior to discharge.* If the patient declines medical care for any reason, appropriate protocols and documentation requirements will be followed.

EMTALA Requirements:jk8.11.06
### Reference:

- **CDC. Guideline for Hand Hygiene in Health-Care Settings**, Recommendations & Reports October 25, 2002 / MMWR Vol. 51 / No. RR-16
- Paulson, D, et al *A Close Look At Alcohol Gel As an Antimicrobial Sanitizing Agent*. American Journal of Infection Control 27 (4) 1999: 332-337
- Yoss, A. Widmer, A. *No Time For Handwashing!? Handwashing Versus Alcoholic Rub: Can We Afford 100% Compliance*? Infection Control and Hospital Epidemiology 1997; 18: 205-208

### Purpose:

To reduce the risk of transmitting healthcare associated infections (HAI) within the Medical Center.
POLICY:

1. Hand Decontamination is the single most important means of preventing the spread of infection.
2. There are four types of Hand Decontamination:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PURPOSE</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Handwashing</td>
<td>To remove soil and transient microorganisms</td>
<td>Soap or detergent and water for at least 15 seconds</td>
</tr>
<tr>
<td>Hand antisepsis</td>
<td>To remove soil and/or destroy transient microorganisms</td>
<td>Antimicrobial soap and water for at least 15 seconds</td>
</tr>
<tr>
<td>Hand degerming with alcohol</td>
<td>To destroy transient and resident microorganisms on UNSOILED hands.</td>
<td>Alcohol-based gel, rub vigorously until dry.</td>
</tr>
<tr>
<td>Surgical Hand Scrub</td>
<td>To remove or destroy transient microorganisms and reduce resident flora.</td>
<td>Antimicrobial soap or detergent preparation and water with brush to achieve friction for at least 120 seconds. Or alcohol-based preparation per manufacturers’ instructions.</td>
</tr>
</tbody>
</table>

3. Hand Decontamination shall be done:
   A. before starting to work
   B. before and after contact with patients
   C. before performing invasive or sterile procedures
   D. before and after glove use
   E. before and after handling food and drink
   F. after handling any soiled item (equipment, soiled linen, waste, mops, etc.)
   G. at any time hands come into contact with blood, body fluids, secretions, mucous membrane or become visibly soiled
   H. after using restrooms

4. The choice of plain soap, antimicrobial soap, alcohol based hand degermer, or surgical hand scrub should be based upon the degree of contamination and whether it is important to reduce and maintain minimal counts of resident flora, as well as to mechanically remove the transient flora on the hands of health care personnel.

5. Hands must be washed prior to performing invasive procedures; whenever contaminated with organic material.
6. The use of alcohol hand degermer is acceptable as an alternative to handwashing in all other situations whenever the hands are not soiled with dirt or organic material.

7. An antiseptic soap and or an alcohol-based surgical scrub shall be used for handwashing in high risk areas, such as OR, NICU and procedure rooms in the Hospital, and may be used in special procedure rooms in the Clinics. See “Decontamination Agents Approved for Use.”

8. Artificial nails and nail tips are prohibited for all health care workers and providers involved in direct, hands on patient care, and all other workers involved in aseptic procedures including but not limited to: sterile processing, pharmacy, food handlers across the continuum of care. This includes inpatient, ambulatory, and home care.

9. Nails: the natural nails of health care workers are to be kept short and should not extend beyond the tips of the fingers.

10. Nail polish is prohibited on any health care worker and provider who is required to perform a surgical hand scrub.

11. Hand/wrist splints and any type of dressing which interferes with hand decontamination are prohibited.
POLICY: The following hand decontamination agents are approved for use at the Los Angeles Medical Center:

<table>
<thead>
<tr>
<th>Type of Agent</th>
<th>Brand Name</th>
<th>Departments/Areas for Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soap, liquid</td>
<td>“Wash”</td>
<td>General handwashing sinks in patient rooms, nurses' stations and lounges, public restrooms, clinic areas.</td>
</tr>
<tr>
<td>Triclosan, 0.3%</td>
<td>“Bacti-Stat”</td>
<td>NICU</td>
</tr>
<tr>
<td>Chlorhexidine Gluconate, 2%</td>
<td>“Cida-Stat”</td>
<td>L&amp;D, Hemodialysis, Cardiac Cath Lab, Interventional Radiology, EPA Lab.</td>
</tr>
<tr>
<td>Chlorhexidine Gluconate, 4%</td>
<td>“Scrub-Stat IV”</td>
<td>Surgery, Labor &amp; Delivery</td>
</tr>
<tr>
<td>Povidone Iodine Surgical Scrub, 7.5%</td>
<td>“Alphadine Scrub”</td>
<td>Surgery, Labor &amp; Delivery</td>
</tr>
<tr>
<td>Chlorhexidine Gluconate, 1% and Ethyl Alcohol 61%</td>
<td>&quot;Avagard&quot;</td>
<td>Main OR and Little Sunset; L&amp;D, EPS Lab, Cath Lab, IR, Infusion Center, General Surgery MOB, Pharmacy</td>
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<tr>
<td>Alcohol based Hand Degermer</td>
<td>“Endure 320”</td>
<td>In all patient care areas throughout the medical center.</td>
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PURPOSE: To remove soil and microorganisms by means of soap (plain or antimicrobial), water, and friction.

PROCEDURE: Handwashing

ESSENTIAL STEPS:

1. Stand near sink, but avoid touching it as the sink itself may be a source of contamination.
2. Using tepid water, wet hands. Avoid splashing and keep moisture away from sleeves and clothing.

3. Generously apply soap (soap lowers the water surface tension).
4. Rub hands vigorously together creating friction to clean between fingers, around and under fingernails, the back of the hands, wrists, and palms for 15 seconds (friction mechanically loosens the dirt and microorganisms).
5. Rinse hands well under running water (soap residue will dry the skin).
6. Dry hands with paper towel. Use paper towel to turn off faucet in the absence of a foot or knee control.

PURPOSE: To kill or inhibit resident microorganism in the deep layers of the skin.

PROCEDURE: Application of alcohol-based hand degermer

ESSENTIAL STEPS IN PROCEDURE:

1. Assuming hands are NOT soiled, apply enough alcohol gel to cover the entire surface of hands and fingers.
2. Rub hand vigorously until dry. Create enough friction to degerm between fingers, around and under fingernails, the back of the hands, wrists, and palm.

Refer to operating room procedure KK for the essential steps in a surgical scrub.
2014 Infection Control Resource Book
Infection Control Department
Riverside Service Area
<table>
<thead>
<tr>
<th>Riverside Medical Center</th>
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<tr>
<td><strong>Infection Control Department</strong></td>
<td>Judy Masonis, Manager</td>
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<tr>
<td>Tie 8.258.3179</td>
<td>Pager 951.680.2853</td>
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<tr>
<td>Renee Jimenez, RN ICP</td>
<td>Tie 8.258.4979</td>
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<td>Pager 951.774.7245</td>
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<td>Anne Cerezo, Proj Analyst</td>
<td>Tie 8.258.3296</td>
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<td><strong>Employee Health Services (EHS)</strong></td>
<td>Pamela E Miller, Supv EH</td>
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<tr>
<td>Tie 8.258.3273</td>
<td>Pager 951.774.8668</td>
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<tr>
<td>Sally Mannie, RN</td>
<td>Tie 8.258.4212</td>
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<tr>
<td><strong>Environmental Health &amp; Safety (EH&amp;S)</strong></td>
<td>Corrie Sankey, Safety Ofc</td>
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<td>Tie 8.258.5818</td>
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<tr>
<td><strong>Infection Control Department</strong></td>
<td>Cynthia Lee Rojas</td>
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<td><strong>Employee Health Services</strong></td>
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<td><strong>Environmental Health &amp; Safety (EH&amp;S)</strong></td>
<td>Dennis Sutton, Safety Officer</td>
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<td>Tie 8.299.2909</td>
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<tr>
<td>Dr. Khin Wong</td>
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<tr>
<td>Dr. Huan T Pham</td>
<td>Pager 951.774.7803</td>
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<tr>
<td>Dr. Graciela S. Faiad</td>
<td>Pager 951.774.7352</td>
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<tr>
<td>Dr. Aldon Li</td>
<td>Pager 951.774.7253</td>
</tr>
<tr>
<td>Dr. Roopa Virarghavan (Pediatrics)</td>
<td>Cell 714.423.0485</td>
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Section One
Bloodborne Pathogen Exposure Control Plan (BBP ECP)

The Bloodborne Pathogen Standard (29 cfr 1910.1030) was developed in 1992 by Federal OSHA with the intent to minimize the risk of health care personnel (HCP) exposure to bloodborne pathogens including viral Hepatitis B and C, Human Immunodeficiency Virus (HIV) and other bloodborne diseases. The BBP ECP is found in the Infection Control Manual which is available in each department as well as on the Share Drive {S: drive}.

The BBP standard requires:
- Selection and implementation of appropriate engineering controls to prevent employee exposure to BBP’s (e.g. needleless systems or needles with engineered sharps).
- Employees to be included in the process of evaluation and selection of these devices.
- The employer to provide training on hire and annually for any employee with a risk of exposure to blood or body fluids while performing their duties.
- Training to be interactive, offering opportunity for questions and answers. If, at any time you have a question, contact your local Infection Control or Employee Health Services.

Mode of Transmission for BBP
Contact with contaminated blood or body fluids to non intact skin, percutaneous injury or mucous membrane exposure of the eyes, nose or mouth.

BBP Exposure Control Plan (BBP ECP)
The ECP describes Kaiser Permanente’s (KP) role in protecting employees and the HCP’s obligation to comply with protective measures. The ECP identifies the procedures that put the HCP at risk and protective measures to be taken. Important elements of the BBP ECP include:
- Standard Precautions
- Personal Protective Equipment (PPE)
- Hand Hygiene
- Hepatitis B vaccine
- Engineering and Work Practice Controls
- Sharps Safety
- Biohazard labeling

Hepatitis is a virus that causes inflammation of the liver. Hepatitis B and C are the more serious viral forms and are spread through contact with human blood or other body fluids. They can result in chronic, debilitating and potentially fatal liver disease. Symptoms may not present for months to years. Symptoms include:
- Loss of appetite
- Nausea and vomiting
- Jaundice
- Abdominal discomfort
- Joint pain and rash
- Flu-like symptoms

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system leading to fatigue, weight loss, wasting and opportunistic infections.

Engineering Controls
Engineering Controls are tools that are used to isolate or remove bloodborne pathogen hazard from the workplace. Examples include:
- Sharps disposal containers
- Needle safety devices (i.e., self sheathing needles)
- PPE

Work Practice Control
These are controls that reduce the likelihood of exposure by altering the manner in which a task is performed. Examples include:
- Hand hygiene
- Use of PPE
- No recapping of needles by a two-handed method
- Activating sharps safety devices
- Use of rigid, puncture resistant containers for the disposal of sharps
- Use of resuscitation devices (i.e., ambu bag, mouthpieces)

Prevention of Sharps Injuries (i.e., needles, scalpels, glass & other sharps instruments)
- Utilize safety devices available.
- Activate safety devices immediately after use.
- DO NOT recap by hand. In a situation where recapping is necessary, use a mechanical device or a one-handed method.
- Dispose of sharps in a designated sharps container at point of use.
- Use a mechanical device to remove reusable sharps from a container or tray.
- Pick up potentially contaminated broken glass using mechanical means (dust pan/brush).
- Never overfill sharps containers. Replace when ¾ full.

Standard Precautions
Standard Precautions is the first tier of precautions that are designed for the care of ALL patients at ALL times regardless of their diagnosis or presumed infectious status.

Standard Precautions requires the use of PPE when anticipating contact with the patient’s blood or body fluids, non-intact skin and mucous membranes.
Personal Protective Equipment (PPE)
PPE is available in several designated areas throughout the Medical Center and Ambulatory Care Areas. PPE is designed to protect the skin, eyes, mouth or other mucous membranes during normal use while providing care. Selection of PPE is based on the type and degree risk associated with the task being performed. For any concerns about PPE (what type to use, proper training, etc.), contact EH&S or Infection Control Department.

Types of PPE include:
- Gloves
- Gowns
- Masks
- Face shields
- Protective eyewear

**Gloves** – used for anticipated contact with blood, body fluids, non-intact skin or rashes, etc.
- Gloves must be changed after: a) contact with each patient, b) between each procedure involving different body areas, c) when contaminated and when torn or punctured.
- Disposable gloves can not be washed or decontaminated for reuse.

**Mask and Eye Protection** – used for anticipated splash or spray of blood or body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.
- Protective eyewear includes goggles or masks with shields.
- Reusable eyewear should be cleaned with a medical center approved disinfectant after use.

**Impervious Gown** – used for any anticipated contact of clothing with blood/body fluids.

**PPE must be removed before leaving the work area, when it is torn or damaged, or when the PPE becomes contaminated.**

**Disposal of PPE**
- Place PPE in appropriate containers for decontamination or disposal.
- Disposable PPE, when drippy or caked with blood or other potentially infectious materials (OPIM) should be discarded in a biohazard container.
- PPE contaminated by chemotherapeutic agents are disposed in a chemo container.

**Hand hygiene is required after removal of PPE every time.**

**Strategies to Prevent BBP Exposures**
In order to prevent and reduce exposure to BBPs, HCP must:
- Handle blood/body fluids of all patients as potentially infectious.
- Perform hand hygiene between all patient contact and after removal of PPE.
- Use safe needle devices for injection, intravenous (IV) manipulation as available.
- Use sharps container for all sharps immediately after use.
- Do not recap or manipulate needles.
- Handle all laboratory specimens as potentially infectious.
- Follow recommendations for Hepatitis B vaccination.
- Use PPE appropriately when anticipating exposure to blood or body fluids.

**No eating and drinking in the work area.**
To avoid cross contamination in the work area, OSHA regulations DO NOT allow eating, drinking, application of cosmetics, lip balm, or handling contact lenses in patient areas (any space a patient may occupy for any length of time).

**Hepatitis B Vaccine**
**KP offers hepatitis B vaccine to all employees.** The vaccine can be obtained through Employee Health Services (EHS). The vaccine is prepared from recombinant yeast cultures, is highly effective and safe. The vaccine is given in three injections in the arm. Three dose vaccine schedule:

- **First Injection** – At any given time
- **Second Injection** – At least one month after first dose
- **Third Injection** – Six months after first dose

Adverse reactions include injection site reactions such as redness, soreness, and swelling; fatigue, weakness, headache, malaise, and irritability. Per SCAL SCPMG HR 5.02 “Health Screening” all Kaiser Permanente Physicians are required to receive the Hepatitis B Series.

**In the Event of an Exposure to BBP**
It is crucial that you report any exposure incident; this provides for immediate intervention that can deter the development of HBV, HIV or track other potential infections.

**If you are exposed to any blood or OPIM:**
- Skin - Wash the area immediately with soap and water
- Mucous membranes – Flush with water only
- Notify your supervisor and go to the Urgent Care or the Emergency Department as directed by your medical center protocol.

**Information needed to report BBP exposure includes**
(This information is required by federal regulation.)
- The name and number of the source patient if known
- The type of exposure
- What PPE you were wearing at the time of exposure
- Information on the device involved (if applicable): name, brand, manufacturer, volume, etc.
- Whether or not the safety feature was utilized
Exposed employees are offered a medical evaluation immediately with appropriate follow up. KP complies with OSHA BBP Standards by maintaining a Sharps Injury Log for all BBP exposures caused by sharps.

**During the post exposure medical evaluation, EHS will**

- Counsel you regarding what happened and how to prevent potential infection
- Prescribe lab work (employee and source patient) and treatment based on current recommendations and regional policies and procedures.
- Evaluate any reported illness in the future to determine of the symptoms may be related.

**Things to know**

- Chemoprophylaxis (medication) is recommended after a high risk exposure. Post exposure prophylaxis (PEP) should be started promptly, preferably within 1 to 2 hours for high risk exposures.
- The recommended post exposure testing interval for HIV is at the time of exposure (baseline), 6 weeks, 12 weeks and 6 months.
- Occupational sero-conversions are rare, and the majority has occurred within 6 weeks.
- Post exposure counseling is available.

**Biohazard Labeling**

Regulations require that biohazard warning labels be affixed to biohazardous materials to minimize the risk of occupational exposure. Labels must include the universal biohazard symbol and the legend “BIOHAZARD” or in the case of sharps containers and regulated waste “BIOHAZARDOUS WASTE” or “SHARPS WASTE.”

Items that must display a biohazard warning label include:

- Sharps containers
- Refrigerators and freezers containing blood or OPIM
- Equipment potentially contaminated with blood or OPIM that cannot be fully decontaminated prior to servicing or shipping (e.g. centrifuge), and
- Containers use to store, transport or ship blood or OPIM

Biohazardous Waste is defined as items visibly soggy and/or dripping with blood or other OPIM. Biohazard waste also includes contaminated sharps, laboratory cultures, pathology specimens and anatomical remains. Place biohazardous waste in a red bag at the point of origin.

A copy of the BBP Standard is located in the Infection Control Manual, on the shared drive: S: Infection Control, or available on KP Learn at: [http://kpnet.kp.org/ehs/training](http://kpnet.kp.org/ehs/training)

**REMEMBER:** Anything with the biohazard label must be disposed in the medical waste/red bag waste stream!
C
section Two
Aerosol Transmissible Diseases (ATD) Exposure Control Plan

California OSHA adopted the Aerosol Transmissible Disease (ATD) Standard August 2009 (* CCR 5199). The ATD ECP broadens the hazard analysis from just tuberculosis (TB) to all aerosolized pathogens. Infection Prevention, Employee Health, Environmental Health and Safety, Engineering and Patient Care Services are jointly responsible for its implementation. The ATD ECP is located in the Infection Control Manual or on the shared drive: S: Infection Control and a copy of the Standard is available at: www.dir.ca.gov/oshsb/ATD_txtbdconsider.pdf. All employees are invited to provide input as to the Plan’s effectiveness.

The ATD ECP
- Describes specific methods to control exposures.
- Identifies job classifications at risk of exposure.
- Describes the procedures to be followed in the event of an exposure including medical follow up and incident investigation.

Some Things the ATD Standard Requires Hospitals to Do
- Develop plans and procedures to protect employees and visitors from ATDs – the ATD ECP.
- Provide employees with appropriate PPE (including respirators).
- Require the use of Powered Air Purifying Respirators (PAPR) for high risk procedures on patients suspected or confirmed to have an airborne infection.
- Provide employees who get an ATD with medical care.
- Make sure employees receive initial and annual ATD training.

An ATD is a disease or pathogen that requires droplet or airborne precautions to prevent exposure.

“Droplets” are relatively large in size and can result from coughing, sneezing or talking. They are transmitted when they travel directly from an infectious person to someone else. They may also be generated during high risk procedures such as suctioning, endotracheal intubation, cough induction, etc.

“Airborne” refers to smaller particles that can remain suspended in the air and travel great distances. Transmission may occur when particles are inhaled.

Signs and symptoms of ATDs that require further medical evaluation include:
- Fever with rash
- Fever with cough
- Headache or neck stiffness or sensitivity to light
<table>
<thead>
<tr>
<th>Droplet</th>
<th>Airborne</th>
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<tr>
<td>Diphtheria</td>
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<td>Influenza</td>
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<td>Meningitis</td>
<td>Chicken pox (varicella)</td>
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<td>Measles</td>
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<td>Mumps</td>
<td>Monkey pox</td>
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<td>SARS</td>
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<td>Pertussis</td>
<td>Small pox</td>
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<td>Plague</td>
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<td>Streptococcal disease</td>
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<td>Viral hemorrhagic fevers</td>
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**Source Control Procedures – Respiratory Hygiene Etiquette**

- Educate visitors and patients to cover nose and mouth with tissue when coughing or sneezing. Printed material is appropriate to communicate education (i.e. Signage, & direct communication).
- Provide etiquette stations at facility entrances and public waiting areas, stocked with hand sanitizer, tissue and/or surgical masks.
- For Inpatients, place into a negative pressure room with a minimum of 12 air changes and post visible signage on the door for Airborne Isolation to alert anyone who enters the room.

**Tuberculosis (TB)** is a contagious airborne disease caused by the *Mycobacterium tuberculosis*. TB is spread from person to person by organisms carried on small airborne particles when someone with untreated, active TB: coughs, sneezes and/or speaks. It can infect any part of the body but the lungs are the most common site.

- HCP who provide services to high risk groups are themselves considered high risk for contracting TB.
- Anyone exposed to TB can become infected. Groups more likely to become infected include: persons with HIV, residents of long term care facilities, IV drug users, foreign born persons from high TB prevalence areas (Asia, Africa and Latin America) and medically underserved low income populations.

**TB Infection vs. TB Disease**

- **Infection** means that the person was exposed to and infected by the TB germ. However, there are no signs or symptoms present.
- **Disease** means that the bacteria has become active and is producing signs and symptoms.
Signs and symptoms of TB include:
- Productive, persistent cough for more than 3 weeks
- Fever
- Weakness, fatigue
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Bloody sputum

Strategies to Prevent ATD Exposures
- Patients with known or suspect airborne infections (e.g. TB) are placed into a negative pressure Airborne Infection Isolation Room (AIIR) with a minimum of 12 air changes per hour (ACH).
- Notification of Airborne Isolation is visibly posted on the door.
- Less than 12 ACH requires an additional HEPA filtration machine.
- Engineering/Facilities must be notified to confirm negative pressure and air changes daily.
- An N95 respirator is required when changing room air filters in airborne infection isolation rooms (AIIR).
- An N95 respirator is required when entering the room or within an hour of when the room was occupied by the patient.
- Fit check is performed upon donning the N95 respirator to confirm maximum protection.
- Remove other PPE (gloves, gowns) before leaving the work area or when the PPE becomes contaminated or torn. Place in appropriate containers for storage, washing, decontamination or disposal.
- Respirator must be removed after leaving the patient room. Consider the front of the respirator/facemask contaminated.
- Decontaminate and store a powered air purifying respirator (PAPR) according to facility policy and procedure found in the Infection Control Manual.
- **Always practice good hand hygiene after removal of PPE.**
- When a patient with an ATD must leave their room for treatments or procedures provide a standard surgical mask with instructions to keep it over the nose and mouth.

In the Event of an Exposure to ATD
An airborne ATD exposure incident may occur when:
- The HCP has contact (shares the same air for a sufficient length of time) with a person who has an Airborne ATD without the use of exposure prevention Measures.
- The HCP enters a patient room prior to clearance where high risk procedures were performed.

A Droplet ATD exposure incident occurs when:
- The HCP has contact (within 6 feet) with a person who has clinical ATD disease that generates large particle droplets without the use of exposure prevention measures.
The HCP is performing or present during an aerosol producing procedure.

Respiratory Protection Training
If you are required to wear an N95 or Powered Air Purifier Respirator (PAPR) respirator for protection, you must complete initial and annual respiratory protection training. For information regarding training, contact Environmental Health and Safety, Infection Control Department or Employee Health Services listed at the beginning of this booklet.

Powered Air Purifier Respirator (PAPR)
Employees will wear a minimum of a powered air purifier respirator (PAPR) when performing or present during the performance of a high hazard procedure on a suspected or confirmed airborne infectious disease patient or cadaver potentially infected with ATD. High hazard procedures are aerosol generating procedures including:

- Sputum induction
- Bronchoscopy
- Intubation
- Aerosolized administration of Pentamidine
- Autopsy
- Clinical, surgical and laboratory procedures that may generate aerosols

AIRBORNE ISOLATION + HIGH RISK PROCEDURE = PAPR

Reporting an Exposure
Report all exposure incidents to your manager and report to Employee Health as soon as possible.

Post Exposure Evaluation
The purpose is to determine the need for testing, preventive therapy, medications or vaccines, and other procedures as indicated.

Employee Health Services (EHS) and TB Surveillance
- All HCP are screened on hire and annually.
- Medical follow up is provided for TB conversions.
- Individuals with suppressed immune systems can have false negative TB test results.

Vaccinations
EHS is responsible for administering vaccinations. Blood tests can determine your immune status to many ATDs. Vaccinations are available at no cost to the employee and are a safe and effective means of preventing an ATD transmission. For more information, contact EHS.
Facility Surge Plan

Epidemics or other events may create a surge situation. You should know the facility’s procedures under these circumstances including the plan for:

- Receiving and treatment of patients during a surge.
- Patient isolation procedures.
- Surge procedures for handling specimens including specimens from persons contaminated as a result of a release of a biological agent.
- How to access supplies needed for the response including PPE and respirators.
- Decontamination facilities and procedures.
- How to coordinate with emergency response personnel from other agencies.

See the Disaster Manual, Section X Specialized Disaster Procedures, M – HRSA Surge Capacity.

Contact EH&S or Infection Prevention for information of the facilities Emergency Operation Plan.
Section Three
Bioterrorism Exposure Control Plan (BT ECP)

BT ECP covers screening of patients for biologic agents, room placement, isolation recommendation, cleaning and disinfection of equipment and linen, patient education, discharge management and home care.

The Federal Centers for Disease Control and Prevention (CDC) has identified seven (7) disease agents/conditions that may represent a possible bioterrorist attack. These diseases require intensive surveillance and rapid reporting. They include: Anthrax, Botulism, Brucellosis, Plague, Smallpox, Tularemia and Viral Hemorrhagic fevers.

Most diseases caused by bioterrorism biological agents are NOT transmitted from person to person and only require Standard Precautions. Contact Precautions are required for cutaneous Anthrax. Plague requires Droplet Precautions. Smallpox and Viral Hemorrhagic fevers require Airborne and Strict Precautions.

There is a Bioterrorism Cart available through Sterile Processing Department (SPD). See the Infection Control Manual for additional information and a copy of the BT ECP.
Transmission Based Precautions

Precautions designed to be used “in addition to” Standard Precautions for the care of patients infected with known or suspected epidemiologically significant organisms.

Airborne Precautions (blue) include diseases transmitted by small droplets that can remain in the air such as TB, Chickenpox and Measles. The N95 respirator required with a “fit check” is required upon entering the room. A Powered Air Purifier Respirator (PAPR) is required when assisting or performing “high risk” respiratory procedures on patients in Airborne Precautions.

Droplet Precautions (green) includes diseases transmitted via large droplets (respiratory). A surgical mask is worn when entering the room. These diseases include Pertussis, Influenza, Mumps, Epiglottitis, Meningococcal disease and Plague.

Contact Precautions (orange) reduces transmission by direct skin to skin contact or indirect contact by a contaminated item in the patient’s environment. Gloves and gown are donned before entering the room. Vanco Resistant Enterococcus (VRE), Methicillin Resistant Staphylococcus aureus (MRSA), Scabies, Lice, cutaneous Anthrax, and Respiratory Syncitial Virus (RSV) are included in this category.

