

VISITING RESIDENT/MEDICAL STUDENT REGISTRATION

RESIDENT DEMOGRAPHIC INFORMATION

Legal First Name:		Middle Initial:	Legal Last Name:		Maiden/Other Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		SSN:	Date of Birth:		Current PG Year:	Title (MD, DO, DPM):
Home Address:			City, State, Zip:		County of Birth:	
Email address:			Cell Phone:		Pager:	
<input type="checkbox"/> Resident	<input type="checkbox"/> Fellow	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Other (please specify)			
Current Program:		Current Institution:		Program Start Date:	Anticipated Graduation Date:	
Rotation: <i>Please enter each rotation on a different line</i>					Start Date:	End Date:
1.						
2.						
3.						
4.						
CA Medical License:		Expires:		DEA License:		Expires:
ECFMG License:		Issued:		National Provider Identifier:		

MEDICAL SCHOOL INFORMATION

Medical School Name:		
City/State/Country:		Graduation Date:
Degree:		

POSTGRADUATE TRAINING

List **all years** of postgraduate training, employment, and time off since receiving a medical degree.
Please account for every academic year since medical school graduation, with no gaps.

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	SPECIALITY (PGY) / OTHER ACTIVITY	INSTITUTION/LOCATION

Signature

Date

Please complete and sign form, then return to Kaiser Permanente Coordinator or upload to MedHub.

* Employee ID	* Home Phone (###) ###-####	* Work Phone (###) ###-####	* Effective Date (mm/dd/yyyy)
* First Name		Middle Name	* Last Name

1. REQUIREMENTS

Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse or who he or she knows or reasonably suspects that a child is suffering serious emotional damage or is at substantial risk of suffering serious emotional damage to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

The identity of all persons who report shall be confidential and disclosed 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.

“Health practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family and child counselors, emergency medical technicians I or II, paramedics, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code, marriage, family and child counselor trainees as defined in subdivision (c) of Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; and religious practitioners who diagnose, examine, or treat children.

Volunteers whose duties include direct contact with and supervision of children are not mandated reporters, but are encouraged to report instances of child abuse and neglect.

Your department chief or supervisor should be notified whenever you believe you may be required to report suspected child abuse.

I understand and agree, if in a “Child Care Custodian” or “Health Practitioner” classification, as defined above, to comply fully with the above-cited provisions of the California Penal Code, in accord with procedures established by my Employer/Medical Center.

2. EMPLOYEE SIGNATURE

Signature	
_____ * Employee Signature	_____ * Date (mm/dd/yyyy)
Facility / Department	

After completing the form:

1. Print form to keep a copy for your records.
2. Press the Submit button.
3. Wait for a pop-up screen to confirm the form has been submitted. (This may take a few minutes.)



Welfare and Institutions
Code Definition of Mandated Reporter – Child Abuse**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.
- (4) A classified employee of any public 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 worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
- (13) A public assistance worker.
- (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, psychiatrist, 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) An 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 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.
- (4) A classified employee of any public 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.

CHILD ABUSE REPORTING REQUIREMENTS

Welfare and Institutions
Code Definition of Mandated Reporter – Child Abuse

- (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 worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
- (13) A public assistance worker.
- (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, psychiatrist, 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) An 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.
- (37) Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

Section 11166

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.
 - (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) (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 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.

CHILD ABUSE REPORTING REQUIREMENTS

Welfare and Institutions Code Definition of Mandated Reporter – Child Abuse

- (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, 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(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 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. 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. 7.5. 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 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) (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 instance 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 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) Sadoomasochistic 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.

CHILD ABUSE REPORTING REQUIREMENTS**Welfare and Institutions
Code Definition of Mandated Reporter – Child Abuse**

- (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, or 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 neglect 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 to 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 State 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 health care professionals 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) concern only the current incidents 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.

CHILD ABUSE REPORTING REQUIREMENTS**Welfare and Institutions
Code Definition of Mandated Reporter – Child Abuse**

- (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.

Please do not return this page with form.