Patients with history of colonized or active multi-drug resistant organisms (MDRO) are placed in contact precautions on admission.

Contact Plus Precautions (brown) are used for patients with confirmed or suspected Clostridium difficile infection (CDI). Gown and gloves are required upon entering the room. Alcohol-based hand rubs (ABHR) are not effective against the C. diff spore so a more vigorous mechanical action with the use of soap and water is required. Equipment used on patients with CDI should be cleaned with a bleach based product.

For more information, see “Transmission Based Precautions” and the “Type and Duration of Isolation Precautions” table in the Infection Control Manual.
Section Five
Hand Hygiene
Environmental/Equipment Cleaning

To emphasize the importance of Hand Hygiene on admission each patient receives the brochure “Clean Hands are Everyone’s Responsibility”. In the brochure, patients are encouraged to participate in their care and observe the HCP for hand hygiene or request they wash their hands before providing care if necessary.

California Senate Bill 158 requires “Every health facility shall implement a facility-wide hand hygiene program”. The following is a summary of our facility-wide hand hygiene program.

It is recognized that the most important way to prevent the spread of infection is through effective hand hygiene!

Effective hand hygiene can be achieved by two methods
- Washing with soap and water for a minimum of 15 seconds then drying hands.
- Applying ABHR and rubbing hands together to cover all surfaces including between the fingers, thumbs and nail beds until dry.

The choice of plain soap, antimicrobial soap, alcohol-based hand rub (ABHR), or surgical hand scrub should be based on standards of care, the degree of hand contamination and whether it is important to reduce and maintain minimal counts of resident flora, as well as to mechanically remove the transient flora on the hands of HCP.

Kaiser Permanente recognizes the importance of hand hygiene based on the World Health Organization Five Moments for Hand Hygiene. All personnel and providers must perform hand hygiene:

1. **Before patient contact**
2. **Before an aseptic task**  
   (i.e. foley insertion)
3. **After body fluid exposure**
4. **After patient contact**
5. **After contact with patient surroundings**  
   (Patient equipment, monitors, bedside table, bed rails, privacy curtains, etc.)
Soap and Water
Soap and water is required when hands are visibly soiled or when providing care to a patient with Clostridium difficile infection (CDI). Patients with CDI shed spores that can not be killed with alcohol. Therefore only soap and water can be used for hand hygiene when caring for these patients.

Alcohol Based Hand Rub (ABHR)
ABHR is recommended by the CDC and the WHO because of its activity against pathogens and importance in increasing compliance with recommended hand hygiene compliance. Hand decontamination with ABHR has proven to be effective in killing microorganisms and can be used if hands are NOT visibly soiled.

Artificial Nails and Nail Enhancements
Kaiser policy does not allow artificial nails or nail enhancements for HCP engaged in direct, hands-on patient care.

The natural nails of HCP are to be kept short, not extending beyond the tips of the fingers. Nail polish must be intact, not chipped. “Gel” nail polish is not acceptable as nail polish and can not be worn.

Compliance Monitoring
Hand Hygiene Compliance is monitored and reported to Department Managers and Hospital Administration through the Infection Control Department. Kaiser Permanente’s goal for compliance is 100%.

Monitoring process includes direct observation as well as the patient perception shared in their response to the Avatar Survey:

**Staff washed their hands or used hand sanitizer before caring for me**

Environmental/Equipment Cleaning
Environmental hygiene is everyone’s responsibility. Pathogens can survive in the environment for extended periods of time. Contaminated surfaces and patient equipment increase the risk of pathogen transmission. Cleaning and disinfecting of surfaces and patient equipment should be done routinely, between patient use, and when visibly soiled. Two products used by KP Riverside. **Both have a 3 minute contact time.**

General Cleaning Germicide

Bleach based product
Section Six
Respiratory Hygiene/Cough Etiquette

This strategy is targeted at patients and accompanying family members and friends with undiagnosed transmissible respiratory infections. This strategy applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

Elements of Respiratory Hygiene/Cough Etiquette
- **Education** of staff, patients, and visitors;
- **Posting signs**, in language(s) appropriate to the population served, with instructions to patients and accompanying family members or friends;
- **Source control measures** (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate);
- **Hand hygiene** after contact with respiratory secretions; and
- **Spatial separation**, ideally >3 feet, of persons with respiratory infections in common waiting areas when possible.

Respiratory Etiquette in the Ambulatory Setting
During periods of increased respiratory infection activity in the community:
- Offer standard surgical/procedure masks to persons who are coughing.
- N95 respirators are not required.
- When space and chair availability permit, instruct patient to sit at least three feet away from others in common waiting areas.
- HCP will observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present.

Respiratory Etiquette for HCP
- Cover your cough or sneeze. Coughing/sneezing in the air disperses particles at least 3 feet that can be inhaled by others around you.
- Most people cough/sneeze in their hands and generally do not wash before handling common items, keyboards, telephones; elevator buttons door knobs, etc.
- Coughing/sneezing into a tissue or handkerchief still requires proper hand washing.
- Cough into your sleeve and prevent the spread of germs.
Section Seven
Prevention Strategies for Multidrug Resistant Organisms (MDRO) and Clostridium difficile

California Senate Bill 158 states “all staff and contract physicians and all other licensed independent contractors including but not limited to Nurse Practitioners, and Physician Assistance shall be trained in methods to prevent transmission of Hospital Associated Infections (HAI) including but not limited to MRSA and Clostridium difficile infection”

Each year nearly 2 million patients in the US get an infection in the hospital causing about 90,000 deaths. More than 70% of the bacteria that causes HAIs are resistant to at least one antibiotic. Some are resistant of multiple drugs making them difficult to treat. The National Patient Safety Goals (NPSG) require that “hospitals educates patients and their families as needed, who are infected or colonized with an MDRO and about HAI prevention.”

Transmission of these organisms can occur through:
- Direct unprotected contact with a patient wound, urine, or any other site of infection
- Touching contaminated surfaces such as bed rails, IV pumps, overbed tray, door knobs, etc.

Methicillin Resistant Staphylococcus aureus (MRSA)

HAI MRSA is associated with increased lengths of hospital stay and costs, increasing length of stay by 4 to 5 days. To prevent the spread of MRSA to others, patients with an MRSA infection, a history of MRSA, or those colonized with MRSA are placed into Contact Precautions. In additions to Standard Precautions, patients with MRSA are placed into Contract Precautions including:
- Use of PPE upon entering isolation room (gloves and gown).
- Use of dedicated patient care equipment.
- Thorough cleaning/disinfection of reusable patient care equipment.
- Isolation Precaution signage posted on the door (i.e., Contact).
- Hand hygiene after removal of PPE.
- Infection/Isolation is documented in HealthConnect
- Private room is preferred, cohorting acceptable in certain conditions
- Providing educational material for patients and family members include explanations of MRSA, why precautions are necessary, and the importance of hand hygiene.
- Documentation of MRSA education was given through verbal explanation & through printed materials.
MRSA Active Surveillance Testing (AST)

January 2009 Senate Bill 1058 mandated the performance of AST (nasal cultures) within 24 hours of admission for the following criteria:

- Patients recently discharged from a facility within the previous 30 days
- Admissions to all ICUs (NICU)
- Patients receiving dialysis
- Transfers from long term care facilities

Patient Notification and Education

1. If a patient tests positive for MRSA, the attending physician shall inform the patient or the patient’s representative immediately or as soon as practically possible.
2. Patient who tests positive for MRSA infection shall, prior to discharge, receive oral and written instruction regarding aftercare and precautions to prevent the spread of infection to others.

MRSA Discharge Surveillance Testing

California SB 1058 requires retesting of patients who:

- Met initial screening criteria
- Were negative on admission, and
- Are identified as being at increased risk for an invasive MRSA infection.

KP SCPMG identified those patients as “all chronic dialysis patients negative on admission, admitted to the ICU ant any time during their hospital stay and had dialysis while in the ICU.”

Vancomycin Resistant Enterococcus (VRE)

Patients with co-morbidities are at increase risk of death, with 30% attributable to mortality due to Vancomycin resistance. Patients have an increase length of stay of 2.9 to 27 days depending on the health status of the patient. Patients with VRE are placed into Contract Precautions:

- Use of PPE upon entering isolation room (gloves and gown)
- Hand hygiene before donning PPE and after removal of PPE
- Use of dedicated patient care equipment
- Thorough cleaning/disinfection of reusable patient care equipment
- Contact Precaution sign posted on the door
- Infection/Isolation is documented in HealthConnect
- Private room is preferred, cohorting acceptable in certain conditions
- Patient/Family education related to VRE, why contact precautions are necessary, and the importance of hand hygiene
- Documentation of education in HealthConnect

Clostridium difficile Infection (CDI)

CDI most often occurs in patients taking antibiotics. The Cdiff spore can live on surfaces and in the environment for an extended period of time. CDI can spread from person to person on contaminated equipment and on the hands of HCP.
CDI now rivals MRSA as the most common organism to cause HAIs in the United States. It is associated with increased lengths of hospital stay and costs from 2.6 to 4.5 days.

Patients with CDI are placed into **Contract Plus Precautions:**
- Use of PPE upon entering isolation room (gloves and gown)
- Hand hygiene before donning PPE.
- After providing care and removal of PPE, hand hygiene is required using only soap and water.
- Use of dedicated patient care equipment.
- Thorough cleaning/disinfection of reusable patient care equipment using **bleach based product.**
- Bleach product has a 3 minute contact time to kill Cdiff spores
- **Contact Plus Precaution** Sign posted on the door.
- Documentation in HealthConnect.
- Private room is preferred. Separate toileting mandatory. Cohorting only on approval through the InfectionControl department.
- Patient/Family educational with documentation in HealthConnect.
- Patient/Family education on the importance of hand hygiene with soap and water.

**Other Prevention Strategies for CDI**
- Judicious use of antibiotics.
- Early specimen collection of soft unformed stool.
- Use of dedicated patient care items and equipment;
- Clean and disinfect shared items between patients with bleach-based product.
- Avoid the use of electronic thermometers; the handles become contaminated.
- Use of full barrier precautions (gown and gloves) for contact with their body substances and environment.
- **Use of hypochlorite (household bleach) diluted 1:10 with water for cleaning the room and or patient equipment for patients with CDI.**
- Repeat Cdiff testing is not recommended. Only do additional testing when symptoms and diarrhea reoccur.

- **Patient education materials are available on the units.**
- **Documentation of education in the patient Medical Record is required.**
- **Documentation must include “verbal” (explanation) and “written” (printed) materials.**
Section Eight
Care Bundles and Prevention Strategies for VAP, CLABSI and CAUTI

The Institute for Healthcare Improvement (IHI) developed the concept of “bundles” to help health care providers more reliably deliver the best possible care for patients undergoing particular treatments with inherent risks.

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.

Ventilator Associated Pneumonia (VAP)
California Senate Bill 739 requires “each general acute care hospital to implement the current CDC and Institute for Healthcare Improvement (IHI) process measures designed to prevent VAPs”.

A VAP is the development of pneumonia after a patient has been intubated with an endotracheal tube. The IHI VAP Bundle elements include:
- Head of bed elevated to 30 -45 degrees unless other medical conditions do not allow this to occur.
- Perform hand hygiene before and after touching the patient or the ventilator.
- Oral hygiene for the patient on a daily basis
- Daily “sedation vacation” or daily assessment of readiness to extubate.
- Peptic ulcer disease prophylaxis.
- Deep vein thrombosis (DVT) prophylaxis.

Central Line Associated Bloodstream Infection (CLABSI)
A CLABSI is a bloodstream infection related to a central line catheter. The IHI CLABSI elements include:
- Choose a vein where the catheter can be safely inserted and the risk of infection is small.
- Hand hygiene - Perform hand hygiene before putting in the catheter.
- **Maximal barrier** - Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient is covered with a sterile sheet.
- **Clean site of insertion** with Chlorhexidine skin antisepsis.
- **Daily review of line necessity** – decide daily if the patient still needs to have the catheter.
- **Removal of unnecessary lines** – the catheter should be removed if it is no longer needed.

All central line insertion “practices” must be reported through the National Health and Safety Network (NHSN); therefore, **all elements must be documented accurately in the HealthConnect Doc-Flow sheet.**

### Other Prevention Strategies
- Hand hygiene before and after accessing the central line.
- After hand hygiene, wear gloves when accessing the catheter to draw bloods of give medications.
- Scrubbing the “hub” thoroughly (10 seconds) with Chlorhexidine or alcohol before accessing.
- Carefully handling medications and fluids given through the catheter.
- Change the central line dressing utilizing a central line dressing kit weekly or when the dressing becomes wet or soiled or starts to lift.

### Catheter Associated Urinary Tract Infections (CAUTI)
Catheters should only be used when necessary and should be removed as soon as possible. Only properly trained persons insert catheters using sterile technique. Bundle elements for the prevention of urinary tract infections related to the use of foley catheters include:
- **Daily assessment of necessity** – remove the foley if not necessary.
- ** Maintain closed system** – avoid disconnecting the catheter and drain tube.
- **Use securement device** – to prevent pulling on the catheter, secure the tubing to the leg.
- ** Keep bag below the bladder** to prevent the backflow of urine.
- **Keep bag off the floor** to prevent contamination.
- Maintain an **unobstructed flow** by preventing twisting or kinking of the drain tube.

### Other Prevention Strategies
- Hand hygiene before and after accessing the catheter.
- Daily meatal care.
- Use dedicated equipment to drain or measure urine.
Section Nine
Surgical Site Infections (SSI) and Prevention Strategies

A surgical site infection (SSI) is an infection that occurs after surgery and is related to the surgery. An SSI is counted up to 30 days after surgery unless an implant is involved which is counted up to 90 days. NPSG requires the education of (HCP) “involved in surgical procedures about HAI, SSI, and the importance of preventions. Education will be upon hire, annually and when involvement in surgical procedures is added to an individual’s job responsibilities”.

Surgical Care Improvement Project (SCIP)
Our facility monitors the SCIP elements:

- **Appropriate use of antibiotics** - the right antibiotic at the right time.
- **Timeliness of antibiotic administration** – most cases within 1 hour of surgical incision.
- **Discontinuing antibiotics within 1 hour of surgery**.
- **Maintenance of post operative glucose control**.
- **Appropriate hair removal** (clipper vs. razor).
- **Maintaining normothermia** perioperatively.

Prevention Strategies

- Educate the patient and family about SSI prevention prior to surgery and on discharge.
- Identify and treat infections remote to the surgical site before elective surgery.
- Perform surgical scrub per facility policy and procedure before each case.
- Keep fingernails short and free of polish.
- Do not wear hand or arm jewelry.
- Wear a surgical mask that fully covers the mouth and nose.
- Wear a cap or hood that fully covers hair.
- Maintain asepsis during the operative procedure.
- Limit the number of personnel entering the operating room to necessity.
- Protect operative site with sterile dressing for 24 to 48 hours postoperatively.
- Perform hand hygiene before and after dressing care or contact with the surgical site.
- Use steam sterilization (autoclaving) for surgical instruments and implants.
- Limit the immediate use sterilization to only emergency or essential needs.
Sterility and Event Related Shelf Life

Sterilized instruments and equipment will use event-related shelf life to determine maintenance of sterility. Event related shelf life is only in effect as long as the proper storage conditions are maintained and the integrity of the packaging has not been compromised. No expiration date will be used. Package integrity is to be checked on every sterilized package.

Items are considered UNSTERILE if:

- There is evidence of droplets (condensation) or visible moisture on the interior or exterior of the package.
- Broken heat seal, puncture or tear in peel pack or wrapper.
- Chemical indicator not turned color.
- Autoclave tape broken or not turned color.
- Evidence of dust or dirt.
- Improper packaging.

Rotate stock so that older items are used first – “first in, first out”.
Mandatory Public Health Requirements for Reportable Diseases and Conditions

In the Outpatient setting, Providers must complete the Confidential Morbidity Report (CMR) for all outpatient diagnosis.

Inpatients with a confirmed laboratory diagnosis will be reported through the Infection Control Dept.

<table>
<thead>
<tr>
<th>DISEASES TO BE REPORTED IMMEDIATELY BY TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
</tr>
<tr>
<td>Avian Influenza</td>
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<tr>
<td>Botulism (Infant, food-borne, wound)</td>
</tr>
<tr>
<td>Brucellosis</td>
</tr>
<tr>
<td>Cholera</td>
</tr>
<tr>
<td>Ciguatera Fish Poisoning</td>
</tr>
<tr>
<td>Dengue</td>
</tr>
<tr>
<td>Diarrhea of the newborn</td>
</tr>
<tr>
<td>Diphtheria+</td>
</tr>
<tr>
<td>Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</td>
</tr>
<tr>
<td>Escherichia coli 0157:H7+</td>
</tr>
<tr>
<td>Hanta Virus Infection</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome</td>
</tr>
<tr>
<td>Meningococcal Infections</td>
</tr>
<tr>
<td>MRSA (Resulting in death/admission to ICU in otherwise healthy)</td>
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<tr>
<td>MSSA (Resulting in death/admission to ICU in otherwise healthy)</td>
</tr>
<tr>
<td>Paralytic Shellfish Poisoning</td>
</tr>
<tr>
<td>Plague+ Human or Animal</td>
</tr>
<tr>
<td>Rabies+ Human or Animal</td>
</tr>
<tr>
<td>Scombroid Fish Poisoning</td>
</tr>
<tr>
<td>Smallpox</td>
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<tr>
<td>SARS Severe acute respiratory syndrome</td>
</tr>
<tr>
<td>Shiga Toxin (detected in feces)</td>
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<tr>
<td>Small pox (variola)</td>
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<tr>
<td>Tularemia</td>
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<tr>
<td>Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, Marburg)</td>
</tr>
<tr>
<td>Yellow Fever</td>
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<tr>
<td>Occurrence of any unusual disease</td>
</tr>
<tr>
<td>Foodborne &amp; other outbreaks of any disease</td>
</tr>
<tr>
<td>(specify if institutional and/or community setting. Two or more cases from separate households = an outbreak)</td>
</tr>
</tbody>
</table>

For more information contact Riverside Public Health Department @ 951-358-5107
<table>
<thead>
<tr>
<th>Disease or Suspected Disease to Be Reported Within One (1) Day of Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebiasis</td>
</tr>
<tr>
<td>Babesiosis</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
</tr>
<tr>
<td>Chicken pox (only hospitalizations and deaths)</td>
</tr>
<tr>
<td>Colorado Tick Fever</td>
</tr>
<tr>
<td>Conjunctivitis Acute Infectious of the Newborn, Specific Etiology</td>
</tr>
<tr>
<td>Cryptosporidiosis+</td>
</tr>
<tr>
<td>Encephalitis+ Specific Etiology: Viral, Bacterial, Fungal, Parasitic</td>
</tr>
<tr>
<td>Food-borne Disease</td>
</tr>
<tr>
<td>Haemophilus influenzae, Invasive Disease &lt;15 years of age</td>
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<tr>
<td>Hepatitis A+</td>
</tr>
<tr>
<td>Listeriosis+</td>
</tr>
<tr>
<td>Malaria+</td>
</tr>
<tr>
<td>Measles+ (Rubeola)</td>
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<tr>
<td>Meningitis Specify Etiology: Viral, Bacterial, Fungal, Parasitic</td>
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<tr>
<td>Pertussis (Whooping cough)</td>
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<tr>
<td>Poliomyelitis, (paralytic)</td>
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<tr>
<td>Psittacosis</td>
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<tr>
<td>Q Fever</td>
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<tr>
<td>Relapsing Fever</td>
</tr>
<tr>
<td>Salmonellosis (Other than Typhoid Fever)</td>
</tr>
<tr>
<td>Shigellosis</td>
</tr>
<tr>
<td>Streptococcal Infections</td>
</tr>
<tr>
<td>• Outbreaks of any type and individual cases in Food Handlers and dairy workers only</td>
</tr>
<tr>
<td>• Invasive group A streptococcal infections, including necrotizing fasciitis</td>
</tr>
<tr>
<td>Syphilis+</td>
</tr>
<tr>
<td>Trichinosis</td>
</tr>
<tr>
<td>Tuberculosis+</td>
</tr>
<tr>
<td>Typhoid Fever (cases and carriers)</td>
</tr>
<tr>
<td>Vibrio Infections+</td>
</tr>
<tr>
<td>Water-associated Disease (swimmers itch or hot tub rash)</td>
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<tr>
<td>West Nile Virus</td>
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<tr>
<td>Yersiniosis</td>
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<table>
<thead>
<tr>
<th>Disease to Be Reported Within Seven (7) Days</th>
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<tbody>
<tr>
<td>Acquired Immune Deficiency Syndrome (AIDS)</td>
</tr>
<tr>
<td>Alzheimer's Disease and Related Conditions</td>
</tr>
<tr>
<td>Chancroid</td>
</tr>
<tr>
<td>Chlamydial Infections</td>
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<tr>
<td>Coccidioidomycosis</td>
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<tr>
<td>Cysticercosis</td>
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<tr>
<td>Disorders Characterized by Lapses of Consciousness</td>
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<tr>
<td>Echinococcosis (Hydatid Disease)</td>
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<tr>
<td>Ehrlichiosis (HGE)</td>
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<tr>
<td>Giardiasis</td>
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<tr>
<td>Gonococcal Infections</td>
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<tr>
<td>Hepatitis B Cases &amp; Carriers (Specify)</td>
</tr>
<tr>
<td>Hepatitis C (Acute or Chronic)</td>
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<tr>
<td>Hepatitis Delta (D)</td>
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<tr>
<td>Hepatitis, other, acute</td>
</tr>
<tr>
<td>Kawasaki Syndrome</td>
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<tr>
<td>Legionellosis</td>
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<tr>
<td>Leprosy (Hansen's Disease)</td>
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<tr>
<td>Leptospirosis</td>
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<tr>
<td>Lyme Disease</td>
</tr>
<tr>
<td>Mumps</td>
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<tr>
<td>Non-Gonococcal Urethritis (Excluding laboratory confirmed Chlamydial Infections)</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (PID)</td>
</tr>
<tr>
<td>Reye Syndrome</td>
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<tr>
<td>Rheumatic Fever, Acute</td>
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<tr>
<td>Rocky Mountain Spotted Fever</td>
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<tr>
<td>Rubella (German Measles)</td>
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<tr>
<td>Rubella Syndrome, Congenital</td>
</tr>
<tr>
<td>Tetanus</td>
</tr>
<tr>
<td>Toxic Shock Syndrome</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
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<tr>
<td>Typhus Fever</td>
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</tbody>
</table>
The transition of healthcare delivery from acute hospitals to outpatient (ambulatory care) settings, along with ongoing outbreaks and patient notification events, has demonstrated the need for greater understanding and implementation of basic infection prevention guidance. Center for Disease Control (CDC) guidelines are available at: http://www.cdc.gov/HAI/prevent/prevent_pubs.html

Over the years we have seen the shift in healthcare delivery from the acute, inpatient hospital setting to a variety of ambulatory and community-based settings. Ambulatory care is provided in hospital-based outpatient clinics, nonhospital-based clinics and physicians’ offices, ambulatory surgical centers and other specialized settings. Ambulatory care is defined as care provided in facilities where patients do not remain overnight.

All settings, regardless of the level of care provided, must make infection prevention a priority. This section will provide basic infection prevention and control recommendations for the outpatient ambulatory settings.

**Fundamentals**

1. Education – ongoing education and training of healthcare personnel (HCP) is critical for ensuring that infection prevention policies and procedures are understood and followed such as:
   a. Basic principles and practices for preventing infections.
   b. HCP safety (e.g. OSHA Bloodborne pathogen training)
   c. Job or task specific infection prevention education.
   d. Education should be on hire and annually thereafter.

2. Perform regular audits and competency evaluations of HCP adherence to infection prevention practices such as:
   a. Hand hygiene compliance
   b. Adherence to environmental cleaning
   c. Waste stream compliance

3. Adhere to Local Health Department (LHD) requirements for “reportable diseases” and outbreak reporting (see section 10 for the list of reportable diseases).

**Standard Precautions**

Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting. These practices are designed to both protect HCP and prevent HCP from spreading infections among patients.

**Standard Precautions** include 1) hand hygiene, 2) use of personal protective equipment (PPE) 3) safe injection practices 4) safe handling of potentially contaminated equipment or surfaces in the patient environment and 5) respiratory hygiene/cough etiquette.
Hand Hygiene
Good hand hygiene, including use of alcohol based hand rubs (ABHR) is critical to reduce the risk of spreading infections in the ambulatory setting. Use of ABHR as the primary mode of hand hygiene in healthcare settings is recommended by the CDC and the World Health Organization (WHO) because of its activity against a broad spectrum of pathogens, and because compared with soap and water, use of ABHR can increase compliance, require less time, causes less irritation to the hands and facilitates hand hygiene in the presence of the patient.

For these reasons, ABHR is the preferred method except when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus), in which case soap and water should be used. (See section 5 for more details).

Personal Protective Equipment (PPE)
PPE refers to wearable equipment intended to protect HCP from exposure to or contact with infectious agents. Examples include gloves, gowns, face masks, respirators and goggles. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents. All HCP should be educated regarding proper selection and use of PPE. Hand hygiene is always the final step after removing and disposing of PPE. (See section one for more detail)

- Remove and discard PPE before leaving the patient’s room or area.
- Wear gloves for potential contact with blood, body fluids, mucous membranes, non intact skin or contaminated equipment.
- Do NOT wear the same gloves for the care of more than one patient.
- Perform hand hygiene immediately after removing gloves.
- Wear a gown to protect skin and clothing during procedures where contact with blood or body fluids is anticipated.
- Do NOT wear the same gown for the care of more than one patient.
- Wear mouth, nose and eye protection during procedures likely to generate splashes or sprays of blood or other body fluids.

Complete guidance on the appropriate selection of PPE, including one approach for donning and removing PPE is available through the 2007 Guideline for Isolation Precautions available at: http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
Transmission Based Precautions
Most pathogenic microorganisms are spread in the ambulatory care setting through contact, droplet, or airborne transmission.

Contact Transmission
Contact transmission is the most important mode of transmission of spread of microorganisms in the healthcare setting. Direct contact transmission occurs when person-to-person contact results in the transfer of organisms from the infected or colonized person to a susceptible person. Indirect contact transmission occurs when an intermediate object, such as a contaminated needle, instrument, or hands of HCP transfers organisms to a susceptible host.

- If the diagnosis is suspected prior to arrival, place the patient in a private room on arrival.
- Wear gloves for any patient contact or contact with items that touched the patient. Remove gloves and wash hands before leaving the room.
- Wear a gown if clothing will have contact with the patient or if working close to the patient.
- Wipe down all equipment that had patient contact or that is potentially contaminated with blood or body fluid with a disinfectant.

Droplet Transmission
Droplet transmission occurs primarily from persons infected with upper respiratory viruses. Infectious droplets are generated from the infected person during coughing, sneezing and talking. Droplets are propelled through the air for a short distance then fall to the floor or other environmental surfaces. Transmission occurs when infectious droplets contact the mucous membranes or conjunctiva of a susceptible host.

- If the diagnosis is suspected prior to arrival, place the patient in a private room on arrival.
- Post sign on the examination or procedure room door to notify staff of required precautions.
- Wear a standard mask when working within 3 feet of the patient.
- Place a standard mask on the patient to minimize droplet dispersal if it is necessary to transport the patient.

Airborne Transmission
Airborne transmission occurs when airborne droplet nuclei are carried through the air from an infected person and inhaled by a susceptible host. Droplet nuclei are tiny evaporated respiratory droplets that can float in the air for long periods of time and can be disseminated in air currents or ventilation systems.

- Patients with potentially communicable disease (i.e. chicken pox or measles) should be identified upon arrival. This may occur through pre-notification by phone when making an appointment,
observation by a reception or clinical staff, via a sign notifying patients of the importance of communication this information.

- Place patients known to have a disease spread by the airborne route in a private room immediately upon arrival. The door must remain closed except during use by staff.
- Post sign on the examination or procedure room door to notify staff of required precautions.
- A standard mask should be worn by staff when in the same room.
- Place a standard mask on the patient to minimize droplet dispersal if it is necessary to transport the patient.

### Examples of Modes of Transmission for Common Agents

<table>
<thead>
<tr>
<th>Mode of Transmission</th>
<th>Common Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne</td>
<td>Chicken pox</td>
</tr>
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<td></td>
<td>Measles (rubeola virus)</td>
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<td></td>
<td>Tuberculosis</td>
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<td>Contact</td>
<td>Enteric pathogens</td>
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<td>VRE</td>
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<td></td>
<td>MRSA</td>
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<td></td>
<td>Clostridium difficile</td>
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<tr>
<td>Droplet</td>
<td>Influenza</td>
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<td></td>
<td>Respiratory syncytial virus (RSV)</td>
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<tr>
<td></td>
<td>Rubella (German measles)</td>
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</table>

See section 4 for more information

### Patient Assessment and Triage

Due to the nature of ambulatory settings, patients and visitors are often congregated in common waiting areas. The primary risk factor for disease transmission attributed to common waiting areas are diseases passed via the airborne or droplet route. Therefore, patients should be assessed as soon as possible, consider entering through a separate entrance, and go directly to the examination or procedure room.

If a patient has a fever or rash, schedule the appointment at the end of the day or during times of the day when few patients are present.

### Triaging

Initial triage may start when the appointment is scheduled. On arrival, symptoms to evaluate may include productive cough, diarrhea, undiagnosed rash, bleeding and wound or eye drainage. Patients with these conditions should be placed in a separate exam room as soon as feasibly possible. Educate reception staff to alert clinical staff member if a patient presents with a severe cough or rash.

Patients with coughs or respiratory symptoms should be provided tissues and instructed to cover coughs and sneezes with a tissue. See section 6 “Respiratory Hygiene Cough Etiquette” for more information
Environment Cleaning
Surfaces such as examination tables, countertops, floors and public areas (i.e. waiting rooms and restrooms) need to be cleaned immediately after soiling with blood or body fluids.

In addition, these surfaces need to be cleaned at regular intervals, depending on use and function. Generally these areas are done daily, however if patient load is heavy, several times a day may be necessary.

Surfaces in contact with intact skin of the patient or HCP, such as examination tables, baby scales, blood pressure cuffs, stethoscopes, and examination lights should be cleaned when soiled and on a routine basis.

If clean paper is used on the examination tables and baby scales between each patient, these surfaces can be cleaned daily and when visible soiled. For cleaning:
- Use EPA approved disinfectant
- Clean from cleanest to most soiled areas.
- Allow cleaning product to remain moist for contact duration based on manufacturer’s recommendation, also known as “dwell time”
- Allow disinfectant to dry, do not wipe off.
- KP Riverside uses the following approved germicide wipes that have a 3 Minute contact time.

General Cleaning Germicide

Bleach based product

Cleaning and Disinfection for Medical Equipment
All reusable medical equipment must be cleaned and maintained according to the manufacturer’s instructions. Written instructions should be developed for reprocessing guidelines. They provide references for orientation and training of HCP, help ensure reprocessing consistency, and can be used to develop competencies.

- Facilities should ensure that reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, surgical instruments, endoscopes) is cleaned and reprocessed appropriately prior to use on another patient.
- Assign responsibility for reprocessing of medical equipment to HCP with appropriate training.
- Maintain copies of the manufacturer’s instructions for reprocessing of equipment.
• Observe procedures to document competencies of HCP responsible for equipment reprocessing upon assignment of those duties and on an ongoing periodic basis.
• Assure HCP have access to and wear appropriate PPE when handling and reprocessing contaminated equipment.

**Cleaning of Instruments**
Meticulous cleaning is one of the most important steps in instrument reprocessing. Before instruments are disinfected or sterilized, they must be cleaned thoroughly. Presence of soil or organic matter may not allow penetration of the disinfectant or sterilant to the surface of the item. Cleaning removes this debris, reduces the quantity of microorganisms and renders the item safe to handle.

**Disinfection/Sterilization**
Choosing the appropriate disinfectant and reprocessing method depends on a number of factors:

- Where the device fits on the Spaulding Classification
- Manufacturer’s recommendations
- Level of contamination of the device
- FDA clearance (510K) for safety and efficacy of liquid chemical disinfectants/sterilants intended for use on critical and semi-critical items
- Environmental Protection Agency (EPA) clearance for disinfectants intended for use on noncritical items

<table>
<thead>
<tr>
<th>Classification</th>
<th>Examples</th>
<th>Process</th>
<th>Product</th>
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</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Needles, scalpels, biopsy forceps</td>
<td>Sterilization</td>
<td>Sterilant/disinfectant</td>
</tr>
<tr>
<td>Semi-critical</td>
<td>Flexible and rigid endoscopes, laryngoscopes, vaginal specula</td>
<td>High level disinfection</td>
<td>Sterilant/disinfectant</td>
</tr>
<tr>
<td>Noncritical</td>
<td>Stethoscopes, tabletops, blood pressure cuffs, exam tables</td>
<td>Intermediate or low level disinfection</td>
<td>Hospital disinfectant</td>
</tr>
</tbody>
</table>
Injection Safety
Injection safety includes practices intended to prevent transmission of infectious disease between one patient and another, or between a patient and HCP.

- Use aseptic technique when preparing/administering medications.
- Cleanse access diaphragm of medication vials with 70% alcohol before inserting a device into the vial.
- Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of IV tubing.
- Do not reuse a syringe to enter a medication vial or solution.
- Do not administer medications from a single dose/use vial, ampoule, or bag or bottle of IV solution to more than one patient.
- Do not use fluid/administration sets for more than one patient.
- Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area.

Surgery Specific Prevention Strategies
Infection prevention strategies are the same in any surgical procedure, regardless of the setting.

- Antisepsis for surgical team members
- Management of infected or colonized surgical personnel
- Antimicrobial prophylaxis
- Surgical attire and drapes
- Asepsis and surgical technique
- Sterilization of surgical instruments
- Cleaning of environment
- Provision of safety devices and safe sharps handling procedures

Storage
Clean or Sterile items

- Disinfected and sterile supplies must be stored in a manner that will prevent contamination. Supplies must be protected from water damage and dust. If stored in a dedicated clean storage room, open shelving is acceptable. Clean items must be stored away from the splash zone around a sink and must not be stored under a sink.
- Clean should be separated from sterile to avoid using a non-sterile tem when a sterile item is needed.
- The bottom shelf should be covered or items stored in clean bins on the shelf to protect from damage or soiling during cleaning of the floor under the shelves.
- Items should be removed from shipping boxes before storage to prevent contamination with soil/debris that might be in or on the packing container.
- Linen must be covered at all times to prevent potential soiling from traffic.
- Clean items such as examination gloves should be stored away from the “splash zone” around the sink.
- Sterile items should be stocked and rotated “first in, first out”.
- Instruments should not be stored in disinfecting solution, but rinsed and dried.
- Supplies and instruments must not be pre-set up or left on counter tops or stands. These items must be set up immediately prior to use.
- For sterile procedures such as surgery or central line insertions, aseptic technique must be used and a sterile field must be maintained.

**Additional Information**

**Antibiograms**
Antibiograms may be viewed at:
http-kpnet.kp.org-california-scpmg-kpid-public-abgram-abgram_riv.htm

**Employee Health**
Annual / Periodic Health Evaluation is used to determine that HCP are currently free of infection and able to perform their assigned duties.
- Consists of one or more questionnaires, a TB skin test (if previously negative) and N95 mask fit testing.
- To be completed during the month prior to the HCP’s anniversary month of hire.
- When screening is completed a certificate of completion is placed in their personnel file.
- If screening is not completed, the employee’s name is sent on “Delinquent List” to the Hospital or Medical Group Administrator.

**Infection Control Policy and Procedure Manual**
The Infection Control Manual is available in hard copy in all units/clinics. An electronic version is also available on the “shared S Drive”. The Manual can be accessed at:

*S*:Infection Control – IC Manager: IC Manual

**Further Questions**
For additional information, or if you have more questions, please contact any of the departments listed on the first page.
Spotlight On Safety

DIRECTIONS:
To complete your required SOS newsletter you will need to:
1. Read this publication.
2. Complete the post-test and return to the Department of Education.
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KP Mission

“Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve.”

KP VISION

Values: What Guides Our Behavior

An organization’s values guide decision-making behavior.

<table>
<thead>
<tr>
<th>How We Relate to Each Other</th>
<th>Integrity</th>
<th>We build long-term relationships by doing what’s right.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Partnership</td>
<td>We were born of a revolutionary partnership, and we live out that legacy in the way we do business every day.</td>
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<td></td>
<td>Diversity</td>
<td>We are richly diverse and cherish what we learn from one another.</td>
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<tr>
<th>How We Work</th>
<th>Accountability</th>
<th>We step beyond our boundaries to take responsibility for our organization’s success.</th>
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<td>Flexibility</td>
<td>We adapt quickly to address the changing needs of our customers.</td>
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<td></td>
<td>Innovation</td>
<td>We find the courage to take calculated risks.</td>
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<th>How We Define Success</th>
<th>Quality</th>
<th>We hold quality as our highest priority.</th>
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<td>Service</td>
<td>We care about everyone like family.</td>
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<td></td>
<td>Results</td>
<td>We honor each other and our values as we produce results.</td>
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KP’s Service Quality Credo:

Our Cause is Health.

Our Passion is Service.

We’re Here to Make Lives Better.
**Take five and Thrive** have an Instant Recess®

Instant Recess® is a 5-10 minute workout that can be done by anyone, in almost any environment, and any attire. The workout is up to you, it can consist of simple, easily replicated, low-impact, moderate intensity movements, usually performed to music for example: walking, dancing, stretching or cardio. It has been proven to increase physical activity and decrease work injuries. Resources to start an Instant Recess for your department are available on the shared drive in the HealthyWorkforce folder.

Riverside Instant Recess Videos are available on the Riverside share drive under the Healthy Workforce folder or you can find more information at: Kp.org/healthyworkforce

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**Total Health Incentive Plan Rewards KP Employees for Being Healthy**

As part of the 2012 National Agreement, Kaiser Permanente and the Coalition of Kaiser Permanente Unions designed the Total Health Incentive Plan, an innovative program to help improve employee health, maintain our benefits by stabilizing what we spend on health care costs — and make cash rewards available if the program is successful.

The plan starts January 1, 2014, and builds on Kaiser Permanente’s strategy to support health and wellness at work. The Total Health Incentive Plan is thought to be the first of its kind: It rewards the collective improvement in workforce health, protects individual privacy and uses only carrots, no sticks, to get results.

Specifically, it gives KP employees a financial incentive to:

- Complete the Total Health Assessment
- Maintain up-to-date biometric screenings
- Maintain or make improvements on four health risk factors: smoking, body mass index (BMI), blood pressure, and cholesterol levels.

The Total Health Incentive Plan applies to benefits-eligible Union Coalition-represented and non-represented employees, including managers, and exempt and nonexempt employees.

The plan has three parts, with a maximum bonus opportunity of $500 for 2014. The first two are gates that must be met to achieve the full bonus amount. Progress will be measured and payments made on a regional basis.

1. To achieve Gate One, 75 percent of eligible employees in a region must take the Total Health Assessment between January 1, 2012, and December 31, 2014. If a region meets this gate, a bonus of $150 will be paid no later than February 28, 2015.
2. To achieve Gate Two, 85 percent of eligible employees must be up-to-date on biometric screenings between January 1, 2013, and December 31, 2014. If a region meets this gate, a bonus of $150 will be paid no later than September 30, 2015.
3. If the region meets both of those gates, eligible employees can earn an additional $200 bonus if the region sees average improvement of at least 1.7 percent across the four biometric factors to be measured: smoking, cholesterol, blood pressure, and BMI, with no decline in any of the individual risk factors.

As your employer, Kaiser Permanente will not receive any of your personal biometric information or your Total Health Assessment results. The incentive is measured on collective achievement, biometric data is reviewed in the aggregate, and individual names are not associated with the data. All personal information remains confidential and in compliance with all HIPAA and applicable state privacy laws.

To find resources to help you be your healthy best in mind, body and spirit (and cholesterol, blood pressure, BMI, and smoking cessation) visit the Total Health Incentive Plan: Resources page on "My HR."
The Library is located on the lower level (across from Central Services) to provide quality service and convenient access to information that supports the research and educational needs of both physicians and staff. It has Wi-Fi for your convenience. Hours are 8-4:30 M-W-F. Available from your desktop is the Kaiser Permanente information online system—Clinical Library—linking you to a variety of databases. Use the Ask-a-Librarian tab from the home page to submit your requests to a librarian.

Kaiser Permanente Libraries Online Catalog - KPLibraries is a Web-based inventory of all the KP libraries' holdings available to physicians and employees.

KP Learn - KP Learn is Kaiser Permanente's Enterprise-wide learning management system available to all KP employees, physicians, and contingent workers.

Lippincott's Nursing Procedures and Skills - Contains over 1,000 procedures and skills that are in full compliance with nursing practice standards and the guidelines of The Joint Commission and the American Association of Critical Care Nurses; nearly one thousand full-color images and videos.

Nursing Pathways - A collection of national, regional, and local programs and initiatives providing nurses with the tools to enrich career practice

Ambulatorypractice.org
The Workplace Safety Steering Committee (WPSSC) leads the efforts at Riverside Medical Center Area to translate the WPS strategic direction into effective and sustainable WPS processes and actions. To do this, they develop, establish, monitor, maintain and improve all CWPSS processes at RMC Area. These processes are:

- **Incident Investigation**: Prevents recurrence
- **Safety Observation**: Identifies hazards and implements solutions
- **Rules & Procedures**: Establishes safe work processes and expectations
- **Activities & Involvement**: Engages staff in order to drive safety culture
- **Performance Management**: Evaluates data to ensure performance

With guidance from the WPSSC, senior and departmental leaders will implement, sustain and actively participate in these WPS processes within their areas of responsibility.

The chairs of the WPSSC are the recognized WPS leaders. Members of the committee include both Labor and Management Leaders along with others who are chairs of the subcommittees of the WPSSC. The WPSSC may draw on Subject Matter Experts (SMEs) and others to help plan, facilitate and guide WPS efforts.

The WPSSC will consider all available WPS information including, but not limited to, WPS performance, strategic direction and plans and other input from the WPS Strategy Group and LMP Council, reports from departments and senior leaders, reports from WPS subcommittees and feedback from Unit Based Teams (UBTs).

A regular monthly WPSSC meeting is conducted to ensure that barriers are identified and appropriate solutions are implemented in order to allow for successful operation of the workplace safety program. Strategic decisions are also made as well as ongoing communications with site leaders, employees and department/unit WPS teams to fulfill their roles.

### Safety Observations

**What is a safety observation and why do we have them?**

Safety observations are a proactive way to prevent injuries by observing staff in their natural work environment. Observations are performed in partnership by trained management and labor leaders. Safety observations support caring for KP staff and members. Working safely is consistent with KP values and allows us to Thrive! Reducing injuries allows for consistent staffing levels and enables cost reduction benefits.

### What do I need to do?

Be prepared to have a conversation with the team about your work and the work environment. They will look for safe behaviors that you exhibit and talk with you about at-risk behaviors. Remember: their goal is to keep you injury-free. Before leaving, they will ask if you have any safety concerns. That’s it!

Safety observations will be conducted throughout the year. Please remind your colleagues to be injury-free so that you’re free to do the things you like outside of work.

Allen Jones (RMC) 951-353-5456
Safety Hot-Line (RMC ext. 3626)

### They focus on producing:

- Effective and sustainable WPS processes
- WPS processes which are integrated within CWPSS and with other WPS initiatives (e.g. UBTs, WPS Peer Groups and ergonomics standards)
- Increased WPS awareness and involvement of employees and physicians through active participation in WPS processes and events
- Guidance and assistance to Labor and Management departmental leaders for implementing and sustaining the WPS processes
- A continuously improving WPS culture

### The 14 Points of CWPSS

<table>
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<tr>
<th><strong>Strong Leadership</strong></th>
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<tbody>
<tr>
<td>Visible, demonstrated commitment</td>
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<td>Clear, meaningful policies and principles</td>
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<tr>
<td>Challenging goals and plans</td>
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<tr>
<td>High standards of performance</td>
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<tr>
<th><strong>Appropriate Structure</strong></th>
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<tbody>
<tr>
<td>Everyone is responsible for injury reduction and safety</td>
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<tr>
<td>Active engagement by people who do the work</td>
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<tr>
<td>Line management accountability</td>
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<tr>
<td>Supportive safety staff</td>
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<tr>
<td>Integrated committee structure</td>
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<tr>
<td>Performance measurement and progressive motivation</td>
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<tr>
<th><strong>Focused Processes and Audits</strong></th>
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</thead>
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<tr>
<td>Thorough investigations and follow-up</td>
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<tr>
<td>Effective audits and re-evaluation</td>
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<tr>
<td>Effective communication processes</td>
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<tr>
<td>Safety management skills</td>
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### Culture of Safety

**What Does a Culture of Safety Look Like?**

- At Kaiser Permanente, safety is a core business and personal value.
- All injuries and all safety incidents are preventable: the goal is zero.
- Line managers are accountable for the safety performance of their employees.
- All employees are accountable for working safely.
- Prevention is more effective and sustainable than “post-injury” management.
- Safety feedback and observation are everyone's responsibility.
- Employee involvement is critical.
- Employees must receive appropriate training.
SAFETY CHECK POLICY

I. PURPOSE:
The purpose of this policy is to ensure that all healthcare workers are empowered to call a halt at any time they perceive that the safety of a patient or a healthcare worker may be at risk. This policy outlines a process for immediate intervention in any situation that poses a likelihood of harm to a patient or healthcare worker. Additionally, this policy reiterates standards for escalating concerns regarding patient and/or employee safety.

II. POLICY:
A. All healthcare workers have the authority and accountability to immediately intervene to protect the safety of patients and/or healthcare workers.
B. All participants involved will immediately stop current action when they hear “Safety Check!” and respond by reassessing the safety concern about a patient/member or worker.

III. DEFINITIONS:
A. Healthcare worker: Any physician, Kaiser Permanente employee, contract worker, volunteer, or student working at a Kaiser Permanente facility.
B. Potentially Unsafe Event: any situation that a healthcare worker perceives as a potential risk to a patient or healthcare worker and warrants immediate intervention/reassessment.

IV. PROCEDURE:
A. The goal is to immediately intervene when an unsafe safety practice is observed.
B. The healthcare worker who identifies a potential safety risk will notify the other healthcare worker(s) involved by stating “Safety Check!” This action will immediately stop the action/practice so that the situation can be reassessed by the worker/team.
C. Safety Check! can be called by any person in the organization and will be respected by ALL present.
D. The process will stop immediately and the team leader, formal or informal, assumes the responsibility to hear the concern and to facilitate a conversation that leads to resolution BEFORE continuing with the potentially unsafe act.
E. Ideally, this collaboration occurs in an area that will not be overheard by the patient/member. A team member ALWAYS stays with the patient if the team moves away.

V. ISSUE RESOLUTION:
A. If at any time the healthcare worker feels that appropriate action has not been taken and/or the concern has not been adequately addressed, he/she has the responsibility to escalate the issue along the chain of command until the concern is resolved to his/her satisfaction.
B. This ‘satisfactory resolution’ may occur when the healthcare worker receives an explanation which appropriately addresses the issue, answers his/her questions and relieves his/her concern.
C. Alternately, the issue raised by the healthcare member may trigger a change in work practices and this may result in the satisfactory resolution of the healthcare member’s concern.
D. In all cases, timely and appropriate care of the patient/member or healthcare worker is the first priority, followed by resolution of the concern.

VI. ESCALATION OF CONCERN:
A. If the response to direct communication is inadequate to assure safety, the concern must be escalated.
B. This intervention must be carried out in a manner that maximizes timeliness and effectiveness in restoring patient and healthcare worker safety while minimizing intrusion into work processes.
C. Any member of the healthcare team (licensed, non-licensed, or physician) who has a concern regarding patient or healthcare worker safety is obliged to escalate the issue until the concern is resolved.
D. Healthcare worker safety concerns or conflicts that are not immediately or easily resolved should be escalated using the established chain of command:
   • Immediate Supervisor
   • Assistant Department Administrator
   • Department Administrator
   • Assistant Hospital/Medical Group Administrator
   • Administrator On-Call
   • Nurse Executive
   • Medical Department Chief (SCPMG)
   • Medical Group Chief Administrative Officer/Hospital Executive Director
PEOPLE WHO LIFT

Many people assume that back injuries are caused by lifting something too heavy even just once. However, experts agree that most episodes of back pain result from improper lifting techniques over a long period of time. To avoid these problems, one must learn how to lift properly. The first (and possibly the most important thing to do) is to test the load to see if it can be handled alone. Should a co-worker be called for help? Is a mechanical device like a cart, dolly or lift needed?

If the object is safe to handle alone:
- Hug the load. Bring it as close to you as possible and keep it there while lifting or lowering.
- Lift with your legs – your feet being about 18” apart.
- Keep the head up and the back straight while still maintaining the normal inward curve in the low back.
- Lift by bending and straightening your legs. The muscles of your hips and thighs are the longest and strongest muscles of the body.
- Avoid lifting heavy objects above your waist. If this is unavoidable, stop midway to put the object on a table. Reposition your body and hands and then proceed.
- Avoid twisting at the waist at all costs. The feet and the rest of the body should all be facing the same direction during the entire lift.
- Use step stools or ladders for what would ordinarily be an overhead lift.
- Minimize the carrying of loads. Use a cart or dolly. Your back will thank you at the end of the day.

More on material handling and lifting can be found at the ErgoInfo site: [http://insidekp.kp.org/ergoinfo](http://insidekp.kp.org/ergoinfo)

COMPUTER WORKSTATION USERS

Learn how to properly position your body at the computer workstation.

- Adjust the height of your chair so that your feet are flat on the floor and your elbow and knee angles are about 90 degrees (it is OK if your hips are slightly higher than your knees).
- The monitor should be about 18” to 24” inches in front of you at a height where your neck is neither bent forward nor extended back (eyes and ears should be level at all times). People with bifocal or progressive lenses usually find that the monitor needs to be lower for proper head positioning when viewing.
- Place the mouse in the same plane as the keyboard. Move the mouse with the entire hand/wrist in a straight line. You should not be able to see any wrinkles in the skin on either side of your wrist.
- Use a light touch when typing.
- Keep your workstation clutter free. Keep only frequently used items close by to avoid overreaching and awkward positions.
- Ensure adequate leg room under your workstation for stretching and occasional postural changes.

More on proper workstation arrangement can be found on [Stretch Break Pro](http://insidekp.kp.org/ergoinfo). This is a program that automatically appears on your screen to remind you to take short stretching breaks throughout the day. This program is available to all Kaiser Permanente employees at no charge. Call the HELP Desk at 8-330-1143 to have the program installed.
Each year we select clinical quality goals to help us improve the care we offer our members. We designate a subset of these Clinical Strategic Goals as Imperatives, our highest priorities for clinical improvement. A single principle continues to guide the group’s discussions. “Our most important goal is to promote good medical practice every day in our clinics and hospitals,” said Dr. Brookey. “The bottom line is that we want to provide the right care to our patients every time, without regard to whether they are Medicare patients, individual members, or part of an employer plan.”

<table>
<thead>
<tr>
<th>IMPERATIVE</th>
<th>BENCHMARK</th>
<th>2014</th>
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<tbody>
<tr>
<td><strong>Cancer Screening</strong></td>
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<tr>
<td>Breast Cancer Screening (Ages 52-69)</td>
<td>TBA</td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>TBA</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>TBA</td>
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<tr>
<td><strong>Chronic Conditions</strong></td>
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<tr>
<td>Diabetes</td>
<td>TBA</td>
<td></td>
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<tr>
<td>HbA1c ≤ 9.0%</td>
<td>TBA</td>
<td></td>
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<tr>
<td>HbA1c &lt; 8.0%</td>
<td>TBA</td>
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<tr>
<td>HbA1c Testing</td>
<td>TBA</td>
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<tr>
<td>Lipid Control (&lt; 100 mg/dL)</td>
<td>TBA</td>
<td></td>
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<tr>
<td><strong>Hospital Care</strong></td>
<td></td>
<td></td>
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<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td>TBA</td>
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<tr>
<td>Measures included in the <strong>SCIP Composite</strong> are:</td>
<td></td>
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<tr>
<td>♦ Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate</td>
<td></td>
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<tr>
<td>♦ Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate</td>
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<tr>
<td>♦ Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate</td>
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<tr>
<td>♦ Surgery Patients with Appropriate Hair Removal</td>
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<td>♦ Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period</td>
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<td>♦ Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</td>
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<tr>
<td>♦ Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</td>
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<tr>
<td><strong>Community - Acquired Pneumonia (CAP)</strong></td>
<td>TBA</td>
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<tr>
<td><strong>The CAP Composite</strong> now includes:</td>
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<td>♦ Pneumococcal vaccination</td>
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<td>♦ Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</td>
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<td>♦ Adult Smoking Cessation Advice/Counseling</td>
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<tr>
<td>♦ Initial Antibiotic Received Within 6 Hours of Hospital Arrival</td>
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<tr>
<td>♦ Initial Antibiotic Selection for CAP in Immunocompetent – ICU Patient</td>
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<tr>
<td>♦ Initial Antibiotic Selection for CAP in Immunocompetent - Non-ICU Patient</td>
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<tr>
<td><strong>Maternal and Pediatric Care</strong></td>
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<tr>
<td>Prenatal Care</td>
<td>TBA</td>
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<tr>
<td>Childhood Immunization <strong>Combo 3</strong></td>
<td>TBA</td>
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<tr>
<td>Well-Child Visits 6 visits within 1st 15 months</td>
<td>TBA</td>
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<tr>
<td><strong>Smoking Cessation</strong></td>
<td></td>
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<tr>
<td>Advised Smokers to Quit</td>
<td>TBA</td>
<td></td>
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<tr>
<td>Offered Strategies or Meds</td>
<td>TBA</td>
<td></td>
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</tbody>
</table>
Goal 1: IDENTIFY PATIENT CORRECTLY: Use at least 2 patient identifiers (Name & MRN) - Administrative Policy # 03-169

- Administering medications, blood, or blood components
- Label containers used for blood and other specimens in the presence of the patient
- Transfusions require a two licensed person check (one RN and one licensed person qualified to give transfusions, one must administer the blood)

Goal 2: IMPROVE STAFF COMMUNICATION: Improve the effectiveness of communication among caregivers - Administrative Policy # 03-038

- Report critical results of test and diagnostic procedures on a timely basis:
  - All critical tests and critical results must be communicated as soon as possible to a provider who can make decisions about the values AND documented.
  - When paging a provider to give results, escalate if a response is not received in a timely manner (within 60 minutes).