Policy Title: Commitment to a Harassment-Free Work Environment	Policy Number: NATL.HR.005
Owner Department: Human Resources	Effective Date: 8/ 23/ 13
Custodian: Chair, National HR Policy Roundtable	Page: 1 of 16

1.0 Policy Statement

Consistent with the Principles of Responsibility, Kaiser Permanente (KP) is committed to sustaining a work environment that encourages employees to treat each other with dignity and respect and is free from discrimination/harassment. In keeping with this commitment, KP strongly disapproves of, and will not tolerate, any kind of harassment (as defined below) of employees or applicants for employment by anyone, including any manager, supervisor, physician, coworker or non-employee.

2.0 Purpose

n/a

3.0 Scope/ Coverage

This policy applies to all employees and applicants for employment with any of the following entities (collectively referred to as “Kaiser Permanente”):

- 3.1** Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc. (together, KFH/HP);
- 3.2** KFH/HP’s subsidiaries;
- 3.3** The Permanente Medical Group (TPMG) [NOTE: This policy does not apply to physicians, podiatrists or Vice Presidents of TPMG, who are covered by separate TPMG policies]; and
- 3.4** Southern California Permanente Medical Group (SCPMG) [NOTE: This policy does not apply to physicians of SCPMG].

4.0 Definitions

n/a

5.0 Provisions

5.1 Harassment Definition

- 5.1.1** This policy prohibits harassment, whether verbal, physical, or visual, that is unwelcome and based upon a person’s race, color, religion, sex (including pregnancy), gender identity, national origin, age, physical or mental disability, veteran status, sexual orientation, genetic information, or other status protected by applicable federal, state, or local laws, or by corporate policy. (See Protected Status by State Addenda.)
- 5.1.2** One type of harassment prohibited by this policy is sexual harassment. Sexual harassment is defined, generally, 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

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terms and conditions of employment or creates an intimidating, hostile, or offensive work environment. Such conduct is a violation of federal law when:

- 5.1.2.1** Submission to the conduct is made either explicitly or implicitly a term or condition of employment;
 - 5.1.2.2** Submission to or rejection of the conduct is used as the basis for an employment decision; and/or
 - 5.1.2.3** The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.
- 5.1.3** Sexual harassment takes many different forms and may be overt or subtle. It involves behavior that is not welcome, is personally offensive, that fails to respect the rights of others, or otherwise interferes with work effectiveness. Sexual harassment may occur between persons of the same or different genders. Both men and women are protected by the law and this policy, regardless of whether a male or female is the harasser or the victim, or the harassment involves individuals of the same sex. An employee may also be a victim of sexual harassment where sexual harassment is pervasive in the work environment, even if no sexual harassment is directed specifically at that employee. Sexual harassment prohibited by this policy includes offensive or hostile conduct based on gender regardless of whether the conduct is sexual in nature.
- 5.1.4** The same legal standards used to define hostile environment sexual harassment are applicable to other forms of unlawful harassment.

5.2 Conduct Prohibited by this Policy

- 5.2.1** In order to prevent unlawful harassment from occurring in KP's workplace, this policy prohibits any conduct of a sexual nature or based on sex/gender or the other protected status categories outlined in the Policy Statement above that could reasonably be perceived to be offensive to others in the workplace.
- 5.2.2** Employees are prohibited from harassing other employees whether or not the incidents of harassment occur on company premises and whether or not the incidents occur during working hours, if the conduct is related to any of the participant's employment or adversely affects KP's operations.
- 5.2.3** Anyone engaging in conduct that violates this policy is subject to corrective/disciplinary action up to and including discharge, and, if such conduct involves a violation of law, also may be personally subject to civil and criminal legal liability. The level of corrective/disciplinary action will depend on the nature, severity and frequency of the conduct.
- 5.2.4** Some examples of sexual or sex/gender based conduct prohibited by this policy include:
 - 5.2.4.1** Sexual propositions, stating or implying that sexual favors are required as a condition of employment or continued

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employment, preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct; repeated unwanted sexual flirtations, advances, or invitations

5.2.4.2 Unwanted physical contact, such as touching, pinching, grabbing, kissing, patting, or brushing against another's body

5.2.4.3 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

5.2.4.4 Offensive leering, flirtatious eye contact, staring at parts of a person's body, sexually oriented gestures

5.2.4.5 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

5.2.4.6 Inappropriate electronic mail usage and transmissions, including sexually explicit messages, cartoons, jokes, and unwelcome propositions; as well as accessing or viewing pornographic websites