Goal 3: IMPROVE THE SAFETY OF USING MEDICATIONS: Administrative Policy (see below for number)

- NPSG 03.04.01 Label all medications and containers, or other solutions on and off the sterile field - (Policy #03-073)
  - In all procedural settings, including perioperative, medication or solutions labels must include the following: 1) Medication name, 2) Strength, 3) Quantity, 4) Diluent and Volume, 5) Expiration date and time, 6) The preparer’s initials.
  - Label all medications, medication containers (for example, syringes, medicine cups, basins) or other solutions on and off the sterile field.
  - Label all medications, medication containers (for example, syringes, medicine cups, basins) or other solutions on and off the sterile field.
  - Label each medication or solution as soon as it is prepared (removed or transferred from original packaging), unless it is immediately administered.
  - Immediately discard any medication or solution found unlabeled.
  - Verify all medications or solution labels against the original vial or ampule both verbally and visually. To be performed by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.

- NPSG 03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy - (See Anti-coagulation Protocol Pharmacy Manual)
  - Use only oral unit dose products, prefilled syringes, or premixed infusion bags when these types of products are available
  - NOTE: For pediatric patients, prefilled syringe products should be used only if specifically designed for children
  - Use approved protocols for the initiation and maintenance of anticoagulant therapy.
  - Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy.
  - Use programmable pumps to provide consistent and accurate dosing when heparin is administered intravenously and continuously

- NPSG 03.06.01 Maintain and communicate accurate medication information - (Policy # 03-130)
  - Use have protocols to provide consistent and accurate dosing when heparin is administered intravenously and continuously
  - Verify all medications or solution labels against the original vial or ampule both verbally and visually. To be performed by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.

Goal 6: USE ALARMS SAFELY- 03-024

- NPSG .06.01.01 Make improvements to ensure alarms on medical equipment are heard and responded to on time.

Goal 7: REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS- See Infection Control Manual

- NPSG 07.01.01 Meet Hand Hygiene Guidelines (CDC, WHO):
  - Before and after having direct contact with patients (and after glove removal)
  - Before performing an aseptic task
  - After exposure to blood or body fluids
  - After patient contact (and after glove removal)
  - After contact with the patient’s surroundings
  - Wash for 15 seconds when visibly soiled or contaminated; otherwise use waterless alcohol based hand rub

- NPSG 07.03.01 Implement evidence-based & best practices to prevent health care associated infections due to multi-drug resistant organisms
- NPSG 07.04.01 Implement evidence-based & best practices to prevent central line associated blood stream infections
- NPSG 07.05.01 Implement evidence-based & best practices to prevent surgical site infections
- NPSG 07.06.01 Implement evidence-based & best practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

Goal 15: IDENTIFY AND RESPOND TO RISK FOR SUICIDE- Administrative Policy # 03-068

- Carefully assess patients with primary diagnosis or primary complaint of an emotional behavior disorder for risk of suicide
- Provide immediate safety for those at risk.
- Provide suicide prevention information (such as crisis hotline number) to patient/family prior to discharge

Follow the UNIVERSAL PROTOCOL-Administrative Policy # 03-250

- Conduct a pre-operative verification process (correct patient, correct procedure, and correct site)
- Mark the procedure site (done by a licensed independent practitioner performing the procedure)
- Identify the items that must be available for the procedure e.g., consent, H&P, test results, images/scans, blood or blood products
- Perform a Time-Out immediately prior to starting procedures
- Document the Universal Protocol and Time-Out
INTERPRETATION - SPOKEN LANGUAGE

1. KP must provide interpretation services that are free of charge and available 24 hours/day, 7 days/week.
2. KP staff must always offer patients free interpreter services and document the use or refusal of such services.
3. Members/Patients may not be asked to bring their own interpreter.
4. The use of adult family member and/or friends as interpreters is highly discouraged. A patient may opt to use a family member or friend (age 18 or over) to interpret. However, a Provider can elect to have a qualified interpreter present to ensure effective communication. The patient’s preference must be documented in the medical record, which includes the name and association of the member’s interpreter.
5. Minor children should not be used as interpreters except in extraordinary situations such as medical emergencies where any delay could result in harm to a member/patient, and only until a qualified interpreter is available. Use of a minor child for interpretation under these circumstances should be documented in the medical record.

KP provides oral language assistance through the following:

6. Qualified Bilingual Staff (QBS) are KP employees qualified, through testing and training, to provide language assistance.
   • QBS Level 1 - use language skills in non-clinical situations that require only conversational language to use within their regular job or by providing language assistance for another individual. Ability to provide language assistance in customer service related encounters where understanding of medical terminology/concepts is not required. L1's must never be used to interpret/use medical terminology in a clinical encounter (situation of treatment and/or diagnosis).
   • QBS Level 2 - speak well enough to function in most business and/or clinical settings that require a greater level of fluency including medical terminology. Ability to provide language assistance in clinical settings where understanding of medical terminology/concepts is required within their regular job or for another individual. Any terminology that can change the clinical outcome for a member/patient should be interpreted by a L2.
   • Non-QBS staff - All KP employees may greet and assist members/patients with getting to their destination in the member's target language (e.g., Spanish), even if the employee does not have a QBS designation. If the conversation goes into the scope of a QBS Level 1 or Level 2, then the non-QBS employee is asked to transition the patient/member to a QBS employee to further assist in the patient's target language.
   • QBS badge - QBS staff must wear appropriate QBS badge identifying their level of qualification.

7. Approved Vendors – Outside Contractors - KP has contracted with a list of vendors to provide quality interpretation services.
8. Language Concordance Program – Patients can be linked to physicians who speak their language.
9. For complaints and/or issues regarding interpreter services, contact your CRC Designee – Christina.X.Buendia@kp.org 951-353-6912, tie 261
10. Every staff member is responsible to know how to locate/obtain language services and know where and how to correctly document the use and/or refusal of such services in the patient’s medical record. If you don’t know how to see your Manager.

C&L APPROPRIATE REFERRALS

Kaiser Permanente must provide culturally and linguistically appropriate community referrals. See your Manager for more information.

DOCUMENTATION – CULTURAL AND LINGUISTIC

The following must be documented in the patient’s medical record:

• Language preferences (written, spoken and interpreter need) for obtaining health/medical care services
• The use or refusal of interpreter services at each encounter
• The vendor’s or QBS’ name and I.D. number or the family/friend’s name/association when providing interpreter services
• Language preferences (written, spoken and interpreter need), as applicable, of the patient’s caregiver, guardian or legal decision maker
• Race and ethnicity (as self-identified by the patient)
• If the patient is a minor, incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

TRANSLATION SERVICES – See Next Page

VISITATION

Kaiser Permanente hospital visitation policy allows a family member, friend, or other individual, of the patient’s choice, to be present with the patient for emotional support during the course of stay.

ALTERNATIVE FORMAT SOLUTIONS

The Hearing Impaired

Pocket Talkers – A device for the hearing impaired that amplifies sound, i.e. a person's voice. For hospital they can be obtained by contacting the house supervisor. Many departments have these (check with your manager), as well as the Wellness Resource Center. Utilization should be logged.

TTY/TDD - A Teletypewriter (TTY), also known as a Telecommunications Device for the Deaf (TDD), is an electronic device for text communication via a telephone line, used when one or more of the parties have hearing or speech impairment. One can be found on each floor near the payphones. For MVCH contact the house supervisor. Utilization should be logged.

CA Relay Service – From your standard telephone dial 9-711 or 1-866-461-4288 to reach specially-trained Communication Assistants to relay conversations between deaf, hard of hearing, or speech-loss individuals.

VRS – Video Relay Service (VRS) allows the deaf and hard-of-hearing community to communicate with both deaf and hearing family, friends or business contacts using video relay service to place and receive calls with a professional American Sign Language (ASL) interpreter via videophone or computer and a high-speed internet connection. For patients use only. Not to be used to provide interpretation for business needs. This service is regulated by the Federal Communications Commission (FCC). Available to both RIV & MVCH inpatients. RIV staff can contact Engineering x3243 (after hours contact: x3107 or the operator) to install.

VRI – Video Remote Interpreting (VRI) is a fee based interpreting service conveyed via internet while the interpreter is accessed via webcam at another location. This service is not regulated and can be used to access interpreter services on-demand.

The Visually Impaired

Large Print – improves communication with members who have low vision. Can be found at the Wellness Resource Center.

Audio Solutions - Text-to-Audio creates audio information from electronic text. Can be found at the Wellness Resource Center.

Braille - Documents in Braille are available upon member’s request.

Note: Every staff member is responsible to know how to locate/obtain and use the above devices - see your Manager.
CULTURALLY RESPONSIVE CARE GUIDE
APPROVED LANGUAGE ASSISTANCE CONTACTS

FACE-TO-FACE - INTERPRETATION SERVICES

Qualified Bilingual Staff (QBS) – QBS or face to face interpreters should especially be used where visual cues are important, for sensitive or complex visits, Mental Health services, physical or visual components, or if multiple limited English speaking individuals are present.

- Staffing can assist in finding QBS staff scheduled to work
- QBS Listing - For a current list of QBS employees, locations and levels:
  - Go to My HR > KP & ME tab, select "Diversity" go to "Qualified Bilingual Staff Listings” link under Diversity Resources, where you will find the QBS IDENTIFIER WEBSITE.
  - QBS Staff Listings can also be found on the Riverside Share Drive in the folder titled “QBS - Bilingual Staff”.
  - Or on the Docushare intranet website at: http://dms.kp.org/docushare/dsweb/View/Collection-258217

Certified Health Care Interpreter – RIV Specialty Depts ONLY
(See Interpreter Guideline for assistance on when to utilize CHCI)
Spanish Interpreter – Over the phone Interpretation – x1976
Pager (951) 774-7807 (for same day requests only)
Riv-Spanish-Interpreter@kp.org (for future appointments)

Approved (ASL) American Sign Language Vendors
When requesting services, please provide:
- Business Unit (Region/Entity)
- Location Code
- Department Code
- Interpreter Expense Code = 78615
- FDA Approver’s NUID
- Requester's Name and Number
- Language Needed
- Patient's Information, as requested
- Other special requests, i.e. 4th floor, etc.

- CTS LANGUAGELINK (Spoken Languages Only)
  (800) 535-7993

- LIFE SIGNS (Sign Language Only)
  (888) 930-7776; After Hours (800) 633-8883
  Email Completed Request Form to: lifesigns@lifesignsinc.org
  Fax Completed Request Form to: (951) 275-5065

- INTERPRETERS UNLIMITED (Both Sign & Spoken Languages)
  (800) 726-9891

OVER-THE-PHONE- INTERPRETATION SERVICES

- LANGUAGE LINE (Spoken Only) (800) 523-1786
  When requesting services, please provide your Riverside & outlying MOB’s Client ID:
  MVCH & Iris MOB Client ID: 201081
  CA Relay Service at: 711 or 1-866-461-4288 (English) or 1-866-288-1677 (Spanish). This is only for members that have a TTY Device. Members with Video Relay Service you can call the member’s phone number directly.

NOTE: To call a Deaf or hearing impaired member using a standard phone, dial a voice relay operator from the CA Relay Service at: 711 or 1-866-461-4288 (English) or 1-866-288-1677 (Spanish). This is only for members that have a TTY Device. Members with Video Relay Service you can call the member’s phone number directly.

TRANSLATION SERVICES - WRITTEN LANGUAGE

- Translation is the conversion of written text of one language into another language.
- All English translations into another language must be translated by an approved KP vendor.
- A member has a right to request a document to be translated into their primary language.
- The translated document must be received by the member within 21 days of the request. Refer to your manager for additional details, requests are to be sent to Health Education at Translation.Request-KPSC-RIV@kp.org, along with the Translation Request Form, and they will keep a log of such requests.
- Qualified Bilingual Staff are not qualified to perform written translations.
- Documents not immediately available in a target language can be sight translated by a QBS employee.

Approved Translation Vendors
- For a list of approved translation vendors go to https://epf.kp.org/wps/portal/hr/kpme/diversity >> select “Translation Services” link under “Language and Translation Services”

ADDITIONAL RESOURCES

1. Policy: “Quality Translation Process for Member Informing Materials”
2. Policy: “Qualified Interpreter Services for Limited English Proficient Persons”
3. Flyer: “When a Member/Patient Needs Language Assistance…What Should I Do?”
4. For more information on language assistance devices or C&L questions contact your local CRC Designee (Christina Buendia 951-353-6912, tie 261) or ADA Coordinator (Karen Sirski-Martin 951-353-3842, tie 258).
5. Questions regarding C&L referrals contact your Social Services Department
7. For any questions regarding C&L appropriate services/care contact the local CRC Designee: Christina Buendia 8-261-6912 or direct line (951) 353-6912.
8. Most information you can retrieve answers from Docushare: http://dms.kp.org/docushare/dsweb/View/Collection-258217
9. QBS Staff Listings can be found on the Riverside Share Drive in the folder titled “QBS - Bilingual Staff”.
10. You can also retrieve bilingual staff listings from MyHR, select KP & Me, then Diversity, then Qualified Bilingual Staff Listings.
11. When submitting vendor complaints and/or issues, please provide the following details to the CRC Designee – Christina.X.Buendia@kp.org: Vendor Name, Medical Center Area, Date and time of Incident, Interpreter ID Number, Client ID (Language Line only), Language Needed for Interpretation and the Complaint or Concern.
12. Additionally, concerns regarding Language Line services can also be filled out at: http://www.languageline.com/page/voc/
Use of Language Assistance Services

Language Assistance resources can help to provide the clear communication that is critical to high quality care and service. However, not all resources have the same skills. Use this chart to help determine which type of Language Assistance Services can be utilized. The resource utilized will vary depending on the member need, available resources and discretion of care team. For doctor visits this should only be used if the doctor does not speak the patient’s language (non-Language Concordant) and will need assistance to interpret.

See Cultural Responsive Care (CRC) Guide for contact information and additional details.
Disability Etiquette: Interacting with People with Disabilities

Health Access Program for Members with Disabilities
Kaiser Permanente is committed to providing equal access to our facilities and services for people with disabilities. This includes full compliance of the Americans with Disabilities Act (ADA), federal, state, and regulatory requirements in making all facilities, services, and programs accessible in a timely and effective manner.

OUR GOAL:
Is to provide a healthcare environment free of discrimination towards members with disabilities; Develop systems that reflect the needs of the disabled community; Improve staff and provider awareness regarding the needs of members with disabilities; and Become healthcare's leader in providing quality care for members with disabilities.

Verbal or Written Communication About Disabilities Tips
Use “person first” language (refer to the individual first, then to his or her disability).

<table>
<thead>
<tr>
<th>Use...</th>
<th>Do Not Use...</th>
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</thead>
<tbody>
<tr>
<td>Person with disability</td>
<td>Handicapped; crippled; afflicted; victim</td>
</tr>
<tr>
<td>People without disabilities</td>
<td>Normal; able-bodied; healthy</td>
</tr>
<tr>
<td>Person who uses a wheelchair</td>
<td>Wheelchair bound; confined to wheelchair</td>
</tr>
<tr>
<td>Person with a mental disorder</td>
<td>Crazy; psycho; mental case</td>
</tr>
<tr>
<td>Person with developmental disorder</td>
<td>Retard; retarded; slow</td>
</tr>
<tr>
<td>Person who is deaf</td>
<td>Deaf-mute; deaf and dumb</td>
</tr>
</tbody>
</table>

People Who Use Wheelchairs
- Wheelchair users are people, not equipment.
- Do not push or touch someone’s wheelchair.
- Keep the ramps and wheelchair-accessible doors unlocked and unblocked.
- Be sure there is a clear path of travel.
- Be sure to know where accessible bathrooms are located.
- Do not clutter or block the lowered counter tops.

Service Animal Etiquette
- Do not touch the Service Animal, or the person they assist, without permission.
- Do not make noises at the Service Animal; it may distract the animal from doing their job.
- Do not feed the Service Animal; it may disrupt their schedule. Members with service animals are not required to show documentation.
- Service animals may or may not be wearing identifying markers.
- When appropriate, you may ask “What service does your animal provide?”
- Check your local Policies and Procedures for more info.

Additional Information and Resources.
- Disability Etiquette is published by United Spinal Association © 2008.
- ADA Non Discrimination general policy #015
What is an adverse drug reaction (ADR)?

The purpose of a comprehensive program of hospital-wide surveillance is to identify, evaluate, report and prevent problematic drug experiences in an effort to maximize patient safety and enhance patient care.

An adverse drug reaction is defined as any unexpected, unintended, undesired, or excessive response to a drug that:

1. Requires discontinuing the drug
2. Requires changing the drug therapy
3. Requires modifying the dose
4. Necessitates admission to a hospital
5. Prolongs stay in a health care facility
6. Necessitates supportive treatment
7. Significantly complicates diagnosis
8. Allergic reactions; update the patient allergies section in healthconnet
9. Negatively affects prognosis, or
10. Idiosyncratic reactions result in temporary or permanent harm, disability, or death

Some signs that may suggest an ADR has occurred are: excessive sedation, lethargy, hypotension, rashes, hives, excessive itching, altered level of consciousness, a transfer to a higher level of care, or an abrupt discontinuation of medication order.

Some of the trigger drugs: Naloxone (Narcan®), Dextrose 50%, Flumazenil (Romazicon®), Vitamin K (Phytonadione®), Kayexalate, Diphenhydramine (Benadryl®), Lomotil®, Loperamide (Immodium®), or anti-emetics might indicate that a potential ADR may have occurred.

Some of the laboratory tests that might help identify that an ADR has occurred include: low platelet count due to heparin or chemotherapeutic agents, hyponatremia , hypernatremia, hyperkalemia, elevated or decreased blood sugars, elevated INR due to warfarin, Anti Xa level >0.8 units/ml while on heparin, increased Serum Creatine (Scr) due to aminoglycosides or ACE inhibitors, clostridium difficile positive stool due to long term antibiotics, or elevated drug levels (Digoxin®, phenytoin) might indicate that a potential ADR may have occurred.

For Blood Sugar<70 the please remember to enter the blood sugar in the POCT doc flowsheet and enter a progress note and type in .RIVhypo and complete the required information.

Examples of Near misses: (Error corrected before affecting patient outcome)

- Wrong narcotic strength, dosage removed from narcotic cabinet
- Wrong drug, dose, dosage sent from pharmacy
- Wrong Route
- Wrong drug removed from medication server
- Or any possible medication error that was caught prior to reaching the patient.

If an actual medication error occurs, the hotline may be called, but please also complete an Unusual Occurrence Form and inform your immediate supervisor as soon as possible.

Our medical centers and out-patient clinics are committed to patient safety and identifying risks. All employees have responsibility to report actual and potential unusual events that may cause harm to members and visitors, including unsafe systems and processes. We do this in large part, by completing unusual occurrence reports-online (UOR-O). The reports are submitted by staff members who are most involved with the event. The system can be accessed at: http://kpnet.kp.org:81/california/qmrs/rm/UORO/index.html or on the Southern California intranet page under the quick links tab. Examples of events that should be reported include: medication errors, falls, pressure ulcers, environmental injuries, injuries related to equipment, issues related to patient hand-offs, and criminal and behavioral issues related to patient care.
The following Policy & Procedures for Stroke are:

PSC Program Description (Administration) #02-304
Code Stroke (ED) # 2063
Administration of TPA for Ischemic Stroke (ED) # #2064
Code Stroke: Inpatient (M/S) #2172
Administration of TPA for Ischemic Stroke (ICU) # 2141
Care of the Patient with Stroke (M/S) #2128
Swallow Screen (M/S) #2040
Clinical Practice Guidelines for Acute Stroke Management: Available on “S” Drive or http://cl.kp.org/pkc/scal/cpg/cpg/

Stroke Process Measures
1. Door to doctor first sees patient
   15 minutes
2. CT completed and read from time of order
   45 minutes
3. Labs completed and read from time of order
   45 minutes
4. EKG completed and read from time of order
   45 minutes
5. Door to needle time for t-PA
   60 minutes

Code Stroke Protocol
F = Face smile uneven, weak, numb
A = Arm weakness, numbness, tingling
S = Speech slurred, make sense
T = Document Last Known Well Time
G = Glucose check, r/o hypoglycemia

TPA is the only FDA approved drug for Ischemic Stroke and must be given within 3 hrs of symptom onset.
An Accurate Weight MUST be taken before administering TPA (0.9mg/kg)

Call 7777 Activate Code Stroke

Kaiser Permanente
Riverside Medical Center
Advanced Disease-Specific Certification
Primary Stroke Center
2014

Study Fact in US
4th Cause of death
750,000 strokes a yr
87% are Ischemic
Costs $28 billion/yr
Majority of strokes are PREVENTABLE

Code Stroke Team
Medical Director:
Dr. Jorge Lipiz @ Jorge.X.Lipiz@kp.org
Stroke Coordinator:
Noelani Warren, RN @ Noelani.C.Warren@kp.org

Neurological Checks for Stroke & TIA Patients who have not received TPA will include:
Pupillary Response
Glasgow Coma Scale
Modified National Institute of Health Stroke Scale (mNIHSS)
At a minimum of at least every 4 hours on Telemetry monitored floor. Any Neurologic change will be immediately reported to the physician.
Swallow Screens will be assessed on all stroke & TIA patients.

All Stroke & TIA Patients need to be given the Stroke Education Packet on admission and this needs to be documented under Education Plan in KP Health Connect as printed materials (PM) given. It is available in English and Spanish.
An acronym that stands for Center Of Excellence in Minimally Invasive Gynecology

The minimally invasive gynecology surgeries that will be discussed can be broken down into two types:

- Laparoscopy
- Hysteroscopy
- Minimally invasive surgeries for gynecology are innovative
- Pain is reduced
- Leaves only small scars
- Can be done in an outpatient basis
- Quick recovery time with low blood loss

**Advanced Disease-Specific Certification**

**Inpatient Lung Volume Reduction Surgery**

Lung Volume Reduction Surgery (LVRS) is a procedure where the areas of lung most damaged by emphysema are removed, creating more room for the healthier lung to expand. This procedure can make it easier for a patient to breathe by giving the lungs more room to expand and allowing the breathing muscles to return to a more normal and comfortable position. It is not a cure for emphysema.

The goal of LVRS is to allow patients to return to the activities of daily living that everyone else takes for granted.

The National Emphysema Treatment Trial (NETT) was done to examine the safety and efficacy of lung volume reduction surgery. It established strict requirements for surgery including disease specific certification of the centers performing the procedure. The Riverside Medical Center was one of the first centers in the country to receive certification (September 2006). In addition to developing criteria, the NETT study identified patients most likely to benefit from surgery such as those with mostly upper lobe emphysema and low exercise capacity.

**Prior to surgery, all patients must complete a six week course of pulmonary rehab.**

The surgery is performed through video-assisted thoracic surgery (VATS). The patient can expect to be in the hospital for 7-10 days or longer. Initially the patient is sent to ICU with bilateral chest tubes, sequential compression hose, and an epidural or PCA for pain management. Proper chest tube management is essential as air leaks are common. The purpose of the chest tube is to evacuate air, fluid, and pus and must not be clamped. Fluctuation in the level of water seal is normal with inspiration and indicates proper functioning. Bubbling in the water chamber indicates an air leak and that the tissue has not completely sealed. Subcutaneous emphysema is also common and does not need to be reported unless it reaches the area of the clavicle.

It is the responsibility of all staff to encourage early mobilization and frequent use of the incentive spirometer in order to prevent respiratory complications.
Advanced Disease-Specific Certification

Advanced Management of Inpatient Diabetes Care Center

When a Diabetic Patient is admitted to the hospital

1. Get a Hemoglobin A1C
   - Assess for last A1C.
   - Hospitalized patients need A1C done within a 2 month period
   - Notify rounding physician for A1C order if needed
   - For A1C above 9 make sure referrals are completed as follows:
     - Inpatient Clinical Case Manager
     - Social Services
     - Dietician

2. Help prevent avoidable Hypoglycemic Events
   - Assess diet and document percentage of meals and snacks
     - Carry out the 15/15 rule
       - 15 grams of CHO every 15 minutes until blood sugar reaches 80 or above
     - Notify rounding physician for medication evaluation and possible medication change
     - Assess NPO patients for possible need of IV fluids with dextrose
   - Care Plan and Needs Assessment for Diabetes Education upon admission. Continue diabetes education based on the needs assessment during the hospital stay.