5.2.5 Some examples of other conduct based on protected status that is forbidden by this policy include:

5.2.5.1 Racial, ethnic, or religious slurs, epithets, or jokes

5.2.5.2 Derogatory or stereotypical comments based on race, religion, national origin, age, disability, sexual orientation, gender identity, or other protected status

5.2.5.3 Abusive or hostile treatment or similar offensive and unwelcome conduct based on an individual's protected status

5.2.5.4 Inappropriate use or transmission of electronic mail or other electronic communication equipment, or inappropriate access or viewing of websites including those with ethnic or racial cartoons, jokes, or any other message that may offend, disparage, or harass an individual based on the protected status categories outlined above

5.3 Reporting Obligations

5.3.1 Any employee or applicant for employment who is subjected to, witnesses, or has knowledge of any actions or conduct in violation of this policy or that could be perceived as sexual harassment or any other form

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of harassment prohibited by this policy should report it promptly to an appropriate management official, such as a supervisor or the local Human Resources representative. Individuals also may choose to use the EEO Internal Complaint Procedure or the KP Compliance Hot Line. However, an employee is not required to complain to his or her supervisor or manager, particularly if the supervisor or manager is the individual who is engaging in the prohibited conduct.

5.3.2 Employees should understand the importance of informing, and are encouraged to inform, individuals engaged in behavior that may be perceived as violating this policy that their behavior may be unwelcome, inappropriate or offensive.

5.3.3 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. Failure of management or other exempt personnel to promptly report or otherwise address incidents of harassment or conduct forbidden by this policy that are either reported to them or that they witness may result in corrective/disciplinary action, up to and including termination of employment.

5.4 Investigations and Remedial Action

All reports of violations of this policy will be promptly and objectively investigated and to the maximum extent possible, investigations will be conducted so as to protect the confidentiality and privacy of the parties involved (see NATL.HR.004, EEO Internal Complaint Procedure). If an investigation confirms that a violation of this policy has occurred, appropriate corrective/disciplinary action will be taken, up to and including termination of employment, and any other remedial action will be taken as is necessary to assure a workplace free of harassment.

5.5 No Retaliation

Kaiser Permanente policy, as well as applicable federal and state laws, prohibit retaliation, intimidation or reprisal against applicants, employees, and independent contractors who file complaints and/or who cooperate with or participate in any procedures or investigations related to complaints of discrimination, including complaints of sexual harassment and other forms of harassment. Therefore, employees should object to sexual and other forms of harassment and report violations without fear of reprisal or retaliation. 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 under this policy, that person will be subject to corrective/disciplinary action, up to and including termination of employment.

6.0 References/ Appendices

6.1 Intent of HR Policies

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- 6.2** Kaiser Permanente Principles of Responsibility
- 6.3** NATL.HR.004, EEO Internal Complaint Procedure
- 6.4** Protected Status—California Addendum
- 6.5** Protected Status—Colorado Addendum
- 6.6** Protected Status—District of Columbia Addendum
- 6.7** Protected Status—Hawaii Addendum
- 6.8** Protected Status—Maryland Addendum
- 6.9** Protected Status—Ohio Addendum
- 6.10** Protected Status—Oregon Addendum
- 6.11** Protected Status—Virginia Addendum
- 6.12** Protected Status—Washington Addendum

7.0 Approval

In accordance with the charter of the National HR Policy Roundtable, this policy update was approved by the National HR Policy Roundtable members, as chaired by Francie Sloan.

Policy Life History

Original Approvals	Update Approvals	Revision Approvals
Approval Date: n/ a	Approval Date: 8/ 15/ 07; 12/ 7/ 07; 5/ 15/ 08; 3/ 18/ 10; 7/ 6/ 11; 4/ 19/ 12; 11/ 29/ 12	Approval Date: 5/ 21/ 08
Effective Date: 8/ 04	Effective Date: 8/ 15/ 07; 12/ 7/ 07; 5/ 15/ 08; 3/ 18/ 10; 7/ 6/ 11; 4/ 19/ 12; 1/ 1/ 13	Effective Date: 5/ 05; 5/ 21/ 08
Communicated Date: n/ a		Communicated Date: n/ a

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Protected Status by State Addenda