<table>
<thead>
<tr>
<th>INSULIN TYPE</th>
<th>Onset of Action</th>
<th>Peak of Action</th>
<th>Duration of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Human Insulin (Humulin-R®)</td>
<td>30 to 60 minutes</td>
<td>2-4 hours</td>
<td>5-8 hours</td>
</tr>
<tr>
<td>Insulin Human Isophane (Humulin N®)</td>
<td>1 to 2 hours</td>
<td>2-8 hours</td>
<td>14 to 24 hours</td>
</tr>
<tr>
<td>Glargine (Lantus®)</td>
<td>1-2 hours</td>
<td>Steady Level (may peak 4-5 hrs)</td>
<td>10.8 to 24 hours</td>
</tr>
<tr>
<td>Insulin Lispro (Humalog®)</td>
<td>15 to 30 minutes</td>
<td>0.5 to 2.5 hours</td>
<td>≤ 5 hours</td>
</tr>
<tr>
<td>75 Lispro Protomine/25 Lispro (Humalog Mix 75/25®)</td>
<td>25-30 minutes</td>
<td>30 minutes-2.5 hrs</td>
<td>14 to 24 hours</td>
</tr>
<tr>
<td>U500-(5x more concentrated Humulin R Insulin®)</td>
<td>30 minutes</td>
<td>1-3 hours</td>
<td>Up to 24 hours</td>
</tr>
<tr>
<td>50 Insulin Protomine/50 Lispro (Humalog Mix 50/50®)</td>
<td>15 -30 minutes</td>
<td>0.5 to 3 hours</td>
<td>14 to 24 hours</td>
</tr>
<tr>
<td>Insulin Detemir (Levemir®)</td>
<td>1-2 hours</td>
<td>3-4 hours</td>
<td>7.6-&gt;24 hours</td>
</tr>
</tbody>
</table>

Assess diabetes medication for onset, peak, and duration of action (see chart)

Data on File. Lilly Research Laboratories.
Insulin Detemir. Levemir Package Insert 2012.
A Code Orange will be announced if an internal or external disaster occurs. The Labor Pool will be activated when a Code Orange is paged over the PA system. If you are instructed to report to the Medical Center for reassignment, please report to the Labor Pool.

Each department in the Medical Center has an Emergency Operations Manual formally known as Disaster Manual

A complete summary of policies and procedures is located in your department Emergency Operations Manual (Disaster Manual).

**Code Orange - DISASTER**

Dr. Duber

**Stat Calls - Security Assistance**

Dr. Duber means security’s assistance is needed immediately for threat management, aggressive behavior, stalking and violence. All codes of this nature will be responded to immediately by security. When calling Security "STAT" please give the following information:

Your name, your exact location, a brief description of why the call is being initiated. This information is required so the Security Officer answering the call may take appropriate action without delay.

Use the code word "Dr. Duber" if a suspect is with you. This will help prevent further escalation of hostility. Use the emergency number or call Security directly and give the exact location.

PLEASE INFORM YOUR SUPERVISOR FROM YOUR AREA WHEN A "STAT CALL" IS INITIATED.

STAT CALLS – Security Assistance

EXTENSION: 7777

Offsite MOB’s: Call Security

**Code Red**

**FIRE**

If you discover a fire, remember the following procedure:

R Rescue those in immediate danger

A Alarm! Sound the alarm by pulling the nearest pull station, and call 7777

**Off site clinics call 9-911**

C Contain the fire by closing all doors

E Extinguish the fire or Evacuate the area

KNOW THE FOLLOWING DEPARTMENT SPECIFIC INFORMATION:

Disaster Plan
Fire Evacuation Plan
Location of Fire Extinguisher

**TYPES OF EXTINGUISHERS**

Class A - (pressurized water) Silver cylinder pressurized water extinguishers are for use only on fires involving combustibles such as wood and paper products and textiles.

Class BC - Large red extinguisher is used on class B (flammable liquid, petroleum, grease) and Class C (electrical) fires.

Class ABC Small red extinguisher can be used on any fire.

Class C Electrical/Computer Fire Extinguisher.

FM200 Replaced Halon, used in MRI Suite, OR Suites

CARDIAC OR RESPIRATORY ARREST CODES

**Code Blue**

Over 13 years of age

Pediatric Code Blue
Baby, 16lbs. – 13 years of age

**Code Pink**

Baby up to 15 lbs.
Fall Prevention in the Hospital

Patient falls can occur in the hospital due to accidents, being in new surroundings and health related reasons. Patient Safety is our goal!! Each patient will be assessed regularly to help identify who is at “Risk”. Patients at “Risk” will be banded with a Yellow Wristband. The patient and family will be educated on fall prevention. Environmental checks will be done by staff regularly and will include; side rail, call lights, bed locked and low, bedside table within reach, a raised toilet seat and bariatric commode. Our patients can expect to be safe while they are in our facility through this comprehensive Fall Prevention Program.

**Patient Wristband Identification**

Patient Identification: Does your patient have the correct wristband on?

Patient falls can occur in the hospital due to accidents, being in new surroundings and health related reasons. Patient Safety is our goal!! Each patient will be assessed regularly to help identify who is at “Risk”. Patients at “Risk” will be banded with a Yellow Wristband. The patient and family will be educated on fall prevention. Environmental checks will be done by staff regularly and will include; side rail, call lights, bed locked and low, bedside table within reach, a raised toilet seat and bariatric commode. Our patients can expect to be safe while they are in our facility through this comprehensive Fall Prevention Program.

**Rapid Response**

Purpose

The Rapid Response Team is a multidisciplinary team approach used to assess a patient whose condition is deteriorating.

Response Team

The team at Riverside Medical Center consists of: Critical Care Nurse, Emergency Room Nurse, Respiratory Therapist and the Nursing Supervisor.

The goal is to provide early and rapid intervention in order to prevent cardiac and/ or respiratory arrest and determine if transfer to a higher level of care would benefit patient outcomes.

To Activate Rapid Response Team call Pager #4002, GIVE YOUR NAME, Unit, and patient location

**Code Stroke**

Purpose

To assess and treat a patient presenting with symptoms of acute stroke in the inpatient setting

Symptoms:

- Sudden numbness or weakness in the face, arm, or leg, especially on one side of the body
- Sudden confusion or trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, loss of balance or coordination
- Sudden onset of headache with no known cause

An RN or other Licensed person initiates RAPID RESPONSE as indicated.

The Rapid Response Team Initiates Code Stroke if Appropriate

Response Team

Inpatient: Primary RN, Hospitalist, RRT, Lab, Nursing Supervisor (This alerts Radiology and Pharmacy)

Emergency Room: Primary RN, ED physician, Nursing Supervisor (This alerts Radiology and Pharmacy)

**SAFETY IS NUMBER ONE**

Arlene Harrity  Corrie Sankey  Marie Kuzmyak
Compliance Officer  Safety Officer  Patient Safety Officer
951-353-4236  951-353-5513  951-353-3026

**KP Compliance Connection Hotline**

1-888-774-9100

Compliance and Integrity

Models and reinforces ethical behavior in self and others in accordance to the Principles of Responsibility; adheres to organizational policies and guidelines; supports compliance initiatives; maintains confidences; admits mistakes; conducts business with honesty; shows consistency in words and actions; follows through on commitments.

**S.A.F.E. Hotline**

Riverside: Ext. 3626

In addition to reporting safety concerns, the S.A.F.E. Hotline has information available on:

- Chemical Spills
- Emergency Preparedness
- Glutaraldehyde
- Formaldehyde
- Ergonomics
- MSD's

*Every employee is responsible for the Safety Program.*
All chemical containers must be labeled with the name of the chemical, its warnings, and any other information pertaining to a specific chemical. For instance:

Health Hazards
All chemical hazards must interact with the body to be a hazard. There are four main methods of entry into the body.

1. Inhalation
   This includes gases, vapors, and particles that are small enough to be breathed into the body.

2. Ingestion
   This includes materials that are eaten through hand to food or hand to mouth contact. This could also include particles that are swallowed.

3. Skin contact
   This could include clothing contamination. This includes material in solid, liquid, or vapor/gas form.

4. Eye contact
   Particle, liquid and vapor/gas can cause injuries to the eye.

Symptoms
In many cases symptoms are the only way a person has of knowing they have been overexposed to a chemical. Because symptoms can be similar across the various lines of hazardous materials or can be caused by other factors, they do not indicate a specific class of hazard.

Symptom should be considered as a warning sign that there might be a problem. Common symptoms include:

1. Dizziness
2. Headache
3. Pain
4. Eye Irritation
5. Nausea
6. Burning Sensation
7. Nasal Irritation

*Note* that some of the above are symptoms of a common cold.

Personal Protective Equipment
There are many kinds of personal protective equipment utilized in today's work environment. Gloves, gowns, goggles, and respirators are common types of personal protective equipment utilized.

Chemical Handling Examples:
- Cidex OPA has a 75-day shelf life after mixing and an effective use life of 14 days. Cidex OPA must be neutralized before disposing to the drain. A daily log on the effectiveness of Cidex OPA must be kept.
- Formalin must be kept in a secondary containment tray. This can be a plastic tub that will hold the Formalin in case any container is accidentally tipped over.

Make sure you have the proper spill kit available for the chemicals used in your area. Your response to a spill will depend on the quantity and the risk involved. Chemical spills usually fall into 2 categories:

- Large or emergency
- Small or incidental

Clean-Up Guidelines
If you are not trained to respond to incidental spills remember SIN:

S = Safety (of everyone in the area of the spill)
I = Isolate (the spill by dosing a door, blocking pathway by the spill)
N = Notify (your emergency code line to alert responders to the situation)

The Chemical Spill Report Form (Safety Manual) must be completed when a spill occurs. Environmental Services will respond and clean the area AFTER, the initial spill has been cleaned.

If a spill leads to an employee exposure, follow these steps:

**Eyes:**
- go to the nearest eyewash station* & flush eyes for 15 mins.
- The water is maintained at a flushing temperature of 60-100 degrees F (taped).

**Skin:**
- Immediately flush skin with *tepid* water for 15 mins. Use the quick drench emergency shower, if contact is over a large area.

**Breathing:**
- If breathing has stopped begin Cardio-pulmonary resuscitation. Move the exposed person to fresh air at once. Keep the affected person warm and at rest. Get medical attention as soon as possible.

**Swallowing:**
- Refer to MSDS for information on the chemical involved.

*Eyewashes and showers are only required in areas that use specific chemicals.
***Temperature is checked annually by facilities.
## Riverside Medical Center

### WASTE MANAGEMENT STREAMS

**Safety Policy 03-255**

<table>
<thead>
<tr>
<th>REGULAR WASTE CLEAR BAG</th>
<th>BIOHAZARDOUS WASTE RED BAG</th>
<th>SHARPS RED DISPOSAL CONTAINER</th>
<th>PHARMACEUTICAL WASTE BLUE &amp; WHITE CONTAINERS</th>
<th>CHEMOTHERAPY YELLOW CONTAINERS</th>
<th>SPECIAL R.C.R.A.** REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, Paper, Wrappers</td>
<td>Put waste in red bag and close bag zipper or twist &amp; tie - at point of origin (before leaving patient room).</td>
<td>Biohazard sharps and pharmaceutical waste may be combined into a single blue and white pharmaceutical waste container that is labeled for both pharmacy waste and biohazard waste or the symbol.” Dispose when container is ¾ full, close lid and write date on the label.</td>
<td>Place sharps in a rigid puncture-resistant container that is leak resistant when sealed and labeled on the lid and all sides with word “Biohazard” and the “biohazard symbol”. Recognizable fluid blood and all OPIM (Other Potentially Infectious Material) IC Manual Policy III-10; III-8; III-9.</td>
<td>Yellow Chemo/sharps container marked “Chemotherapy Waste” or with an approved label from DHS on lid and all sides.</td>
<td>Hazardous Pharmaceuticals Return to Pharmacy all RCRA “labeled” Medications. Place in the return to Pharmacy bin in the Medication Room. Examples: Nitroglycerin in tubes or tablets (No patches or packets) Unused / residual Warfarin, Nicotine gum. Amyl nitrite Chloral hydrate Coal tar solution Inhalers / aerosols with medication, unused cough syrup &gt; 24% alcohol.</td>
</tr>
<tr>
<td>Chux/Diapers (faeces and urine OK)</td>
<td>Place waste in a rigid puncture-resistant container that is leak resistant when sealed and labeled on the lid and all sides with word “Biohazard” and the “biohazard symbol”. Recognizable fluid blood and all OPIM (Other Potentially Infectious Material) IC Manual Policy III-10; III-8; III-9.</td>
<td></td>
<td></td>
<td></td>
<td><strong>Federal Resource Conservation Recovery Act</strong></td>
</tr>
<tr>
<td>Gloves, gowns, masks</td>
<td>Suction Canisters with secretions, fluids</td>
<td>Suction Canisters with secretions, fluids</td>
<td>Suction Canisters with secretions, fluids</td>
<td>Suction Canisters with secretions, fluids</td>
<td></td>
</tr>
<tr>
<td>Disposable Patient Items</td>
<td>Hemovacs, Pleur evacs</td>
<td>Cell saver</td>
<td>Blood Tubing or IV tubing with visible liquid blood.</td>
<td>Blood Tubing or IV tubing with visible liquid blood.</td>
<td></td>
</tr>
<tr>
<td>Empty urinary catheters, bags; urine specimen containers (when PHI is covered/ marked out).</td>
<td>Dressings saturated, or dripping with Blood or OPIM</td>
<td></td>
<td>Dressings saturated, or dripping with Blood or OPIM</td>
<td>Dressings saturated, or dripping with Blood or OPIM</td>
<td></td>
</tr>
<tr>
<td>Empty IV bags and tubing with scant amount of fluids.</td>
<td>Plastic or glass bottles with bloody fluid or OPIM</td>
<td></td>
<td>Plastic or glass bottles with bloody fluid or OPIM</td>
<td>Plastic or glass bottles with bloody fluid or OPIM</td>
<td></td>
</tr>
<tr>
<td>Empty Glass Bottles: Place in glass receptacle in Utility Room.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HIPAA**

Patient health information (PHI) is discarded in a secured container marked for shredding. PHI includes all reports, papers or labels with patient name, MRN, address, test results, orders, medications.

**PATHOLOGY WASTE DISPOSAL**

The Laboratory disposes of human tissue and anatomical waste as biohazardous waste. This waste is sent out for incineration.

**BATTERIES**

Used Batteries should be placed in white buckets labeled for “Batteries” and will be emptied by EVS by disposal dates or when ¾ full.
We are exposed to radiation/cosmic rays on a daily basis from the earth, buildings, and the food we eat. Radiation exposures such as these do not normally give us cause for alarm. As a Kaiser employee, it is important that you are aware of potential sources of radiation exposure in the medical center and the basic safety procedures to protect yourself.

The 6 most common sources of radiation are:

1. X-ray producing equipment: usually found in the radiology department, and in surgery, ER, and patient care areas, as well as specialty areas such as the cardiac cath lab.
2. Diagnostic radionuclides: usually found in the nuclear medicine department and in-patient care areas.
3. Therapeutic radionuclides: usually found in the nuclear medicine department and patient care areas where therapeutic nuclear medicine patients are cared for.
4. Brachtherapy sources: usually found in the same areas as therapeutic radionuclides.
5. Radiation therapy equipment: usually found in the radiation therapy department.
6. Radionuclides: used in laboratory activities.

Occupationally Exposed Staff

- Those who routinely come in contact with radioactive materials (Radiological technologists and Nuclear Medicine technologists). These people are given special training in dealing with radioactive materials and are monitored.
- Those staff members that have occasional contact with radiation sources, such as nurses, are not considered Occupationally Exposed. Basic radiation precautions are to be followed by all staff. Occupationally exposed women who become pregnant are encouraged to notify the Area Radiation Safety Officer.

Radiation Exposure Situations:

1. When you are near an X-ray machine that is actually making an exposure.
   In this situation, you may be exposed to the x-ray beam or scattered x-rays unless you are properly shielded.
2. When you are near or in contact with radionuclides.
   In these situations, radiation is emitted from radioactive material and from objects that have been contaminated by the radioactive material.
3. When you or your clothing have been contaminated by radioactive material.

Radioactive Contamination:
Is the presence of radioactive materials anywhere they don’t belong.
- Not appropriately identified, contained, or controlled.
- Hazardous - can be present without you knowing it.
- May be external or internal (ingested, absorbed, or inhaled).
- Can produce significant levels of exposure.

Non-Radiation Producing Equipment:
There is no ionizing radiation.
- X-ray machines not actively making an exposure.
- Patients who have had x-rays or external beam radiation therapy treatments.
- Nuclear medicine imaging equipment.
- Iodine contrast material.
- Ultrasound equipment.
- Radiation detecting laboratory equipment.
- Microwave ovens.

Therapeutic Radionuclides
Therapeutic radionuclides are unsealed radioactive materials administered in therapeutic doses to patients orally or by injection. They include:
- Radiiodine (I-131), usually administered orally to treat hyperthyroidism and thyroid cancer.
- Yttrium-90, which is administered by injection to treat certain types of cancer.
Therapeutic radionuclides present potential radiation hazards. But, if proper safety practices are followed carefully, the risk here is also minimal.

Radioiodine (I-131) Thyroid Cancer and Hyperthyroid Conditions: Safety Procedures

Access to the patient:
Private room, radioactive material sign posted on door, all visitors and ancillary personnel must be cleared by nursing, patient may not leave the room.

Visitors:
None for first 24 hrs, no pregnant or children visitors, patient must stay in the bed throughout the visit, visitors must remain at least six feet away from the patient, visits must end with the “limits of stay” time posted on the patient door and/or in the patient chart.

Patient Care:
- No pregnant Nurses. Plan your activities to reduce time in room, wear your film badge at waist level, wear latex gloves, shoe covers, gowns and remove before leaving the room, wash your hands with gloves ON then dispose of the gloves and then wash your hands again.

State and Kaiser Permanente Standards

- 5,000 mrem per year is the maximum dose permitted by state regulations for workers considered to be “occupationally exposed.”
- Kaiser Permanente standards are more conservative than the state’s. As Low As Reasonably Achievable = ALARA
Our maximum permissible exposure per year is 1,000 mrem.

What does this mean for you?
- If you do not routinely work with or near radiation sources, or you work with low activity sources, you will probably receive no measurable radiation exposure.
- If you routinely work with radioactive material or radiation sources, you may be exposed to low levels of radiation. These low levels are measured with personal dosimeters and reviewed by the Radiation Safety Officer.

BASIC RADIATION SAFETY
- RECOGNITION-Radiation sources are marked by the International Radiation Hazard Symbol; a magenta trefoil on a bright yellow background. Rooms containing X-ray producing machines are labeled “Caution X-ray.”
- DISTANCE- Stay at least six feet away from any radiation source.
- SHIELDING- Do not remain or enter a room during X-ray exposures unless you are wearing a lead apron or are standing behind a lead shield.
- TIME- Reduce your exposure time to radiation by making sure you plan in advance to complete all procedures near a radiation source as quickly as possible.

TIPS ON AVOIDING CONTAMINATION
- Wear gloves, a gown, and shoe covers if indicated.
- Avoid contact with objects or areas that may be contaminat-ed.
- Don’t eat, drink, or smoke in areas where radioactive materials are in use.
- Don’t apply cosmetics or groom your hair while in the area.
- Wash your hands when leaving the area.
- Read and follow all signs and instructions.
- Don’t handle radioactive materials unless you are trained to do so!

SAFETY MANUALS
The Regional Radiation Safety Manual is the authoritative reference for radiation safety policies and procedures. (http://medphys.kp.org/dirs/rsms/rsmcont.html). Contact your manager or the Medical Center Area Radiation Safety Officer (ARSO) Dr. Allison Yee Ext. 4019

Medical Radiation Physicist Robert Merrill Tieline 8-336-5180
Further information on radiation safety may be accessed at the KP website at http://www.rsct.kpscal.org/dirs/html.

23
Our Culture of Service Excellence
At Kaiser Permanente – Riverside Area, we believe that providing an extraordinary patient care experience is an integral part of being recognized as the best integrated Health Plan, Medical Group and Hospitals in the Inland Empire.

Our standards were created to maintain a culture of accountability to improve the patient care experience. We define our guests as every patient, family member, physician, visitor, volunteer and member we encounter. Our Service Behaviors reinforce our goal of delivering the highest level of service to every patient, every time.

The Four Habits Model
The Four Habits Model provides a guide for caregivers to structure the medical visit while still being collaborative and patient centered. The goals of the Four Habits Model are to establish rapport and trust rapidly, facilitate the exchange of information, demonstrate caring and concern and increase positive health outcomes. By including these behaviors during our interactions with our members, we will make their care experiences more pleasant, improve satisfaction, and improve our reputation as a service-focus organization.

1. Invest in the Beginning
   - Create rapport quickly
   - Elicit patient’s concerns
   - Plan the interaction with the patient

2. Elicit the Patient’s Perspective
   - Ask for patient’s ideas
   - Elicit specific requests
   - Explore the impact on the patient’s life

3. Demonstrate Empathy
   - Be open to the patient’s emotions
   - Make at least one empathic statement
   - Convey empathy nonverbally
   - Be aware of your own reactions

4. Invest in the End
   - Deliver diagnostic information
   - Provide education
   - Involve patient in making decisions
   - Complete the interaction

AIDET
The Five Fundamentals of Service

Acknowledge
Acknowledge the patient/member by name.
Make eye contact
Ask: “Is there anything I can do for you?”

Introduce
Introduce yourself
Introduce your skill set
Introduce your professional certification and experience

Duration
Give an accurate time expectation for tests, MD arrival, medication, meal tray
Keep the family informed as well
They want to know what is going on

Explanation
Explain step by step what will happen and why
Answer questions
Tell them how they can contact you

Thank
Thank the patient/member for choosing Kaiser
Thank them for their communication and cooperation
Thank the family for assistance and for supporting the patient/member
Nurse Knowledge Exchange (NKE) PLUS

A concise report of each assigned patient’s physical and psychological condition is communicated to the oncoming nurse given by the off-going nurse using the Nurse Knowledge Exchange

Components of NKE PLUS

1. Shift Preparation
2. Shift Report Tool
   ♦ Professional Exchange Report (PER) on Health Connect
3. Bedside Rounds with Structured Conversation
   ♦ The Mobile Computer is taken to the patient's bedside.
   ♦ The oncoming nurse is introduced.
   ♦ Structured conversation is used to give a complete report.
   ♦ The patient and family are involved in the planning of the patient care.
   ♦ A Warm Handoff occurs between the nurses.
4. Patient Teach back with the Patient Care Boards
   ♦ The white board is updated at every shift change:
     - Date
     - Name of oncoming nurse.
     - Name of physician.
     - Goals for the shift.
     - Next pain medication
     - Check that the patient understands and agrees with the goals for the shift.
     - Have patient verbalize the goals.
     - Ask open-ended questions.
     - Ask if there are any concerns or questions.
     - Let the patient know you will be back in one hour.
     - Ask Is there anything else I can do for you before I leave the room, I have time?
5. Last hourly round.
6. Unit Support.

Nursing Vision

VALUES & MODEL

Professionalism - We believe in the value of our profession and maintain standards of excellence when it comes to the delivery of care.

Patient and Family-centered Care - Honoring the essential role of the patient and family in all aspects of care, we create memorable moments through extraordinary care.

Compassion - We realize the difference we make in the lives of our patients and their families when they are most vulnerable and we focus on providing individualized care with a personal touch.

Teamwork - We respect the collective contributions of each member of the team and view our team members as our partners in success.

Excellence - We embrace the art and science of nursing by integrating powerful nursing theories with compassionate care and an evidence-based practice.

Integrity - We uphold the trust that our members place in us by always doing the right thing for the right reason.

RELATIONSHIP-BASED CARE

Why Relationship-Based Care?

Relationship-based care is patient-focused caring in a healing environment

Three Key relationships

➤ Self
  • Knowledge of self and self-care is vital to the care of others
  • Empowerment, ownership and inspirational shared vision is the foundation for relationship based care

➤ Team
  • Caring connections results in healing
  • Healthy work relationships create the conditions for caring
  • Relationships are the heart of the care delivery
  • Everyone makes a valuable contribution

➤ Patient and Family
  • Connection results in harmony and healing, isolation destroys the spirit.
  • Therapeutic relationships are core to safe quality care
Riverside Medical Center’s Pain Management Team Mission is to create a culture in which every patient and family is effectively comforted by staff; who are committed, inspired and able.  

(Team Charter: Inpatient Pain Management).

What is Pain?

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage, or both” —International Association for the Study of Pain

**Key Concepts:**
- Patient Self-report is the **GOLD** standard
- Some of the harmful effects of unrelieved pain include: increased myocardial workload, Myocardial Infarction (MI), atelectasis, pneumonia and emotional distress
- Importance of comprehensive pain assessment to include: location, description, intensity, onset and duration, precipitating and relieving factors, effects on activity and rest

**Principles of Pain Management:**
- Evaluate mechanism of pain (nociceptive, neurologic, visceral or muscle-skeletal)
- Use of the **multi-modal** approach
- Consider type and intensity to determine appropriate route of medications
- Consider characteristics of pain to determine frequency and dosing

**Recognition of pain behaviors:**
- Facial expressions (crying, grimacing, wincing)
- Activity/body movement (guarding, restlessness, immobility)
- Social/personality/mood (impatient, demanding, agitation)
- Physiological/eating/sleeping changes/vocal behaviors (sleeplessness, decreased appetite, inability to focus or concentrate, increased vital signs)

**Efficiency of HCAHPS Pain Management Scores and our Patients perception of care:**
Many Small Test of Change that are either fully implemented or just beginning are:
- Pain awareness education and research-Regional Symposium, PRN Pain Course
- Nurse Pain Champions for each Hospital Unit
- Escalating when acceptable level of pain not reached
- Collaboration with multi-disciplinary team
- Appropriate use of pain assessment tools at the bedside so Patients are aware of pain management
- Chart audits
- Creating patient specific pain agreements and plan of care
- Patient rounding and Education
- Bundling of care
- Huddles with nursing, pharmacy, physicians
- Addressing pain during NKE-PLUS and Hourly Rounding
- Use of order sets for pain
- Comfort cart/Bereavement Cart

The most reliable indicator of a patient’s pain is... the patient’s self-report

“Whatever the experiencing person says it is, existing whenever he says it does” Margaret McCaffery

**SBAR**

SBAR = a method of assertive communication where individuals speak up, and state their information with appropriate persistence until there is a clear resolution.

Get the Person’s Attention —> Express Concern —> State Problem —> Propose Action —> Reach Decision

S — Situation — State the problem. What is going on now with the patient?

B — Background — Brief and pertinent information related to the problem.

A — Assess — What is your assessment of the situation? What you found and/or think is going on with the patient (labs, vital signs, etc).

R — Recommendation — What you want, request, or *recommend to the physician (*Followed by a respectful response, discussion, and plan).

The SBAR model is a simple method to help standardize communication. SBAR allows all parties to have a common expectation:
- What is going to be communicated —> How the communication is structured —> Required Elements
HOMELESS PATIENT IS

An individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a Primary nighttime residence that is...