CALIFORNIA ADDENDUM

Revised 8/23/13

Protected Status

In California, discrimination/harassment is prohibited on the basis of the following protected status:

- Race
- Color
- Religion
- Sex (including pregnancy, * childbirth or a related medical condition, and *breastfeeding or medical conditions related to breastfeeding)
- Gender identity (and gender expression*)
- National origin
- Age
- Physical or mental disability
- Veteran status
- Sexual orientation
- Genetic information
- Ancestry*
- Marital status*
- Medical condition*
- Religious creed*
- Other status protected by applicable federal, state, or local laws, or by corporate policy

* Additional protected status under California state law



COMMITMENT TO A HARASSMENT-FREE WORK ENVIRONMENT POLICY & ACKNOWLEDGMENT

I acknowledge that I have read Policy NATL.HR.005, *Commitment to a Harassment-Free Work Environment*, and that I am aware of the stated provisions, including the definition of harassment, prohibited conduct, reporting obligations, investigation and remedial action, and no retaliation.

Signature

Printed Name

Date

Kaiser Permanente Medical Center

Rotation Program

Home Institution

Home Program

Please complete and sign form, then return to Kaiser Permanente Coordinator.

* Employee ID	* Work Phone Number (###) ###-####	* Effective Date (mm/dd/yyyy)
* Employee First Name	Employee Middle Name	* Employee Last Name
* Job Title	* Location	

AGREEMENT

In my job, I may see or hear confidential information in any form (oral, written, or electronic) regarding:

- HEALTH PLAN MEMBERS AND PATIENTS AND/OR THEIR FAMILY MEMBERS (such as patient records, test results, conversations, financial information)
- EMPLOYEES, PHYSICIANS, VOLUNTEERS, CONTRACTORS (such as employment records, corrective actions/disciplinary actions)
- BUSINESS INFORMATION (such as member rates, marketing plans, financial projections)

I will protect the confidentiality of this information. Access to this information is allowed only if I need to know it to do my job.

I AGREE THAT:

1. I will protect the privacy of our patients, members, and employees.
2. I will not misuse confidential information of patients, members, employees or Kaiser Permanente (including confidential business and personnel information) and I will only access information I have been instructed or authorized to access to do my job. With respect to Protected Health Information, I will only access or use such information as it is necessary to provide medical care to the member and/or patient or as necessary for billing and payment or health plan operations.
3. I will not access my family members' PHI. I will not access my own medical records unless my job duties authorize me to have access to electronic medical records (for example, KP HealthConnect). Instead, I will follow the same procedures that apply to non-employee health plan members.
4. I will not share, change, remove or destroy any confidential information unless it is part of my job to do so. If any of these tasks are part of my job, I will follow the correct department procedure or the instructions of my supervisor/chief of service (such as shredding confidential paper). If a demand is made upon me from outside Kaiser Permanente to disclose confidential information, I will obtain approval from my supervisor before disclosing such information.
5. I understand that inappropriate or unauthorized access, use or disclosure of PHI may result in legally required reporting to governmental authorities, including my name.
6. I know that confidential information I learn on the job does not belong to me and that Kaiser Permanente may take away my access to confidential information at any time.
7. If I have access to electronic equipment and/or records, I will keep my computer password secret and I will not share it with any unauthorized individual. I am responsible if I fail to protect my password or other means of accessing confidential information.
8. I will not use anyone else's password to access any Kaiser Permanente system unless I am authorized to do so. If I am authorized to do so (e.g., in order to perform computer systems maintenance), I will follow procedures to ensure the password is changed and that confidential information is not at risk.
9. I will lock my computer when I step away to prevent someone else accessing the computer under my logon. I understand that I am personally responsible for any accesses under my logon.
10. If I leave Kaiser Permanente I will not share any confidential information that I learned or had access to during my employment.
11. On termination of my employment, I will promptly return to Kaiser Permanente all originals and copies of documents containing Kaiser Permanente's information or data in my possession or control, unless the documents were provided to me as part of my employment record.



* First Name	Middle Name	* Last Name
* Employee ID	* Work Phone Number (###)###-####	* Effective Date (mm/dd/yyyy)

AGREEMENT - (Continued)
Examples of Breaches of Confidentiality (What you should NOT do.)

These are examples only and do not include all possible breaches of confidentiality.

- Unauthorized reading of patient account information.
- Unauthorized reading of a patient's chart.
- Unauthorized access to my own medical information if my job duties do not authorize me to have access to electronic medical records (for example, KP HealthConnect).
- Accessing medical information of friends, co-workers, family members, or anyone else, unless it is required for my job.
- Discussing confidential information in a public area such as a waiting room or elevator.
- Discussing or otherwise sharing confidential information with anyone in your personal life, including family members or friends.
- Accessing records for any reason other than for legitimate business purpose.
- Accessing records of family, friends, co-workers, patients in the media, well known political figures, celebrities, or anyone else about whom you are curious.
- Sending confidential information to your personal e-mail account, unless you are authorized to do so and the information is transmitted in accordance with required procedures (e.g., encrypted).
- Saving confidential electronic information to a KP-owned or non-KP-owned flash drive, CD, or any other removable or transportable storage device unless you first secure permission as outlined in the Secure Electronic Storage provisions of the KP Information Security Policy.
- Saving confidential electronic information to a KP-owned or non-KP-owned workstation, laptop computer, personal digital assistant, or any other mobile computing device unless you first secure permission as outlined in the Secure Electronic Storage provisions of the KP Information Security Policy.
- Using personal devices (digital cameras, camera phones) to take photographs that may include confidential information as the primary subject or in the background.
- Documenting or referencing confidential information on any social networking site, such as Twitter, My Space.
- Telling a co-worker your password so that he or she can login to your work.
- Telling an unauthorized person the access codes for employee files or patient accounts.
- Being away from your workstation while you are logged into an application, without locking your system to protect confidential information.
- Unauthorized use of a co-worker's password to logon to a Kaiser Permanente information system.
- Unauthorized use of a user ID to access employee files or patient accounts.
- Allowing a co-worker to use your secured application* for which he/she does not have access after you have logged in.

* secured application = any computer program that allows access to confidential information. A secured application usually requires a user name and password to log in.



* First Name	Middle Name	* Last Name
* Employee ID	* Work Phone Number (###)###-####	* Effective Date (mm/dd/yyyy)

AGREEMENT - (Continued)

12. I understand that I am responsible for my access, use, or misuse of confidential information and know that my access to confidential information may be audited.
13. I understand that my supervisor/chief of service or other managers and/or the Compliance Hot Line are available if I think someone is misusing confidential information or is misusing my password. I further understand that Kaiser Permanente will not tolerate any retaliation because I make such a report.
14. I understand that patient privacy and security is included in various training programs within Kaiser Permanente (for example: New Employee training, Annual Compliance Training); and by taking such training, I understand the obligations of confidentiality. I further understand that it is my responsibility to secure guidance from my supervisor or manager in the event any questions exist relating to my obligations regarding confidentiality.
15. I understand that this policy is not meant to prohibit any protected rights provided for in the National Labor Relations Act (for represented employees)
16. I understand that failure to comply with this agreement may result in disciplinary action up to and including termination of employment or other relationship with Kaiser Permanente. I understand that I may also be subject to other remedies allowed by law.
17. I understand that I must also comply with any laws, regulations, and other Kaiser Permanente policies, including the Principles of Responsibility that address confidentiality.
18. By signing (or selecting the submit button below), I agree that I have read, understand, and that I will comply with this Confidentiality Agreement.

SIGNATURE

_____ * Employee Signature	_____ * Date (mm/dd/yyyy)
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Policy Title: Drug-Free Workplace	Policy Number: NATL.HR.030
Owner Department: Human Resources	Effective Date: 11/ 29/ 12
Custodian: Chair, National HR Policy Roundtable	Page: 1 of 7

1.0 Policy Statement

Kaiser Permanente (KP) is committed to protecting the safety, health and well being of employees and other individuals in KP's workplace and provides an environment that is free from the abuse of alcohol and drugs. KP recognizes that alcohol abuse and drug use pose a significant threat to KP's goals. KP also acknowledges that alcohol abuse and chemical dependency may be chronic diseases that require rehabilitative treatment, counseling, and/or access to employee assistance programs.

2.0 Purpose

This policy is consistent with requirements of the federal Drug-Free Workplace Act of 1988, applicable state drug-free workplace requirements, and with KP's obligation to provide a safe work environment.