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including sober living facilities, welfare hotels, congregate shelters, and transitional housing for the Mentally ill)
- An institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- If he or she is being discharged from an institution, where he or she has been a resident for 90 days or less and the person resided in a shelter or place not meant for human habitation immediately prior to entering that institution
- Individual or family is being evicted within 14 days from a private dwelling and no subsequent residence has been identified
- All disciplines involved in care must document all interventions.

<table>
<thead>
<tr>
<th>Homeless Discharge Interventions</th>
<th>MD</th>
<th>Nursing</th>
<th>Case Mgr.</th>
<th>Social Worker</th>
<th>Nurse Mgr. / House Super.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentations must contain the following elements:</td>
<td></td>
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<tr>
<td>- Names, contact information and agreements made amongst patient, significant others, health care team members and representatives from outside agencies</td>
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<tr>
<td>- Identified barriers and interventions Community resources provided</td>
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<tr>
<td>Homeless log entry</td>
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<tr>
<td>Cognitive intactness status</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medically cleared for discharge</td>
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<td></td>
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<tr>
<td>Patient's belongings are returned and patient is wearing appropriate clothing</td>
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<tr>
<td>Psychosocial assessment</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Contacts made with service/referral agencies</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Resources and referrals offered to patient</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Shelter Checklist</strong> completed (as appropriate) Case Manager/Nursing can complete form if patient refuses shelter</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Plan of care for post discharge, including specific names, agreements, barriers (including patient agreement/refusal), and resources</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Medical equipment/medications provided as needed</td>
<td>X</td>
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<tr>
<td><strong>Homeless Discharge Checklist</strong> completed with Executive Director/designee discharge approval</td>
<td></td>
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<td>X</td>
</tr>
</tbody>
</table>

What is EMTALA?

- Emergency Medical Treatment & Active Labor Act
- A section of the Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Enacted by Congress in 1986
- Regulated by HCFA (Health Care Financing Administration), a branch of the Department of Health and Human Services (DHS)

**The EMTALA Education Plan**

- A process that is followed by all staff members to assure that every person seeking emergency care is directed to the Emergency Department
- A method by which we ensure compliance with the EMTALA regulations

**How can I help?**

- Remember, Kaiser Emergency Departments are open to the public
- We provide emergency medical screening and stabilizing treatment to the members of the community regardless of their ability to pay
- Give accurate information based on where the patient states he/she needs to go
- Listen to what the patient says. Anyone who thinks they are having an emergency should be directed to the **Emergency Department.**
Simulations are widely becoming recognized as an important tool. It is used to provide a fertile learning environment for students in schools, colleges and Health care professionals in Medical Centers.

Critical Event Team Training (CETT) gives a realistic but non-threatening learning environment, which allows active participation in simulation scenarios. A structured simulation committee was formed to ensure consistency, collaboration and improvement of patient outcomes across the continuum of care for the Hospital and Ambulatory services.

This training includes the multi-disciplinary team: physician, nurse, technician, therapists, pharmacy, and anesthesia, virtually anyone involved in patient care. It's an opportunity to enhance learning by creating a real-life scenario, yet allows participants to make mistakes, critique performance and feel more comfortable reacting in critical situations.

The use of simulated activities in Education is reflected in Annual Skills Competency, with New Nursing Grads, Mock Code Blue Drills, ICU, Pediatrics’, Perinatal, GI, and ED.

The evidence based research has shown there are advantages of having teams who normally work together train together.

Please visit the SIMS Web site at http://kp.simmedical.com
You will encounter people of varying ages. Being equipped to meet the age related needs of our members will ensure quality care of patients of all ages.

**Ways to apply Age-Related Competencies include:**
Considering cultural beliefs as they relate to age.
Utilizing interview techniques appropriate to the age of the patient and family members.
In the care plan and the evaluation of the effectiveness of care.
In the performance of patient care.
By how we approach patient education and the evaluation of comprehension, concerns, and compliance.
By being aware of the resources available on age-related development specific to patient needs.
By demonstrating age-related applications in annual skills validation.
Knowing normal value ranges for vital signs appropriate to all ages.
Obtaining appropriate sized equipment (blood pressure cuffs, crutches) for all age groups.
Positioning-proper body mechanics, assistance when needed.
Injections-phlebotomy-appropriate needle gauge and length, appropriate site.
CPR-compressions, depth and rate.

**Examples of how you may relate age-specific competencies in your area.**

**Infants:** Trusting phase Birth—1 year old
Seek to build trust in others, dependent, and begins to develop a sense of self.

**Toddlers/Preschoolers:** Are Curious 1-4 years old
Involve the child and parent(s) I care during feeding, diapering, bathing.
Provide safe toys and opportunities for play.

**School Age:** Young Children Are Active 5-7 years old
Involve parent(s) and child in care—child make some food choices.
Use toys, games, etc. to teach child, reduce fear.
Encourage child to ask question, play with others, talk about feelings.

**Older Children:** Are Doers 8-12 years old
Allow child to make some care decisions ("In which arm do you want the vaccination?").
Build self-esteem—ask child to help you do a task, recognize his or her achievements, etc.

**Adolescents:** Are In Transition 13-20 years old
Guide teen in making positive lifestyle choices—for example, correct misinformation from Teen’s peers.
Encourage open communication between parent(s), teen, peers.

**Young Adult:** Build Connections 21-39 years old
Recognize commitments to family, career, community (time, money, etc.).

**Middle Adult:** Seek Personal Growth 40-64 years old
Address worries about future—encourage talking about feelings, plans, etc.
Help with plans for a healthy, active retirement.

**Older Adult:** Enjoy New Opportunities 65-79 years old
Provide support for coping with impairments (Avoid making assumptions about loss or abilities).
Encourage social activity with peers, as a volunteer, etc.

**Elderly Adult:** Move to acceptance 80 years +
Support end of life decisions—provide information, resources, etc.
Assist the person in self-care—promote medication safety; provide safety grips, ramps, etc.
Advance Health Care Directives

The Advance Health Care Directive (AHCD) is a legal document for adults 18 years of age or older that have decision making capacity, that addresses the appointment of a “health care agent” (legally designated medical decision maker in case one loses capacity to make their own medical decisions) and facilitates written directives for health care in certain situations, such as terminal illness, coma or decreased quality of life. Members can obtain a free Advance Health Care Directive from admitting, membership services, social services, the wellness store., and KP.org.

Legal AHCD’s are signed by the patient, and either:
1) two witnesses (one not a relative, or KP medical care program personnel, volunteer or Physician may not serve as a witness for members).
2) a notary, or
3) long term care Ombudsman if completed in a SNF.

**Policy and Procedure 03-020 Patient Care Services.

AHCD’s are located in Healthconnect at Chart Review/Media Tab/Document Type “Advance Directive”. Sort alphabetically by clicking on Document Type tab (be sure to load all patient records if indicated). If patient/family states that they have an AHCD, check to see if it is in Healthconnect. If not in medical record, ask family to bring a copy of AHCD to hospital at first opportunity.

Upon receipt of the AHCD, “Right Fax” the document directly to medical records at (866) 551-9573. The Right Fax cover sheet is available from the unit secretary and contains instructions for proper use.

Always check to see if “Advance Directive” is listed on the patient’s Problem List. If not, add to Problem List as a “high priority” item.

Questions?? Contact Dan Wilson, Director of Bioethics at (951) 353-4442 office/ (951) 774-7260 pgr.

POLST

The California POLST form (Physician Orders for Life Sustaining Treatment) was created with the intent is to make patient treatment choices clear, accessible and honored in any health care treatment setting. It is printed on bright pink cardstock in a standard format so that it is easily recognized and located by family, Emergency Medical Services and hospital staff. POLST is a:
   1) Physician Order recognized throughout the medical system in CA,
   2) Directive for a range of end-of-life medical treatment, and
   3) Portable document that transfers with the patient throughout the medical system.

POLST addresses three important health care questions:
1) Does a person without pulse or respirations want CPR or DNR?
2) Does a person in a declining condition want “Comfort measures”, “Limited treatment”, or “Full treatment”, i.e., any medically appropriate therapy to prolong life?
3) Does a person want “Full”, “Time-limited” or “No” artificial nutrition (feeding tubes, TPN)?

POLST forms are useful (but not required) for any patient with serious, chronic, progressive illness, especially those who a physician would not be surprised if the patient died within a year (the “Surprise Question”). Once a POLST is completed, signed and dated by the patient and physician it is a valid physician order, and honoring the form is mandatory in all health care settings. The POLST does not assign a legal “health care agent”, as the Advance Directive does, but it can clarify the generalized statements about treatment choices in many Advance Directives. It can be used in the SNF and Custodial settings, as well as at home.

If a patient presents at any Kaiser Permanente facility with a completed POLST form or Advance Directive, nursing should inform the treating physician immediately so appropriate hospital orders can be written. Then check to see if the form is available in Healthconnect (Chart Review/Media tab/Document Type). If not, “Right Fax” the document directly to medical records at (866) 551-9573. The Right Fax cover sheet is available from the unit secretary and contains instructions for proper use.

If a patient appears to be a candidate for a POLST form, the treating physician should be notified. Forms will be made widely available through Social Services, Bioethics, Clinics and hospital units. Social Workers, Nurses, Bioethics can assist with the explanation and completion of a POLST, but a physician must review with the patient for understanding and clarity before signing, then “RightFax” the POLST into Healthconnect. Always return original POLST to patient/family; do not place pink POLST form in patient Chart.

POLST should be reviewed periodically, and may be revised if needed. Changes require completing a new POLST, with the old one diagonally lined, voided, signed and dated, then “RightFaxed” into Healthconnect as a “voided document”. Then use the “RightFax” procedure to enter the new POLST as the current, valid form.
Understand health care reform — how it affects KP, our members, and communities — and what each of us can do to make it work well.

Health care reform, or the Affordable Care Act, is intended to help more people get access to health care coverage and receive better medical care. Many health care reform changes that affect health plans are already in place, and other changes are coming in January 2014. For Kaiser Permanente, this is a critical time. We’ve been preparing for health care reform for several years, and how we respond to the challenges and opportunities this year will make a big difference for our organization, our members, and the communities we serve.

Frequently Asked Questions About Health Care Reform

Q: What is health care reform?
A: The term “health care reform” refers to the Affordable Care Act—the federal law that was passed in March 2010—as well as any state laws passed to put it in place. These laws are intended to help more people get affordable health care coverage and receive better medical care.

Q: What are the Health Insurance Marketplaces?
A: Marketplaces, sometimes called “Exchanges,” will be state- or federal-run online markets where many people can buy health care coverage. It will be available to people who are uninsured or who buy insurance on their own. They will be able to compare and choose health plans offered by private companies, get answers to questions, and find out if they are eligible for financial assistance or special programs. The marketplaces will also operate a Small Business Health Options Program (SHOP) where small employers can purchase coverage for their employees. Coverage purchased there will be effective Jan. 1, 2014, or later.

Q: Does a person have to buy from the marketplaces?
A: No, not necessarily. The marketplace is just one of the ways people can shop for health coverage. People can still get coverage through their employer or directly from an insurance company. A member will have to buy coverage through the Marketplace to apply for subsidized coverage, however.

Q: Will Kaiser Permanente coverage be available through the marketplaces?
A: Kaiser Permanente intends for our plans to be available in the marketplaces, but individuals don’t have to buy from the marketplaces. A person can still buy directly from Kaiser Permanente or continue to get coverage through his or her employer.

Q: Can anyone get health care coverage?
A: Yes, the ACA requirement regarding guaranteed availability applies to all individuals. Insurance companies can no longer deny coverage because a person has a medical condition, and no one has to pass a medical exam to qualify for coverage.

Q: Who has to buy health insurance?
A: The Affordable Care Act requires most U.S. citizens and those lawfully present to have a basic level of health coverage starting Jan. 1, 2014. There will be some exceptions for financial hardship, religious objection, immigration status and certain other circumstances.

Q: What if a person can’t afford to buy health care coverage?
A: The federal government may provide financial assistance to help a person pay for health coverage if he or she can’t afford it. This is usually determined by a person’s income level and family size. Individuals will be able to find out if they qualify for financial assistance when the Health Insurance Marketplaces launch in October.

Q: What can frontline workers do to prepare for health care reform?
A: Take advantage of every opportunity to become informed. Attend trainings (on KP Learn or in person), read communications and ask questions. Visit kp.org/reform, and refer friends, family and members to the site, too.
CHILD ABUSE REPORTING

Child Abuse Hot Line (CPS) (800) 442-4918

Whenever a Child Abuse Report Form is completed, send a copy to and notify the Social Services Department.

Accident or Injury to Infant, Child, or Adolescent:

If Initial History &/or Physical Exam is suspicious for Child Abuse:
- Review medical record for previous suspicious injuries
- Do History: Is it consistent with injury? Delay in seeking care?
- Do Physical, and check all skin surfaces. If bruising, consider CBC, platelet count, PT, PTT, Retic. Count
- If Trauma, consider Skeletal survey, or Bone Scan
- May consult Social Services, (951) 353-4640 &/or call facility operator 8-258 2000 and ask for the Pediatrician On Duty (POD) or in house pager 4435. High risk cases: include children with significant head injuries, multiple fractures, rib fractures, “corner” fractures, multiple bruises not on exposed areas, and burns.

Ask About Other Victims:
- Are there any adults/children in the home affected by this behavior?
- If there is reasonable suspicion of child abuse, then CPS must be called (800-442-4918) to report the case & discuss the disposition of the patient:
  - If there are significant physical findings a Physician must document the findings on Form OES 900, photograph all suspicious physical findings
  - If there are no significant physical findings, Complete Form SS 8572
  - If child needs protection, call Security (x4545) and POLICE for immediate response.

ELDER/DEPENDENT ADULT ABUSE

Screen / Identify:
- Physical abuse, (bruises, poor medical care)
- Physical neglect, (unkempt appearance, poor hygiene)
- Emotional abuse, (complaints of name-calling, fearful)
- Material / financial abuse, (complaints of others withholding funds for care, missing personal funds)
- Assess decision-making capacity
- Separate from abuser if in immediate danger

Report Under the Following Circumstances:
- Observing an incident that reasonably appears to be physical abuse including emotional abuse, mental suffering, financial abuse, neglect or abandonment
- Observing a physical injury (nature of injury, location on body, repetition of injury indicates abuse)
- When told by elder or dependent about any type of abusive behavior

Ask About Other Victims:
- Are there any other adults, or children in the house affected by this behavior?

Report:
- Emergencies – to law enforcement and Medical Center Security (x4545), APS Centralized Intake (800) 491-7123.
- Elder Abuse Hotline - (800) 491-7123 or
- If abuse occurred in long-term care facility or adult day care center: Long-Term Care Ombudsman Program - (951) 686-4402.

Document:
- Complete form SOC341 (do not place in medical record), Fax to APS (951) 358-2969 or
- Mail to: APS Centralized Intake Unit, 23119 Cottonwood Ave, Bldg B, 2nd floor, Moreno Valley, CA 92553 within 2 working days.

Notify Social Services:
Call (951) 353-4640 and Interoffice mail copy to RMC, Social Services.

CHILD SEXUAL ABUSE REPORTING

Suspected Sexual Abuse to Child who is less than 14 years old.
- If Abuse occurred more than 72 hours ago:
  - Call Police and CPS.
- The work up is not urgent, but should be done as soon as possible:
  - Follow and complete Form OCJP925
  - If findings are suspicious, obtain GC/ chlamydia cultures from genital and rectal areas, and viral cultures from genital areas. Take to Lab per protocol.
- If Abuse occurred less than 72 hours ago:
  - If there are significant physical findings, call Police or Sheriff to transfer patient immediately to a tertiary medical center.
  - Call CPS (800) 442-4918, and complete Form SS 8572 before the transfer.

Suspected Sexual Abuse to Adolescent, between 14 and 18 years old:
- If possible Stranger or Date Rape: Call law enforcement, then ask and encourage patient to give consent for exam.
- If possible Abuse by a Family Member (Incest):
  - Call law enforcement and/or CPS. Exam should be done. CPS (Child Protective Services) will give permission, even if the family refuses consent.
  - For Exam: If less than 72 hours, CPS will schedule Evidentiary Exam with Riverside Regional Medical Center.

Consensual sexual activity must be reported to Child Protective Services as suspected child sexual abuse if it involves any one of the following:
- Sexual intercourse between a minor who is under 14 years old and a partner 14 years old or older.
- Sexual intercourse between a minor who is 14 to 15 years old and a partner who is 21 years old or older.

INTIMATE PARTNER VIOLENCE

Screen / Identify:
- Sample Opening Question: “Because abuse and violence are so common, I’ve begun to ask about it routinely.”
- Observations:
  - Injuries inconsistent with the description of cause
  - Painful vaginal exams
  - Victim/partner behavior
  - Delay in presenting (old bruises)
  - Comments about emotional abuse
- Ask: “Are those injuries due to physical abuse? Has somebody been hurting you?”

Treat Injury
Document in Medical Record:
- Use patient’s own words
- Obtain consent to photograph
- Include history of abuse

Complete “Suspicious Injury Report” (OES 920)
- Describe visible injuries specifically
- Notify law enforcement agency where incident occurred
- Notify Social Services at (951) 353-4640

Assess Risk:
- Gun or other weapon involved?
- Does he/she think it’s safe to go home?

Offer Support, Status “There is help available.”

Ask About Other Victims:
- Are there any children or elders in the home? Are they ever affected by this behavior? Complete child abuse report as indicated.

Educate:
Alternatives to Domestic Violence Handout

Referral / Follow-Up:
- Provide Alternatives to Domestic Violence phone number (951) 683-0829 and Social Services (951) 353-4640 for follow-up or call for immediate need of shelter or resources (It is often safer for a victim to call us than for us to call them).

SOCIAL SERVICES DEPARTMENT HIGH RISK SCREENING AND REPORTING

For Riverside County Sheriff, Menifee, Perris, Lake Elsinore, Wildomar, Moreno Valley, & Temecula call 800-950-2444, press 5 for dispatch
- RMC Security x4545
- Child Protective Services: 800-442-4918
- Corona Police: 951-736-2334
- Adult Protective Services: 800-491-7123
- Riverside Police: 951-787-7911
- Social Services 951-353-4640

**After Hours Emergency call the Hospital Operator**

On the web: All forms may be accessed by using the form numbers in any web browser search engine (google, yahoo)
Suspected Child Abuse and Neglect (SCAN)

Under the current law, all Kaiser medical practitioners and health professionals are mandated to report cases of suspected child abuse/neglect, intimate partner violence and elder abuse/neglect which they have knowledge of and are required to sign a statement acknowledging their understanding of this requirement. No mandated reporter shall be civilly or criminally liable for reporting suspected abuse/neglect.

**Abuse:** To intentionally or recklessly cause or attempt to cause bodily injury to another person or place another person in reasonable apprehension that he, she, or another is in danger of imminent, serious bodily injury.

**Neglect:** is the omission of basic resources needed for normal growth and development.

**Indicators of Abuse and Neglect:** can include a wide variety of behaviors and observations. All materials needed for abuse/neglect can be found in the SCAN box. The SCAN Box’s are located throughout the Kaiser facilities. Each employee is responsible to know the location of the SCAN box in their work area. Refer to the algorithm in the SCAN box as a process guide. Social services can be called during the weekday to discuss the case.

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**ANNUAL or PERIODIC HEALTH EVALUATION**

The Employee Health Department assists employees in completing the required annual health evaluation and Infection Control annual training. The evaluation is used to determine that the healthcare worker is currently free of infection and able to perform his/her assigned duties and includes the following:

1. The annual health screening questionnaire, a review of vaccine history to insure that each employee is current with all mandated vaccines, a TB skin test, or PPD, if previously negative, and an N95 FIT Test for the departments in which FIT testing is needed are all part of the required annual health screen. Employees with a previously positive skin test, or PPD must still come to Employee Health annually to complete all other components of the health screen.

2. Completion of Infection Control Post Test.

3. The annual health screening and Infection Control annual training is to be completed no more than 12 months after the previous annual health screening and Infection Control annual training. When screening is completed, the results are placed in the Employee Health file. Employee Health records are not part of the employee's outpatient medical record. The Infection Control post test will be sent to the Department of Education for tracking.

4. When the annual health screening is not completed as required, the employee's name is placed on a delinquent list which is sent to the employee's manager and to Human Resources for follow up.

5. Annual Flu Vaccine. ALL staff are required to have the flu shot or wear a mask.

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**Latex Allergies**

For those employees and patients who are sensitive to natural latex products we offer a safe environment and use latex free supply carts. For our employees who are experiencing allergic symptoms, please let your manager and Employee Health Department know about any symptoms of sensitivity you may develop.
Threat Awareness

At Kaiser Permanente, we want to ensure a safe environment for all employees, physicians, patients, students, volunteers, contractors and visitors in order to provide the best care possible. Acts or threats of violence by employees, physicians, members, and visitors on Kaiser Permanente premises will not be tolerated. The carrying, possession, or use of any weapon on Kaiser property by any person is strictly prohibited. Threats can be verbal or nonverbal, direct or indirect.

Skill and Techniques for De-escalation:
- Acknowledge your own physical responses – try not to let them overwhelm or distract you.
- Stay professional and in control of yourself - remain calm.
- Remain non-threatening - verbal and physically.
- Listen carefully and empathetically for clues to the conflict - try to understand how the other person feels.
- Answer as many questions as calmly, clearly, quickly, and completely as you can.
- Neutralize language to lower the emotional levels - try to restate accusations, blame and insults so they are more neutral statements of behavior that can be addressed.
- Do not respond to manipulative or threatening behavior - focus on ending the conflict.
- Provide choices and consequences you can enforce - clear choices with clearly understood consequences.
- Take a time out - if possible, allow a few minutes for thought.
- Ask for third party help - do not hesitate to ask for help.

For more information talk to your department manager, or contact the Safety & Security Department.

Examples of Aggressions
- Irritable motor activity
- Increased talkativeness
- Pacing
- Aversion to physical contact
- Glaring eyes
- Urge to move about
- Forward leaning posture when speaking
- Growing resistance to direction
- Tightening muscles, clenching teeth
- Humming
- Hyper alert state
- Rising level of agitation

All physicians and employees are obligated to report any incident where they believe they have been the subject of threatened violence arising out of their relationship with Kaiser or if they observe or otherwise learn of such conduct by any person employed by Kaiser, using Kaiser services or on Kaiser premises.

Reports can be made to:
- Department Manager/Supervisor
- Security
- Administrator
- Legal Department
- Area Personnel Director

Threat Management Process Flow Chart

If you find yourself in a threatening situation, follow the flow chart below

Immediate Threat? YES
NO

With a Weapon? YES
NO

Contact Security

Contact Security

Security responds

Security will call 911 and respond to the incident

Notify appropriate Threat Management Team Member to make assessment

Situation Under Control

Notify appropriate Threat Management Team Member to make assessment

Notify appropriate Threat Management Team Member to make assessment

Security coordinates and responds with local authorities

Threat Management Team

A core team, which consists of Security, Human Resources, Administration, Employee Assistance Program, and Member Services, receives all threat reports, conducts a thorough risk assessment and implements a plan of action for low and moderate risk situations.
SEXUAL HARASSMENT

Kaiser Permanente has a Zero Tolerance Policy for Sexual harassment. Sexual Harassment is wrong and it impedes productivity and morale. Sexual Harassment and other forms of harassment and discrimination violate federal and state laws. Sexual Harassment can cause a hostile work environment. Sexual Harassment is defined as unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct of a sexual nature, or based on sex/gender, which affects an employee’s terms and conditions of employment or creates an intimidating, hostile, or offensive work environment.

Some examples of sexual or sex/gender based conduct prohibited by KP policy include:

- Sexual propositions, stating or implying that sexual favors are required as a condition of employment or continued employment, preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct; repeated unwanted sexual flirtations, advances, or invitations
- Unwanted physical contact, such as touching, pinching, grabbing, kissing, patting, or brushing against another’s body
- Verbal conduct, such as sexually-oriented or suggestive jokes, comments, teasing, or sounds; comments about a person’s body, questions about or discussions of another person’s or one’s own sexual experiences; sexually derogatory or stereotypical comments; verbal abuse of a sexual nature or based on sex/gender; sex/gender based hostility
- Offensive leering, flirtatious eye contact, staring at parts of a person’s body, sexually oriented gestures
- Displays or distribution of offensive, sexually suggestive pictures or objects, drawings, cartoons, graffiti, calendars, posters, printed material, or clothing containing sexually oriented language or graphics
- Inappropriate electronic mail usage and transmissions, including sexually explicit messages, cartoons, jokes, and unwelcome propositions; as well as accessing or viewing pornographic websites

An employee who is subjected to, witnesses, or has knowledge of any actions or conduct in violation of KP policy or that could be perceived as sexual harassment should report it promptly to an appropriate management official, such as a supervisor or the local Human Resources representative. Individuals may also choose to use the EEO Internal Complaint Procedure or the Corporate Compliance Hot Line.

Any physician, manager, supervisor, or other exempt professional or management employee who witnesses or has knowledge of sexual harassment or other forms of harassment or conduct prohibited by this policy is obligated to promptly report such behavior to an appropriate representative in Human Resources so that it can be appropriately investigated.

All reports of violations of this policy will be promptly and thoroughly investigated and to the maximum extent possible, investigations will be conducted so as to protect the confidentiality and privacy of the parties involved. If an investigation confirms that a violation has occurred, appropriate corrective/disciplinary action will be taken, up to and including termination of employment, as is necessary to assure a workplace free of harassment.

KP policy, as well as state and federal laws, prohibit retaliation, intimidation or reprisal against anyone who files a complaint and/or who cooperate with or participate in any procedures or investigations related to complaints. If it is determined that an employee has committed acts of retaliation in response to the actual or perceived filing of a complaint or participation in the investigation of a complaint, that person will be subject to corrective/disciplinary action, up to and including termination of employment.

For further resources please refer to Principles of responsibility and the national HR policy listed Policy Title: Commitment to a Harassment-Free Work Environment Policy Number: NATL.HR.005

Applicable policies and forms can be obtained from local Human Resources or online at inside.kp.org/myhr
Compliance at Riverside Service Area

Your Local Compliance Resources
Arlene Harrity, Compliance Officer, 951-353-4236
Patricia Galarrita, Compliance Project Manager, 951-353-3478

Compliance Websites:
Compliance:  http://xnet.kp.org/compliance/
Principles of Responsibility:  https://wiki.kp.org/wiki/display/por/Home
Policy Library:   http://npl.kp.org/pl/do/public/region/select_regio Save=false&VIEW=M&selectedRegionId=1040

Reporting Compliance and Ethics Concerns

Employees are obligated to report compliance issues. To report any compliance or ethics concerns we encourage you to go to your supervisor first. We understand that sometimes this may not be possible, so there are other local resources available to you. Here is the recommended reporting hierarchy:

SUPERVISOR --» HIGHER MANAGER --» COMPLIANCE OFFICER

If none of the above people are available or you are uncomfortable reporting your concern to them, call the Compliance Hotline at 1-888-774-9100. The hotline is a resource for employees to report behavior that may be illegal, prohibited, or fails to comply with regulations and/or KP policy.

Examples of these issues are:

~ Theft, fraud, waste and abuse
~ Violations of health, safety and environmental regulations
~ Conflicts of interest
~ Accepting inappropriate gifts and gratuities
~ Falsification of documents
~ Ignoring regulatory requirements
~ Illegal use or disclosure of confidential information

Curiosity Can Cost You Your Job

Compliance with state and federal privacy laws is critical to maintaining member confidence in our care. When that trust is violated, there are serious consequences. Reviewing and/or disclosing member’s medical information without a legitimate need or proper authorization is not permitted. Mere curiosity will cost you your job! In addition, you could be assessed with fines and/or be reported to licensing boards.

Many breaches of information can be avoided if we each make security aware decisions and think carefully before we act. Remember to:

- Always double check the email address, fax number and mailing address before sending confidential information
- Secure KP systems before walking away and never share your userID/password
- Double check information being given to patients to ensure you are giving the right documents to the right patient

Examples of breaches of confidentiality:

- Access of patient information without a business need
- Accessing friends, family’s (i.e. spouses, partners, children) and co-workers information without a business need
- Discussing confidential information in public areas
- Providing a patient another patient’s protected health information (i.e. after visit summary, discharge instructions, RX)
- Posting of any patient information on social networking sites such as Facebook, MySpace, and Twitter

California Privacy Laws

SB541: Authorizes California Department of Public Health (CDPH) to investigate health information privacy breaches in health facilities and assess penalties of up to $25,000 per patient whose medical information was breached with a maximum of $250,000 per reportable event.

AB211: Authorizes the Offices of Health Information Integrity (OHII) to enforce state medical privacy laws and to assess penalties against individuals for breaches of the Confidentiality of Medical Information Act. The current fines are $2,500 for negligent unlawful disclosure up to $250,000 for unlawful disclosure for the purpose of financial gain.

Federal Laws

Federal laws require reporting of breaches. Substantiated breaches are reported annually. When a breach affects 500 or more individuals, Kaiser must promptly report the breach to the Department of Health and Human Services (HHS). Criminal and monetary penalties for breaches now extend to the individual – even if the breach was accidental or unintentional.
1. **Need KPHC Long Term Support (LTS) Assistance?** We will provide KPHC Long Term Support between the hours of 8:30 a.m. to 5:00 p.m. Monday through Friday. If you need KPHC assistance, please contact the Riverside LTS Department at tie line 8.258.5638 (951.353.5638). You may also leave a voice mail message. After hours, see #2 below and contact the National Help Desk and follow those instructions.

Physicians may also call the Physicians Help Desk (8-395-5599/951.270.5599) or the National Help Desk (8-330-1143/1.888.457.4872) for support.

2. **After hours needs:** URGENT issues that arise after normal business hours, such as; after hours, weekends, evenings and night shifts along with holidays, please contact the National Help Desk at 8.330.1143 or 8.395.1143 (1.888.457.4872). The National Help Desk will then contact the Riverside LTS staff member on-call.

   Examples of URGENT issues are:
   - If you are unable to access the system, please contact the National Help Desk for assistance. Remember if you haven’t accessed KPHC within the past 90 days, your access will be denied. Your approving manager’s authorization will be required before access can be reinstated. This applies to all MVCH staff and Physicians.
   - You have called the number above to reset your password and been told they need to reactivate your user account and you have not received a response within 20 minutes.

3. **For Equipment or Hardware issues:** Call the National Help Desk at 8-330-1143 (1.888.457.4872). Please mention that you are an Inpatient HealthConnect user so that Local ITFS can respond to your issues more quickly. For after hours, weekends and holidays, if there is a printer failure, please open a problem ticket with the Help Desk informing them that it is a high priority and that it is the only printer on the nursing unit, in the lab or department.

4. **For HealthConnect functionality or workflow questions:** Contact the Riverside KPHC Long Term Support (LTS) team at tie line: 8.258.5638 (951.353.5638) during the office hours of Monday through Friday, 8:30 a.m. – 5:00 p.m. Also, you may leave a message and a member of the team will contact you as soon as possible during these business hours. Also, during regular business hours, our Inpatient Nurse Champion can be used as a resource. Her Riverside ext. is 8.258.3547 (951.353.3547).

5. **Password Resets:** Call 8-395-KPHC (1.888.456.KPHC) and select Option #1. If you have entered an incorrect password twice, DO NOT try a third time (if you get it incorrect a third time, you will be locked out of the system, which takes longer to fix.) Instead, call the number above to have your password reset.

   Riverside Long Term Support Team 8.258.5638/951.353.5638

Kaiser Permanente’s Mission
Our mission is to provide high-quality, affordable health care services to improve the health of our members and the communities we serve.

Our Guiding Principles
Improve Our Members’ Health and the Nation’s Health Care
Innovate and Excel in Our Professions
Respect Members, Patients, Customers, and One Another
Be Fair and Honest in Our Business Dealings
Demonstrate a Commitment to Compliance and Ethics
A Message from the Leadership Team

Dear Colleagues,

Each of us is responsible for doing our part to uphold the excellent reputation that Kaiser Permanente has earned over the years. Since our founding in 1945, we have earned the trust of members, patients, and our partners by maintaining an unwavering commitment to our mission: to provide high-quality, affordable health care services to improve the health of our members and the communities we serve.

Today, health care organizations are under intense scrutiny by regulatory agencies and the public. Kaiser Permanente is no exception. Kaiser Permanente’s Principles of Responsibility, our code of conduct, help us understand what we must do each and every day to maintain our good reputation and to comply with all applicable laws, regulations, and accreditation standards.

No code can anticipate every situation that we might face as we provide health care to our members, patients, and the communities we serve. Use good judgment and speak up when you are unsure of what to do. When in doubt, ask questions. Talk to your colleagues and to your leaders. If you are aware of issues that might be a violation of this code, you have an obligation to report it to your Chief, manager or supervisor, your Human Resources representative, your Compliance Officer, or the Kaiser Permanente Compliance Hotline. Each of us has an integral role to play in helping to secure our reputation and our future.

The trust that our members and patients place in Kaiser Permanente begins with each and every one of us. Kaiser Permanente’s reputation is in our hands, and we are fortunate to be guided by principles that have served us well and that will continue to make us proud. Please read the Principles of Responsibility with care, refer to them often, and commit to following them in your daily work.

Sincerely,

George C. Halvorson
Chairman and CEO,
Kaiser Foundation Health Plan, Inc;
Kaiser Foundation Hospitals

Francis J. Crosson, M.D.
Executive Director,
The Permanente Federation, L.L.C.

John August
Executive Director,
Coalition of Kaiser Permanente Unions
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1. Introduction

The Principles of Responsibility guide us in our work.

1.1 Our Guiding Principles

The Principles of Responsibility are our organization’s code of conduct, which guide us in our daily work and help us accomplish our mission in an ethical work environment.

The Principles of Responsibility rest on the foundation of Our Guiding Principles. By following the guiding principles below, we continue to build an organization of which we are proud to be a part.

Improve Our Members’ Health and the Nation’s Health Care

• Our cause is health. Our passion is service. We work to make lives better.
• We deliver compassionate, personalized, and proactive care to our members and patients.
• We take action to improve the access, delivery, and funding of health care for the communities we serve.
• We share our knowledge and innovations through our support of education for community health professionals and consumers, and by helping to inform and shape public policy.
Excel and Innovate in Our Professions
• We always strive to learn. We are dedicated to raising our own standards and the standards of our professions through research, training, new technology, and improved facilities.
• We encourage teamwork, knowing that it is through collaboration with others that we discover.
• We are environmentally responsible and provide health care services in a manner that protects the environment now and for future generations.

Respect Members, Patients, Customers, and One Another
• When caring for our patients and serving our members and customers, we strive to act with courtesy, in a careful and considerate manner, and with a high degree of professionalism—never forgetting our responsibility for our members‘ and patients‘ well being.
• We value our members‘ and patients‘ privacy and respect their autonomy, as well as their customs and beliefs. We involve them in decisions regarding their treatment and care whenever possible.
• We understand that we thrive when we respect one another. We are proud of our collegial environment that honors diversity and basic dignity for all.
• We listen to and respect the opinions of others, even when our views differ.

Be Fair and Honest in Our Business Dealings
• We know that we must earn our good reputation every day and that each health care and business decision is an opportunity to demonstrate our commitment to ethics and integrity.
• We recognize the trust that others put in us, and we understand that we must uphold that trust by being truthful and honest—always.

Demonstrate a Commitment to Compliance and Ethics
• Compliance means we fully adhere to federal, state, and local laws and regulations; all federal health care program requirements; licensing requirements; accreditation standards; and requirements of the Centers for Medicare and Medicaid Services (CMS) and other federal and state contracts.
• Acting with ethics and integrity in our work means that we always try to do the right thing and make the best decision, and that we seek help—either in the Principles of Responsibility or in the advice of another person—when the right thing or the best decision is not clear.

Who Does this Code of Conduct Apply To?
Every individual and organization that works for or on behalf of Kaiser Permanente is required to follow all applicable laws, policies, and the provisions of this code of conduct. This includes members of all boards of directors, management, physicians, dentists, employees, students, residents, interns, temporary employees, and volunteers. There are no exceptions.

We must also exercise proper oversight of contractors, consultants, and vendors who provide services to or on behalf of Kaiser Permanente to ensure they are aware they must abide by all applicable policies.

We must work together cooperatively, according to the same standards, to best ensure and sustain a culture that supports ethics and compliance. By understanding and following the policies in this code of conduct and asking questions when the best decision
is not clear, we can continue to ensure that Kaiser Permanente will be:
• The best place to get health care.
• The best place to work.
• A provider of the highest quality services for our members and patients.

Our Non-Retaliation Policy
All of us have a responsibility to maintain an environment in which we can speak candidly about our concerns and report suspected noncompliance. Managers and supervisors have additional responsibilities to promote this kind of environment. Kaiser Permanente does not tolerate retaliation against individuals who report illegal, unethical, or otherwise inappropriate acts or against individuals who refuse to participate in wrongdoing.

Anyone who retaliates against individuals who report or refuse to participate in violations of law, regulations, policies, or this code of conduct is subject to disciplinary action up to and including termination.

If you believe you or someone else is the victim of retaliation, you should report it immediately to your Compliance Officer or National Compliance, Ethics, and Integrity at 510-271-4699 or you should call the toll-free Kaiser Permanente Compliance Hotline at 1-888-774-9100.

Our Compliance Responsibilities
The Principles of Responsibility on their own cannot guarantee ethical behavior—each of us must do our part.
• Familiarize yourself with and comply with the various policies, procedures,
and standards that apply to you and your job. Certain functions may have their own specific policies and procedures. Be sure to check with your supervisor for any job-specific information that you need to know. More specific standards than those contained in this code of conduct may apply to departments, committees, or the Permanente Medical Groups (PMGs).

- Complete required general and specialized Compliance training as designated by your function or job title.
- Commit to complying with all applicable laws, regulations, standards, and Kaiser Permanente policies and procedures by signing the Principles of Responsibility and Compliance training attestations.
- Speak up when you are unsure of what to do. When in doubt, ask.
- If you believe that you are being pressured to participate in illegal or unethical acts, refuse to do so, and report the matter immediately. If you have a compliance or ethics question or if you need to report a possible violation, you have several options. Discuss your concerns with your colleagues, supervisor or with any director or officer; contact your Compliance Officer; or call the Kaiser Permanente Compliance Hotline, toll-free at 1-888-774-9100. It is important to remember that you are required to report suspected violations of any federal health care program requirement or of Kaiser Permanente’s policies or procedures.
- Cooperate with investigations of potential violations.
- Be proactive. Look for and speak up about improprieties or wasteful activities.
Additional Compliance Responsibilities for Supervisors and Managers

- Foster a culture of ethics and compliance through personal leadership.
- Be proactive and take steps to prevent ethics and compliance problems before they happen.
- On a regular basis, review with your direct reports the job-specific ethics and compliance policies as well as the standards and procedures that apply to them. Encourage questions and provide concrete examples of how the rules apply in real-world situations. Remember that following the Principles of Responsibility is an element when evaluating the performance of all employees.
- Use the ethics and compliance resources that are available to you. Meet with your Compliance Officer to discuss practical steps that can be taken to help make ethics and compliance initiatives more effective. Supervisor training is available to help you respond appropriately to compliance and ethics issues.
- Promptly report possible noncompliance with federal health care program requirements, Kaiser Permanente policies, applicable laws, or this code of conduct. Supervisor training is available on investigation procedures.
- Promote understanding of and adherence to Kaiser Permanente’s non-retaliation policy.
- Managers and supervisors must inform an employee or concerned party that he or she is entitled to obtain follow-up information regarding any compliance or ethics concerns.
- If you work with vendors, consultants, or temporary workers, you must ensure that they are aware of the Principles of Responsibility and relevant policies and that they understand their importance.

1.5 Disciplinary Action for Violation of Policies or Applicable Laws

Each of us is expected to comply with all applicable laws, federal health care program requirements, and Kaiser Permanente’s policies, and each of us is obligated to report any compliance violations. Disciplinary action—up to and including termination—may be taken for noncompliant behavior.

When a policy is violated, management may consider a number of factors to help determine the appropriate response, including but not limited to potential harm to members and patients; potential harm to Kaiser Permanente’s legal, financial and/or reputational interests; the individual’s history of prior misconduct; the nature of the individual’s role in the misconduct; the individual’s conduct during the investigation; and the individual’s appreciation of the seriousness of the violation.

Anyone who makes a report or claim that he or she knows or suspects is false is subject to discipline, up to and including termination.
2. Respect for Others
We recognize and embrace the diversity of our workforce and the communities we serve.

2.1 Respect and Fair Treatment

Workforce Diversity
Kaiser Permanente is committed to a workplace where members, patients, physicians, and employees are treated with respect. Each of us is expected to grant others the same respect and fair treatment we wish for ourselves.

Our diverse ideas and backgrounds strengthen Kaiser Permanente and provide a workplace where everyone can do their best. We are committed to:

- Promoting and maintaining an inclusive, high-performing culture in which everyone embraces and makes full use of each others’ talents and backgrounds.
- Nourishing innovative thinking and achieving everyone’s full potential.

Any physician or employee who believes he or she has been subjected to, or who is aware of, conduct that may be discriminatory, must report it immediately. Contact your supervisor or your Human Resources representative. Individuals may also choose to use the Equal Employment Opportunity Internal Complaint Procedure or the Kaiser Permanente Compliance Hotline.

If you are a manager, you should never allow a discriminatory situation to continue by not reporting it or taking action. This applies regardless of who is engaged in the misconduct.
**Member and Patient Diversity**

We serve some of the most diverse populations in the nation. Our National Diversity Agenda directs Kaiser Permanente’s efforts to be a leader in effectively managing diversity in the health care marketplace, advancing culturally competent care, and enhancing the diversity, cultural competence, skill, and performance of our workforce. Our aim is to deliver health care that acknowledges and understands cultural diversity in health beliefs, practices, and communication.

In order to meet these goals, we must consider and respect members’ and patients’ cultural needs when we are involved in their care or have contact with them or their families.

**2.2 Non-Harassment**

We do not tolerate harassment of any kind by anyone working in our facilities. Harassment undermines our ability to work together and is contrary to our beliefs in personal dignity and respect for each other.

Harassment can take many forms. A few examples of harassment are:

- Jokes, insults, threats, and inappropriate comments concerning a person’s race, color, gender, gender identity, age, religion, national origin, ancestry, citizenship, physical or mental disability, veteran status, or sexual orientation.

- Unwelcome or inappropriate sexual advances, sexual remarks, displays of offensive material, requests for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature.

**Q:** While we’re at lunch, two co-workers often tell me racial jokes. They think they’re funny, but the jokes make me uncomfortable. I haven’t complained because I know they’ll tell me I’m making trouble over nothing. Are they right?

**A:** They are wrong. Your co-workers should be made aware that their jokes are inappropriate, are disrespectful of other Kaiser Permanente colleagues, and are contrary to our values. Furthermore, they are creating a difficult work environment. Even though these are private conversations, they may be overheard. You may talk to your co-workers yourself, but if you are uncomfortable doing so, you should bring it to the attention of your supervisor, your Human Resources representative, or your Compliance Officer.

**Q:** A friend of mine who works in another department told me that her supervisor is making her uncomfortable by repeatedly commenting on her appearance and asking about her personal life. I told my supervisor, but I don’t think he’s done anything about it.

**A:** All supervisors and managers who are contacted about possible harassment are required to report it immediately to their Human Resources representative so that it can be investigated appropriately.
• Verbal or physical conduct that disrupts another’s work performance or creates an intimidating or hostile work environment.
• Communicating or displaying of offensive material in the workplace.

If you observe or are the victim of workplace harassment, you have a responsibility to report it immediately. You should contact either your supervisor, your Human Resources representative, or your Compliance Officer, or you should call the Compliance Hotline 1-888-774-9100.

Q: Several people have slipped in our break room due to water on the floor. I think it is caused by water dripping from the refrigerator. What should I do?
A: Notify your supervisor of the safety hazard. When you see a wet floor (or any other immediate risk), warn others to avoid the hazard until it is safe, and then follow department protocols for correcting the problem.

Q: I take a prescription drug that sometimes makes me drowsy. Am I violating Kaiser Permanente’s policy?
A: You need to discuss with your supervisor whether you are contributing to an unsafe working environment for yourself or others. As a general rule, reporting to work under the influence of any drug—whether prescription or not—is prohibited if it might harm you or others in the workplace.

2.3 Safe and Healthy Work Environment
Safety is a priority in everything we do. Each of us has an obligation to members, patients, fellow physicians, and employees to ensure safe and healthy working conditions. Each of us is responsible for ensuring an injury-free workplace.

There are simple and practical steps that we can take to contribute to a safe and healthy work environment:
• Participate in safety training.
• Follow safety standards.
• Report safety concerns in a timely manner.
• Discuss ideas about safety with each other and with management.
• Be aware of safety-related resources.

Kaiser Permanente strictly enforces a workplace free of substance and alcohol abuse. Physicians and employees may not be on Kaiser Permanente premises or in organization vehicles or perform work for Kaiser Permanente if they are using or are under the influence of drugs or alcohol. Physicians and employees are encouraged to seek treatment for any substance-related problem.

We are committed to a workplace free of violence. Offensive, threatening, or violent behavior, whether verbal or physical, will not be tolerated and should be reported.
3. Our Business Practices
Kaiser Permanente needs to ensure that our decisions are free of actual, potential, or the appearance of conflicts of interest.

3.1 Conflicts of Interest
Conflicts of interest have the potential to damage both Kaiser Permanente’s reputation and your reputation as an individual. A conflict may arise when personal or financial interests influence your judgment or interfere with your Kaiser Permanente responsibilities. We need to be sure that our decisions are free of actual or potential conflicts of interest, or even the appearance of conflicts.

Identifying and addressing conflicts of interest can be challenging. The following sections provide guidance to help address some of the more common conflicts that arise. In specific situations you should begin by using your best judgment and be guided by these provisions and Our Guiding Principles. Talk to your supervisor or Compliance Officer to help clarify potential conflicts and determine if and when exceptions are appropriate.

The following sections of the code of conduct set minimum general standards for typical conflicts of interest. Certain Kaiser Permanente organizations and functions may have more stringent policies and procedures. It is your responsibility to know the specific policies, procedures, and standards that apply to you and your job. Be sure to check with your supervisor for any job-specific information that you need to know. In addition, if you receive a request to complete a Conflict of Interest questionnaire, you are expected to fill it out completely, honestly, and in a timely manner. Failing to do so may result in disciplinary action, up to and including termination.
**Gifts and Business Courtesies**

Strong relationships with our business partners are vital to our business. At times it may be appropriate to accept a modest gift or entertainment or offer one to vendors or suppliers; however, the following are never acceptable:

- Gifts or entertainment that are received or given on a regular basis
- Cash or cash-equivalent gifts including checks, gift certificates or cards, stocks, or coupons
- Gifts or entertainment that are in questionable taste
- Gifts to government representatives

Gifts, meals, entertainment, or any other form of offering may be accepted or provided only if all the following criteria are met:

- They do not violate any law.
- They cannot be construed as a bribe, payoff, deal, or any other attempt to gain advantage.
- They are worth less than $25.

While departures from these limitations are strongly discouraged, the following exceptions may be acceptable:

- Physicians and employees may be asked to attend dinners, or events that exceed the allowed limit. However, these kinds of amenities are not permissible if they are intended to influence health care or business decisions. In all cases, if the value exceeds $25, disclosure to your supervisor is required, and you must establish the business necessity and appropriateness of the gift or entertainment.
- Whenever possible, prior approval should be obtained for occasions that are expected to exceed $25. Occasions that were not expected to exceed the limit, but inadvertently did so, should be disclosed to your supervisor after the fact.
- Perishable items from vendors, suppliers, members, and patients, such as food and flowers, that are not lavish and can be shared with colleagues may be accepted.

Notwithstanding the guidelines set forth, physicians and employees who receive modest gift items from grateful patients may accept them.

Just as we have policies about giving and receiving gifts, the recipient may have similar policies, as well. Please make a prudent effort to ensure that the gift meets the recipient’s gift policy.

**Employment of Relatives and Members of Your Household**

We recognize that there may be circumstances where members of the same family or household can contribute to Kaiser Permanente as employees. Therefore, we permit employment of relatives and members of your household, unless their employment:

- Results in an employee directly supervising either a relative or someone with whom he or she has a special relationship.
- Creates a conflict of interest or any other unethical or inappropriate work situation. Any exceptions to these prohibitions are addressed in Kaiser Foundation Health Plan and Kaiser Foundation Hospitals or Permanente Medical Group Human Resources policies that address employment of relatives and employees with special relationships.

Physicians and employees are required to notify their Chief or manager and the Chief or manager of the department to which they are transferring of any prohibited work situation involving relatives or household members.

Employment decisions must be based on merit and made without personal bias or favoritism. Employment decisions that are or appear to be influenced by personal relationships must be avoided. We must maintain an environment in which physicians and employees are hired and treated with fairness and equity.
Investments and Outside Income
Kaiser Permanente physicians and employees must avoid situations where investments and outside income can influence or appear to influence their decisions on behalf of Kaiser Permanente.

Outside Employment, Including Self-Employment
Outside employment, including self-employment, by Kaiser Permanente executives, employees, or physicians must be avoided if it diverts or conflicts with Kaiser Permanente business.

Kaiser Permanente managers, physicians, and employees may not work as vendors, contractors, or subcontractors to Kaiser Permanente.

Written disclosure to your immediate supervisor is required prior to working as a consultant, representative, or employee of any organization that is a competitor. If an outside organization you are working for becomes a competitor, disclosure is required at that time.

Kaiser Permanente physicians and employees working on an on-call or per-diem basis are not required to provide a written disclosure for work outside Kaiser Permanente.

Financial Interests and Investments
You must disclose financial interests held by you or any immediate family member in any supplier, customer, or competitor if you have direct or indirect influence in business dealings between Kaiser Permanente and that supplier, customer or competitor. “Financial interest” means ownership interest in stocks, bonds, debt obligations, options, rights to buy or sell stock, shares in profits, investments, or other proprietary interests in privately held companies.

Acquiring a financial interest in property may constitute a conflict if you have information that Kaiser Permanente may be considering the purchase of that property. This includes interests in real estate, patent rights, or securities. Mutual fund shares and insubstantial share holdings of a publicly held company do not need to be disclosed.

If you have questions about financial interests and investment requirements, consult your supervisor or Compliance Officer.

Honoraria
Before accepting honoraria for presentations about your work at Kaiser Permanente, you must disclose the offer in writing to your immediate supervisor. You may be required to remit such honoraria to the entity where you work.

Referral of Patients
Federal, state, or local laws prohibit payment (direct or indirect) for referral of certain patients. Additionally, certain laws prevent payment for the referral of patients to a service provider (e.g., laboratory services) where the referring provider or an immediate family member has a financial relationship with that service provider. In addition, some health care providers are also prohibited from referring Kaiser Permanente members and patients to their own private practice for care.

Because these requirements are complex, you are urged to consult with your supervisor or Compliance Officer before making such referrals.
Physician Income and Investments
Physician partners and shareholders of the Permanente Medical Groups (PMGs) may not invest in or perform services for any organization providing medical care services to patients in areas served by Kaiser Permanente, except as specifically permitted by PMG policy. Such services include both physician services and support services, including but not limited to, laboratory, diagnostic imaging, physical therapy, and sale of pharmaceuticals and medical equipment.

Income obtained by Permanente Medical Group physicians and employees for professional services performed outside of that PMG is subject to the policies of that PMG.

Outside Directorships
Written disclosure to your supervisor and Compliance Officer is required if you are serving or have been requested to serve on the board of directors or an advisory board of a competitor, vendor or potential vendor of Kaiser Permanente.

3.2 Respecting Confidentiality, Privacy, and Security
Keeping member and patient identifiable information (MPII), confidential, private, and secure is essential to preserving member trust, providing quality health care, and complying with federal and state regulations. Be sure to access medical records only when it is essential to your job and to keep all electronic devices—including laptops and personal digital assistants (PDAs)—password protected and secure.

The trust our members place in us to take care of them depends in large part on how we protect their confidentiality, privacy, and security. Much of the information we collect from patients—including medical condition, history, medications, and family illnesses—is very sensitive and protected under privacy and security laws. It is everyone’s obligation to follow the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and other laws, as well as to follow...
our own policies for confidentiality, privacy, and security. Failing to comply could result in disciplinary action, up to and including termination.

It is imperative that we abide by all administrative, technical, and physical safeguards designed to protect patients and their health information. These safeguards include:

- Following building protocols, such as keeping doors locked and using ID badges for sensitive areas.
- Accessing medical records or discussing patient information only when it is specifically required for your job to provide patient care or comply with the law.

In addition, you should store confidential information such as member and patient identifiable information on Kaiser Permanente’s secured network servers, rather than on “endpoint” electronic devices such as desktop computers, laptops, personal digital assistants (PDAs), or memory storage devices. Storing confidential information on these devices should only occur when essential to your job. Special approval and encryption of the information are required before storing member and patient identifiable information on many types of devices. Other special physical protection and security mechanisms such as passwords will continue to be required to protect against the disclosure of this information in the event of theft or loss of these devices.