3.0 Scope/ Coverage

- 3.1** This policy applies to all employees working in any of the following entities (collectively referred to as "Kaiser Permanente"):
- 3.1.1** Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals (together, KFHP/H);
 - 3.1.2** KFHP/H's subsidiaries;
 - 3.1.3** The Permanente Medical Group (TPMG) [NOTE: This policy does not apply to physicians, podiatrists or Vice Presidents of TPMG, who are covered by separate TPMG policies]; and
 - 3.1.4** Southern California Permanente Medical Group (SCPMG) [NOTE: This policy does not apply to physicians of SCPMG].
- 3.2** 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. Volunteers are also required to meet this drug-free standard. Violation of applicable provisions or refusal to cooperate in the implementation of this Policy can result in contract personnel or volunteers being barred from company premises or from working in its operations.
- 3.3** Employees whose jobs require commercial driver's licenses are subject to a drug and alcohol testing program that fulfills the requirements of the U.S. Department of Transportation (DOT) Regulations.

4.0 Definitions

- 4.1 Alcohol** – means ethanol alcohol in any consumable form (e.g., beer, wine, liquor).
- 4.2 Being under the influence** – means an individual is impaired by alcohol or a drug, or the combination of alcohol and drugs, regardless of the level detected. A determination of "under the influence" can be established by a professional opinion,

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a medically accepted drug or alcohol screening test, and/or based on lay observations by supervisors, co-workers, or others.

4.3 Company premises -- includes parking lots, vehicles and other facilities and property owned, leased or operated by KP, as well as off-site premises used for company-sponsored events.

4.4 Drug -- means:

4.4.1 any drug which is not legally obtainable: any “illicit” drug or “controlled substance” the possession or use of which could result in arrest or other legal sanction according to state or federal statute. Examples include but are not limited to, marijuana, cocaine, crystal methamphetamines (ice), and hallucinogens. [NOTE: Although “medical marijuana” or marijuana use laws may exist in some states, because marijuana is a Schedule I drug and possession or use of it is unlawful under federal law, marijuana is an illicit drug for all purposes under this policy.];

4.4.2 any drug which is legally obtainable but has not been legally obtained;

4.4.3 prescribed drugs not being used for prescribed purposes or at prescribed dosages; and/or

4.4.4 any non-prescription substances that are used contrary to manufacturer's recommendations.

4.5 Work Time -- time during which an employee is representing or conducting business for KP, or is required or scheduled to be on duty.

5.0 Provisions

5.1 Pre-Employment Drug Testing

In accordance with *NATL.HR.029, Pre-Employment Drug Testing*, KP requires that all individuals external to KP who have been offered employment complete pre-employment drug testing demonstrating the absence of illegal drugs or prohibited use of legal drugs.

5.2 Employees with Drug and Alcohol Problems

5.2.1 KP supports the use of treatment and programs to address alcohol or drug abuse and will provide them when warranted by conditions and circumstances. However, KP must balance respect and concern for individuals experiencing these problems with KP's commitment to maintain an alcohol and drug-free environment. KP encourages employees to voluntarily seek help with drug and alcohol problems. (see Addendum for California employees.)

5.2.2 KP encourages any employee covered by this policy who is experiencing alcohol or drug dependency to seek professional assistance, including the use of KP's confidential Employee Assistance Program. Whenever practical, KP will assist employees in overcoming drug, alcohol, and other problems

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which may affect employee job performance, provided that such assistance is requested prior to violation of this policy.

5.2.3 Employees' voluntary participation in chemical dependency recovery programs or other rehabilitation services will be kept confidential and will not affect their employment as long as they are meeting the terms and conditions of the program. Both KP policy and existing laws protect the confidentiality of persons who seek treatment for chemical dependency.

5.2.4 Depending on the circumstances, an employee's return to work, reinstatement, and/or continued employment may be conditioned on the employee's successful participation in and/or completion of any and all evaluations, counseling, treatment, rehabilitation programs, or other appropriate conditions as determined by KP.

5.3 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 experiences an impairment of performance that could impact his/her work duties due to the use of such medication (e.g., vision impairment, lack of balance, loss of reflexes, impaired judgment) must report this 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, PTO, ETO, medical leave, personal leave, or other time off benefits.