### 3.3 Supplier and Vendor Relations

We always treat our business partners fairly and expect the same in return. When choosing suppliers and vendors and negotiating contracts, decisions must be made fairly and objectively, with patient well-being and the best interests of the organization in mind. No one representing Kaiser Permanente should attempt to use his or her position to unfairly damage or eliminate any supplier or potential supplier.

Additional sections of this code of conduct that are especially relevant to supplier and vendor relations include 3.1 Conflicts of Interest, 5.2 Anti-Fraud Laws, and 5.4 Anti-Kickback Laws.

### Purchasing and Contracting

To ensure transparency and avoid even the appearance of impropriety, a selection process and criteria should be properly documented, identifying all material terms and conditions and the services to be provided.

Vendors must have a fair opportunity to obtain Kaiser Permanente business based on the quality, suitability, dependability, availability, and price of their services.

It is important to realize that oral agreements, phone conversations, and other informal exchanges can be construed as contracts. For this and other reasons, only
physicians and employees with the authority to enter into binding contracts on behalf of Kaiser Permanente should attempt to do so.

Managers, supervisors, physicians, and others with the authority to direct or influence the use of Kaiser Permanente assets must provide written disclosure to their supervisor and Compliance Officer when their immediate or other family members are vendors, work for vendors, or are attempting to become vendors for Kaiser Permanente, either as an individual or as part of an organization and could directly benefit from the transaction.

Kaiser Permanente managers and supervisors who work with vendors, consultants, or temporary workers must be able to demonstrate that these third parties have received the Principles of Responsibility and relevant policies and understand the importance of compliance with them.

**Delegated Functions**

Kaiser Permanente must exercise proper oversight of contractors, consultants, and vendors performing delegated functions or services for or on behalf of Kaiser Permanente. Individuals and entities performing delegated functions are required to comply with all relevant requirements.

### 3.4 Business Records and Communications

Maintaining complete and accurate records is essential if we are to meet our mission to provide quality health care. We must never create or change a document for the purpose of misleading anyone, and no relevant information should ever intentionally be left out, hidden, falsified, or covered up.

**Complete and Accurate Records**

This standard applies to all business records and communications including member, patient, or facility records and claims records that pertain to internal business data; financial and statistical information; timesheets; expense reports; and personnel files. Such business records and communications are essential if we are to meet our mission to provide quality health care. We must never create or change a document for the purpose of misleading anyone, and no relevant information should ever intentionally be left out, hidden, falsified, or covered up.

**Q:** My manager brought me a lengthy report last Friday afternoon and asked me to sign it without reading it. It seemed rather routine, so I signed it without a full review. Who would be responsible for any errors?

**A:** You would. Signing your name to a document means that you approve its content. Your manager was also wrong to ask you to sign it without properly reviewing it.
records and communications are used to make critical decisions within Kaiser Permanente. They may also be reported outside Kaiser Permanente to regulators, accrediting organizations, payers, customers, and the public. We must comply with federal and state regulations when preparing and maintaining these records and communications.

We must make sure that all information we give to Kaiser Permanente’s finance personnel, accountants, reimbursement staff, internal and external auditors, and Compliance staff is accurate and complete and fully discloses relevant accounting, financial, and business practices. Anyone who provides data or information that they know or suspect is false is subject to discipline, up to and including termination.

We must cooperate fully during internal and external audits.

If you become aware of any weakness in internal controls, structures, or procedures for recording and reporting medical information or financial and statistical data, you must report the matter to your supervisor, your Human Resources representative, your Compliance Officer, your Controller, or the Compliance Hotline 1-888-774-9100.

No physician or employee should ever be pressured to make false or misleading entries, statements, or alterations in any business record.

**Clinical Data, Reports, and Outcomes**

Medical records and other clinical documents are very important to ensure safe patient care. We must document clinical events in a clear and precise manner to enable others to understand the documents and to help facilitate accurate diagnostic and service coding, billing, cost reporting, planning, and research.

Consistent with our dedication to the well-being of our patients and our role as an industry leader in advancing health care innovation, we have an ongoing commitment to ensure the quality of all our services, including the use of health care products that are marketed as well as those under development. Each of us has a responsibility to immediately notify our supervisor, Human Resources representative, Risk Manager, Compliance Officer, or the Compliance Hotline 1-888-774-9100 if we become aware of a serious or unanticipated reaction to a health care product. A report should be made even if there is uncertainty of a cause and effect relationship between the product and the event.
Document Retention and Disposal
The retention and disposal of all organizational records (business, financial, and medical) must be done in accordance with:

- Applicable federal, state, and local laws and regulations.
- Licensing and accreditation requirements.
- The National Business Record Retention and Disposal policy or the applicable Permanente Medical Group policy.

Records include information in any format, including but not limited to paper, electronic, audio, or video.

Documents requested for any government investigation or legal proceeding or documents relevant to an expected government investigation or legal proceeding must not be altered or destroyed in any manner.

On occasion, you may need to use Kaiser Permanente’s assets for personal purposes, but such use must be limited in frequency and scope and should not incur additional costs to the organization.

You should use Kaiser Permanente assets with the care and respect that reflects the hard work and investment by Kaiser Permanente and our physicians and employees.

Research and Intellectual Property
As part of our commitment to protecting health and improving the nation’s health care, whenever possible, Kaiser Permanente will share our knowledge and care innovations to enrich the public debate and advance health care.

Research occasionally may need to be conducted under provisions that anticipate ownership rights. When this is the case, intellectual property such as inventions, patents, know-how, and copyrights generated in the course of employment are the property of Kaiser Permanente.

In all instances you should immediately report to your supervisor, Human Resources representative, Compliance Officer, or the Compliance Hotline 1-888-774-9100 any development that may constitute suspected theft or loss of intellectual property.

Q: An employee I know was recently terminated, and she had a printer in her home that Kaiser Permanente purchased for her to use for business. Shouldn’t she return it?
A: Yes, she should. If your employment ends, you must return all Kaiser Permanente property and equipment, including items used in connection with Kaiser Permanente’s information systems.

Safeguarding and Proper Use of Our Assets
Kaiser Permanente assets are intended to be used for business purposes. We are all responsible for safeguarding our organizational assets against misuse, waste, damage, loss, impairment, and theft.

Kaiser Permanente assets include buildings, equipment, furniture, supplies, company funds, electronic assets (i.e., computers, voicemail or e-mail), knowledge, and information. We all rely on access to these assets to do our work. Therefore it is important that we not exploit Kaiser Permanente property, information, services, resources, or other assets for personal gain or benefit.

On occasion, you may need to use Kaiser Permanente’s assets for personal purposes, but such use must be limited in frequency and scope and should not incur additional costs to the organization.

You should use Kaiser Permanente assets with the care and respect that reflects the hard work and investment by Kaiser Permanente and our physicians and employees.

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A: Yes, she should. If your employment ends, you must return all Kaiser Permanente property and equipment, including items used in connection with Kaiser Permanente’s information systems.
property. In addition, before the start of any research activities, you must contact the Kaiser Foundation Research Institute or the Regional Research Office.

**Use of Our Information Systems**

All communications, including electronic communications and personal use of Kaiser Permanente systems, must be conducted in a professional, respectful, and lawful manner that is appropriate to a business environment. Please refer to section 3.2, Respecting Confidentiality, Privacy, and Security, for the technical and physical safeguards designed to protect patients and their health information.

Kaiser Permanente respects the privacy of physicians and employees; however it is important to remember that e-mails and telephone records at work are the property of Kaiser Permanente. Kaiser Permanente may inspect files and messages, including e-mail and voicemail messages; monitor Internet usage (including specific sites); and otherwise access and monitor information systems at any time with or without your consent or prior notice.

Software is generally licensed for use, rather than sold outright, and copyright laws normally protect it. Licensing agreements typically either limit the number of copies that can be made of that particular software or prohibit making copies at all. You must not copy, install, or use software or copyrighted material, including copyrighted images, in a way that violates license agreements or copyright laws. In all instances, you should report concerns regarding license agreements or copyright laws to your supervisor or your Compliance Officer.

**Confidential Information**

Physicians and employees may have access to confidential and proprietary information including business concepts, strategies and plans, clinical and financial data, intellectual property, reports, and report formats.

Given the widespread general interest in Kaiser Permanente, you may also know someone who is interested in acquiring information in your possession. For this reason, you should never discuss Kaiser Permanente financial information, statistical data, or business plans with anyone outside the organization unless such disclosure has been approved in advance.

**3.6 Marketing and Advertising**

Marketing and advertising educates the public; provides information to purchasers, brokers, consultants, and members; and increases awareness of our brand.

Federal and state laws and regulations are designed to safeguard the public by ensuring that individuals are provided with information that is truthful and not deceptive.

For these reasons, any mailing or advertisement must avoid misleading or unfair representations. This applies to information conveyed in any form, including but not limited to print advertising, publications, audio, Web-based media, radio, television, press releases, interviews, electronic advertisements, kaiserpermanente.org, and all other Web sites sponsored by Kaiser Permanente. All such materials must be reviewed and approved by the national Communications and External Relations Department or your regional, local and/or Permanente Medical Group Public Affairs staff. Some materials must also be reviewed by Compliance to ensure they have been forwarded to and approved by applicable federal and state agencies.
4. Serving Our Communities
As the nation’s leading integrated health care organization, we have an obligation to communicate information in a responsible manner to the general public, members, and patients.

4.1 Requests for Information from the Media
All dealings with the media including writers, reporters, and photographers must be properly supervised to make certain that we comply fully with all laws and regulations governing the release of information and to protect our brand image and reputation.

Media representatives may try to ask you directly for information, copies of company documents, or your opinion of events. If you receive such a request from the media, you should refer the inquiry to senior leadership and your local, regional, or Permanente Medical Group Public Affairs staff or to the national Communications and External Relations Department, as appropriate.
4.2 Protecting the Environment
We are committed to protecting and enhancing the environment and the health of the communities we serve, now and for future generations.

Protecting the environment requires all of our participation. Each of us should examine and take steps to improve the work processes under our influence or control. For example, we can preserve natural resources and reduce waste by using non-renewable resources prudently and by recycling. We can help to implement practices that reduce chemical use at work and in our communities.

You are responsible for reporting possible environmental hazards to your supervisor as soon as possible so a quick response can be made to minimize environmental impacts and legal risks. If you have a question or concern about how to handle materials you believe are hazardous, contact your local Environmental, Health, and Safety manager.

4.3 Community Involvement
Kaiser Permanente has always believed in the importance of improving the health of the communities we serve, as well as the health of our members. Corporate citizenship and community involvement are an integral part of our proud history and our strategy for the future.

Each of us can play a role in demonstrating Kaiser Permanente’s commitment to being a good neighbor and corporate citizen through physician and employee involvement with community groups, schools, foundations, and other organizations.

Community Benefit and Sponsorship of Community Organizations and Events
Kaiser Permanente has published guidelines and application forms for use by charitable organizations to better understand our funding priorities and decision-making process. They can be found on the Community Benefit Web site.

Requests for support must be approved in advance by the local and/or national Community Benefit department. Through this careful assessment, we make certain that our support will achieve the maximum effect in improving quality of life in our communities and increasing goodwill for Kaiser Permanente.

One of the factors considered in reviewing requests is involvement by Kaiser Permanente physicians and employees. As a contributor, we neither seek nor expect any type of preferential treatment from organizations that receive our charitable support.

It is important to inform the local and/or national Community Relations or Community Benefit department prior to making commitments on behalf of Kaiser Permanente regarding the sponsorship of community events of significant value or strategic importance.

Serving on Boards of Charitable Organizations
Active participation in community and charitable organizations is strongly encouraged. Written disclosure is not required to serve in a personal capacity on the board of directors of professional, charitable, religious, or civic organizations, as long as:

- Those activities do not conflict with the work or mission of Kaiser Permanente or with individual job responsibilities.
- You make it clear that you do not represent Kaiser Permanente.
Presentations to Outside Groups
As part of our commitment to being a force for positive societal change, whenever feasible, Kaiser Permanente will share our knowledge and care innovations to enrich the public debate and advance health care.

In addition to disclosing to your supervisor in writing when an honorarium is offered (see the Honoraria section of 3.1 Conflicts of Interest), written disclosure to your supervisor is also required before committing to give presentations to outside groups if the presentation could disclose confidential, proprietary, or sensitive information or if the presentation is likely to get media attention.

When making independent presentations that could be perceived as relating to work, make it clear that you are not speaking for or acting on behalf of Kaiser Permanente.

Q: During a charity event I was asked by a reporter who knows that I work for Kaiser Permanente what I thought about recent changes at Kaiser Permanente. I wasn’t sure what to say. Was I correct to not respond?
A: Even your personal opinion might have been misinterpreted as being Kaiser Permanente’s official position. If you speak to the media as a private citizen you must make it clear that you do not represent Kaiser Permanente. Only members of senior management or a designated spokesperson are authorized to speak to the news media on behalf of Kaiser Permanente.
5. Corporate Citizenship
Kaiser Permanente is committed to complying with all applicable laws.

5.1 Fraud, Waste, and Abuse
Kaiser Permanente’s Fraud Control Program is designed to protect and serve our members and resources by increasing awareness of the type of fraud that occurs in health care and improving the prevention, detection, investigation, prosecution, and civil recovery efforts in our organization. The Kaiser Permanente Fraud Control Program actively prevents fraud, waste, and abuse by:

- Communicating to members, physicians, employees, vendors, and contractors how to detect and report fraud, waste, and abuse
- Engaging in state-of-the-art fraud detection via fraud risk assessments
- Providing resources to all Kaiser Permanente regions and national departments for fraud investigations and fraud control compliance strategies and operations
- Developing, facilitating, and implementing fraud control corrective actions
- Partnering with industry groups addressing fraud, waste, and abuse
- Participating in government task force teams
5.2 Anti-Fraud Laws
Physicians and employees must never participate in fraudulent activity at work. If you are aware of any fraudulent activity, you must report it to your supervisor, Human Resources representative, Compliance Officer, or Controller. Fraud is typically defined as a deception or misrepresentation made intentionally or with reckless disregard of the truth, knowing that the deception could result in some unauthorized benefit to the perpetrator, another individual, or an entity.

Generally, the act of fraud is determined when an entity or individual uses deception to acquire something that does not belong to them. However, in health care, regulatory agencies can claim that they were defrauded even if the act was unintentional. For example, a claim prepared for submission to the Centers for Medicare and Medicaid Services (CMS) is actionable even if the claim was submitted by mistake, without deception.

Examples of health care fraud include embezzlement, false claims, kickbacks, bribery, false financial reporting, software piracy, credit card fraud, expense account fraud, identity theft, check fraud, false workers compensation claims, fraudulent vendor billing, member fraud, and mail fraud.

5.3 Federal and State Whistleblower Laws
All Kaiser Permanente physicians and employees are covered by the Federal False Claims Act and other federal and state whistleblower protections. The Federal False Claims Act was enacted in an effort to reduce fraud, waste, and abuse of federal funds. It allows private parties to bring suit on behalf of the government against people or businesses alleged to have committed fraud. The act also contains language protecting whistleblower physicians and employees from retaliation by employers.

Kaiser Permanente will not discharge, demote, suspend, threaten, harass, or in any other manner discriminate against employees who exercise their rights under the Federal False Claims Act or other federal and state whistleblower laws. Employees who are discharged, demoted, suspended, threatened, harassed, or in any manner discriminated against in retaliation for exercising their rights under the Federal False Claims Act or other federal or state whistleblower laws are entitled to the relief necessary to make them whole.

Q: I attended an industry trade association meeting and during a break a sales rep from a competitor asked me if I was aware of what our bid had been on a recent project. We had already won the business, so I didn’t see any harm in telling him. Was I wrong?
A: You should never discuss pricing issues with a competitor. It may be construed as illegal price fixing. In addition, remember that you have a responsibility to keep our business information confidential.

Q&A
5.4 **Anti-Kickback Laws**
In general, anti-kickback laws prohibit the offering, payment, solicitation, or acceptance of any form of payment for the referral of a patient. Examples of a “referral” include recommending or ordering a particular drug, lab test, article of durable medical equipment, and similar “referrals.”

In compliance with these laws, and consistent with our commitment to fair and honest business dealings, physicians and employees must never pay or accept payment for a referral.

5.5 **Anti-Trust and Unfair Competition**
Kaiser Permanente respects market competition and the laws that protect it.

Anti-trust and other laws are designed to promote fair competition and ensure that businesses compete fairly. Anti-trust laws prohibit conspiring with competitors to set prices, terms, or conditions of sale; divide markets by customers, territories, or services; boycott customers or suppliers; or otherwise limit free-market competition.

Most physicians and employees are not trained in legal issues, but we can all contribute to Kaiser Permanente’s efforts to obey laws and regulations. If you’re ever in doubt about whether a transaction may violate anti-trust laws, consult Kaiser Permanente Legal Counsel.

**Q:** I heard that Kaiser Permanente has been asked by the government to turn over documents about a project that I worked on. I’d prefer not to provide them with my personal notes. Would it be OK to destroy them?

**A:** No. Any deliberate destruction of documents that may have a role in an investigation is illegal and against Kaiser Permanente policy. Never alter, conceal, or destroy documents or records if they have been requested by a government agency or if they are likely to be requested in connection with an investigation.
5.6 Government Requests and Investigations

We operate in a highly regulated industry and governmental agencies sometimes request information from us. It is our policy to fully cooperate with government requests.

We must also remember that the government has exact reporting requirements. Care must be taken in all communications, including written, oral, and electronic, to avoid any false or misleading statements.

If you receive an inquiry, subpoena, or other legal document regarding Kaiser Permanente from any government agency, contact your supervisor or Compliance Officer, who will then contact Kaiser Permanente’s Legal department. This helps to ensure that our response is appropriate both for Kaiser Permanente and under the law.

Q: I think this is just a technicality, but I’m late in renewing my pharmacy license. I’m sending in the renewal now but do I also need to inform anyone?

A: Under the law, you are practicing without a license. You must inform your supervisor and you will not be able to resume your duties until your license has been reinstated.

Q&A

Reporting to the Government

All cost and pricing information must be honest, accurate, and complete. Medical care and services must be documented accurately to reflect a patient’s health status and the care received. Claims and supporting medical record documentation must reflect compliance with diagnostic and procedural coding requirements. We are fully committed to preparing and submitting accurate claims consistent with all of the requirements of federal health care programs.

Miscoding is against the law and may require reimbursement of overpayments, payment of fines and penalties to the government, exclusion of individuals or organizations from participation in federal programs, or criminal punishment such as imprisonment. Even unintentional miscoding can result in a violation of law.

Licensing and Certification Requirements

We must strictly follow all professional licensing and certification requirements that are applicable in our professions. This policy also applies to all Kaiser Permanente facilities that must maintain a state or federal license in order to operate and to federal approvals for the provision of certain services.

Sanctioned Individuals and Organizations

The government maintains lists of individuals and organizations that have been excluded from government contracting or are otherwise not eligible to participate in Medicare, Medicaid, or other government health programs.

Any existing or proposed employment, contract, or other association with any individual or entity who appears on these lists will be handled in accordance with the law and Kaiser Permanente policies.
Screening of physicians and employees—prior to employment and monthly, thereafter—is performed according to Kaiser Permanente policies and procedures. This screening reviews physicians and employees against federal sanctions and debarred lists and other government exclusion lists.

Any individual covered by the Principles of Responsibility who is added to any of these government lists must provide written disclosure to his or her immediate supervisor as soon as possible after he or she becomes aware that he or she has been added.

5.7 Political Activities and Donations
Physicians and employees are encouraged to actively participate in the political process as private citizens.

As not-for-profit, tax exempt organizations, Kaiser Foundation Hospitals and each of the Kaiser Foundation Health Plans must not engage in partisan political activities supporting or opposing candidates for public office, political parties, or political action committees. Thus, these organizations are not allowed, directly or indirectly, to make (or reimburse employees for) political campaign contributions. Similarly, buildings and other assets owned by these organizations cannot be used in support of partisan political activities. To do so could jeopardize the tax-exempt status of these organizations. If you are employed by Kaiser Foundations Hospitals and any of the Kaiser Foundation Health Plans and are personally involved in politics, please be sure to express your political views as an individual and not as a representative of any of these organizations. In addition, your personal political activities or donations must be on your own time and at your own expense.

The rules are slightly different for physicians and employees of the Permanente Medical Groups, which are for-profit organizations. However, each of the PMGs has adopted a policy to ensure that the rules that apply to the Kaiser organizations are followed. In addition, each of the PMGs has its own policy addressing when it is appropriate for
individual physicians or employees to speak on behalf of the PMG. Questions about the legality of political activities by Medical Group physicians and employees should be directed to the Medical Group’s legal counsel.

For more specific guidance regarding restrictions that apply to you and your organization, read the policy that applies to you and consult your supervisor, your Human Resources representative, or your Compliance Officer.

**Q:** I’m an administrative assistant. My supervisor is very active in local politics and she often asks me to help her copy flyers and plan political events that she hosts on her own time. Since her political work is often related to health care issues that have an impact on Kaiser Permanente, she’s asked me to submit some of her expenses for reimbursement. Is this OK?

**A:** No, it is not. First, when at work you should never be pressured in any way that infringes on your right to decide freely on how you will choose to support political issues or political candidates. Second, Kaiser Permanente property, facilities, equipment, supplies, and assets, such as e-mail, stationery and other materials with the Kaiser Permanente logo or branding, must not be used to support or oppose political candidates or political parties or to support political action committees. Finally, expenses incurred to attend events to support or oppose political candidates or political parties or to support political action committees may not be reimbursed by Kaiser Permanente.
When You Have Questions or Need to Report a Violation

It is important to remember that you are required to report potential instances of noncompliance. To seek guidance or to report possible violations of fraud, waste, or abuse without fear of retaliation, you have several options, including:

- Your immediate supervisor
- Your supervisor’s manager
- Your department manager
- Your Environmental Health, and Safety manager
- Any senior manager or Medical Director
- Your Human Resources representative
- Your Compliance Officer
- The National Compliance, Ethics, and Integrity Office
- The National Diversity Council
- Internal Audit Services
- KFHP/H or PMG Legal Counsel or department
- The Controller’s Office
- A member of the Board of Directors
- The Kaiser Permanente Compliance Hotline at 1-888-774-9100
- The National Compliance, Ethics, and Integrity Office Web site at kp.org/compliance

You may also report violations on a confidential basis by writing to your regional or national department Compliance Officers, the Legal department, the Vice President of Internal Audit, or the Chief Compliance Officer.
When making a report you should provide adequate detail and information. All reports will be investigated in accordance with an internal agreement between National Compliance, Ethics, and Integrity and other departments with investigative responsibilities. Investigators are assigned based on their expertise, case requirements, and geographical location. The expertise available for investigations can include legal, compliance, fraud, human resources, finance, and others as needed. Physicians and employees reporting possible violations are entitled to obtain follow-up information.

Kaiser Permanente will maintain, as appropriate, confidentiality and anonymity with respect to all disclosures.

6.2 **Kaiser Permanente Compliance Hotline**

All calls to the Kaiser Permanente Compliance Hotline are answered by an outside firm. Trained operators will answer 24 hours a day, 7 days a week. The Kaiser Permanente Compliance Hotline number is 1-888-774-9100. The information you provide is sent to National Compliance, Ethics, and Integrity for review and appropriate action.

You can use the Kaiser Permanente Compliance Hotline without fear of retaliation. You can give your name when you call or you may remain anonymous. In either case, calls will be addressed. Calls are never recorded or traced. You can call back to find out the status or outcome of the case.

If you knowingly make a false report, it is a serious violation of Kaiser Permanente policies and is subject to disciplinary action.

6.3 **Complaint Resolution Process**

It is important that members, patients, and customers know that they can use the Kaiser Permanente Complaint Resolution Process to freely voice complaints and recommend changes without fear of being subjected to retaliation, intimidation, coercion, discrimination, reprisal, or the interruption of care, treatment, or services.

Disciplinary action will be taken against any employee or physician who retaliates against or intimidates members, patients, or customers who use the Kaiser Permanente Complaint Resolution Process.
6.4 Kaiser Permanente’s Compliance Program

Kaiser Permanente’s national, regional, local, and Permanente Medical Group Compliance Offices were established to:

• Assist physicians and employees in their desire to do the right thing.
• Help all of us to better understand the complexities of today’s health care regulatory environment.
• Monitor the systems we have in place to protect our reputation and act proactively to assist with any possible problems.

Our commitment to ethics and compliance includes programs at the national, regional, medical group, service area, and facility levels. For more information about the Compliance Program, including the roles and responsibilities of the board of directors, Chief Compliance Officer, national departments, regional offices, local resources, and Permanente Medical Group compliance, see your supervisor, your Human Resources representative, or your Compliance Officer.

6.5 Our Compliance and Ethics Structure

The Chief Compliance Officer provides updates to, and seeks guidance from, the CEO of Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals (KFHP/H), and the Executive Director of the Permanente Federation. KFHP/H national departments and regional Compliance Officers have dual reporting responsibilities to the Chief Compliance Officer and their National Manager, and Regional President or their designee(s). The Permanente Medical Group Compliance Officers and Liaisons report to their respective Executive Medical Director on compliance matters and have guaranteed access to their respective boards of directors.

The National Compliance, Ethics, and Integrity Office reports to the Chief Compliance Officer and functions at the direction of the KFHP/H board of directors. It ensures that standards, systems, and processes are in place throughout Kaiser Permanente to support adherence to compliance requirements and to reduce compliance risks.

The Kaiser Permanente compliance and ethics network consists of many professionals across all entities, business units, and levels. The National Compliance, Ethics, and Integrity Office, at 510-271-4699 can direct you to your local compliance resources.

6.6 Additional Resources

Each of us has a responsibility to familiarize ourselves with the various policies, procedures, and standards that apply to our specific job. To obtain more detail on the subjects addressed in this code of conduct, please refer to the two links provided. These links will connect you with Kaiser Permanente department-specific resource materials and policies.

Kaiser Permanente’s National Compliance, Ethics, and Integrity Office—
http://kp.org/compliance

Kaiser Permanente Policy Library—
http://ppl.crdc.kp.org/pl/do/public/category
“Kaiser Permanente” refers to the integrated health care delivery system that includes Kaiser Foundation Health Plan, Inc. (“KFHP”) and its subsidiaries, Kaiser Foundation Hospitals (“KFH”) and its subsidiaries, all of the Permanente Medical Groups (“PMG”), Permanente Dental Associates (“PDA”), The Permanente Federation, LLC, and The Permanente Company, LLC.