5.4 Prohibited Conduct and Penalties

5.4.1 It is a violation of this policy to use, possess, sell, purchase, trade, and/or offer for sale or to purchase drugs (as defined in this policy) during work time or at any time on KP premises. Being under the influence of a drug by any employee on KP premises or during work time is prohibited.

5.4.2 Being under the influence of alcohol by any employee while on KP premises or during work time is prohibited. The consumption, sale, purchase, or offer for sale or to purchase of alcohol on KP premises is prohibited. Possession or transfer of an open container of alcohol on KP premises is a violation of this policy, except in circumstances in which consumption of alcohol is specifically authorized at a KP sponsored or sanctioned function.

5.4.3 Being at work and failing to report to the supervisor that prescribed medication is impairing the employee's motor functions is a violation of this policy.

5.4.4 Theft, diversion or unauthorized removal of drugs maintained or dispensed on KP premises is a violation of this policy.

5.4.5 It is a violation of this policy for employees to unlawfully manufacture, distribute, dispense, possess, sell, purchase, or use an illegal drug while off

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duty or off premises, where the conduct adversely affects the employment relationship or KP's business interests.

- 5.4.6** Violation of this policy will subject employees to corrective/disciplinary action, up to and including termination of employment, and may result in a referral to law enforcement agencies for possible criminal prosecution.

5.5 Notification of Convictions

- 5.5.1** Any employee who is convicted of a criminal offense for a drug violation that occurred in the workplace must, as a condition of employment, notify Human Resources within five days of that conviction. Failure to provide timely notification will result in corrective/disciplinary action, up to and including termination of employment.

- 5.5.2** Federal contracting agencies will be notified of employee convictions when appropriate.

5.6 Reasonable Suspicion of Prohibited Alcohol or Drug Use

- 5.6.1** A supervisor may have a "reasonable suspicion" that an employee is under the influence based upon observation of conduct and/or events. Factors which may establish reasonable suspicion include, but are not limited to:

5.6.1.1 Sudden unexplained changes in behavior which adversely impact work performance.

5.6.1.2 Discovery or presence of alcohol or illegal drugs in an employee's possession or near the employee's work space.

5.6.1.3 Odor of alcohol and/or residual odor peculiar to alcohol or controlled substances.

5.6.1.4 Personality changes or disorientation.

5.6.1.5 Violation of safety policies, involvement in an on the job accident or near accident, in combination with any of the above factor(s).

- 5.6.2** When reasonable suspicion has been established to indicate an employee is under the influence of alcohol or drugs, the employee will be asked to provide blood and/or urine specimens for laboratory testing. Employees are required to follow regional policies/procedures regarding drug and alcohol testing. (See REGL.HR.02a and REGL.HR.02b, *Drug and Alcohol Testing*.)

- 5.6.3** 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 may be considered insubordination (see NATL.HR.014, *Corrective/Disciplinary Action*). Illegal drugs which are confiscated will be turned over to local law enforcement agencies.

5.7 Confidentiality

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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 corrective/disciplinary action proceedings.

5.8 Policy Attestation

At a minimum, this policy is communicated and reviewed at New Employee Orientation. New employees are required to sign an attestation that they acknowledge, understand, accept, and agree to comply with this policy, and that they understand that failure to comply with this policy may result in corrective/disciplinary action up to and including termination.

5.9 State Requirements

In addition to the federal requirements regarding a drug-free workplace some states have related laws or statutes that KP must comply with in applicable regions (e.g., see Addendum).

5.10 Additional Employee Obligations and Responsibilities

Employees who abuse drugs and/or alcohol often affect the performance of other employees. KP cannot provide quality health care without the cooperation and assistance of all employees. As discussed in the “Principles of Responsibility”, employees who observe activities prohibited by this policy are responsible for alerting their supervisors or whatever management is necessary to resolve the issues. Failure to report violations may result in corrective/disciplinary action.

6.0 References/ Appendices

- 6.1** Addendum – Alcohol & Drug Rehabilitation for California employees
- 6.2** Drug-Free Workplace--Employee Acknowledgement
- 6.3** REGL.HR.02a and REGL.HR.02b, Drug and Alcohol Testing
- 6.4** NATL.HR.029, Pre-Employment Drug Testing
- 6.5** NATL.HR.014, Corrective/Disciplinary Action
- 6.6** Employee Assistance Program: <http://xnet.kp.org/hr/ca/eap/index.htm>
- 6.7** Federal Drug-Free Workplace Act of 1988
- 6.8** California Drug-Free Workplace Act of 1990
- 6.9** Cal Govt Code § 8355 et seq.
- 6.10** Virginia Drug-free Workplace Act
- 6.11** Virginia Code § 2.2-4312

7.0 Approval

Update approval, 11/ 29/ 12

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In accordance with the charter of the National HR Policy Roundtable, this policy update was approved by the National HR Policy Roundtable members, as chaired by Francie Sloan.

Policy Life History

Original Approvals	Update Approvals	Revision Approvals
Approval Date: 1/ 28/ 10	Approval Date: 10/ 30/ 12	Approval Date: 9/ 9/ 10
Effective Date: 4/ 5/ 10	Effective Date: 10/ 30/ 12	Effective Date: 11/ 3/ 10
Communicated Date: n/ a		Communicated Date: n/ a

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Addendum

Alcohol & Drug Rehabilitation
For employees working in California

Time Off

Employees may take time off work to voluntarily enter and participate in an alcohol or drug rehabilitation program. The amount of time off must be reasonable and not create an undue hardship on KP operations.

Nothing in this policy prohibits KP from refusing to hire or discharging an employee due to current use of drugs or alcohol, inability to perform his or her duties due to drug or alcohol use, or inability to perform his or her duties without endangering the health or safety of the employee or others.

Eligibility

Any employee who voluntarily enters and participates in an alcohol or drug rehabilitation program.

Notice & Documentation Requirements

Time off for this purpose will be granted if an employee provides reasonable notice of the request and a doctor's note to his/her manager. In the alternative, the employee may provide notice to his/her local Human Resources Representative.

Paid or Unpaid Time Off

Employees are required to use available paid time off for this purpose (sick leave, vacation, Paid Time Off or Earned Time Off) before taking leave without pay.

Confidentiality

Any records and information regarding an employee's absence for participation in an alcohol or drug rehabilitation program will be maintained as confidential. Managers and supervisors will take all reasonable steps to safeguard the privacy of an employee regarding participation in an alcohol or drug rehabilitation program.

Law/ statute

California Labor Code, Sections 1025-1028

Please complete and sign form, then return to Kaiser Permanente Coordinator or upload to MedHub.

* Employee ID	* Contact Phone Number (###) ###-####	* Effective Date (mm/dd/yyyy)
* First Name	Middle Name	* Last Name

1. EMPLOYEE INFORMATION

* Work Phone Number - Tieline (###) ###-####	* Work Phone Number - Outside (###) ###-####	NUID # (if known)
Location/Facility Name		Department

2. ACKNOWLEDGEMENT

I understand that, as a provider of health care, Kaiser Permanente recognizes that alcohol and drug abuse/chemical dependency is a chronic disease and major health problem that can have tragic consequences for individuals, families, and the workplace.

As a condition of employment, all employees are expected to abide by the organization's policy which prohibits the use and/or abuse of drugs and alcohol in the workplace.

By my signature below, I acknowledge, understand, accept, and agree to comply with this policy. I also understand that failure to comply with this policy will result in corrective/disciplinary action, up to and including termination of employment.

DRUG-FREE WORKPLACE ATTESTATION

- I have received a copy of the policy NATL.HR.030, Drug-Free Workplace.
- I have read, understood, and familiarized myself with this policy, and understand that Kaiser Permanente is committed to providing a drug-free workplace.
- I understand that it is my responsibility to comply with this policy, and that this policy applies to me.
- I agree to abide by the terms of the policy, as a condition of employment.
- I understand that violations of this policy will subject me to corrective/disciplinary action, up to and including termination of employment.
- If I have any questions about this policy, I will seek clarification from my manager or a KP HR Representative.
- I understand that, in acknowledgment that chemical dependency is a chronic disease and that rehabilitative treatment is available, KP supports and strongly encourages employees with such problems to seek treatment, and will provide it when conditions and circumstances warrant.
- I understand that the responsibility for seeking, obtaining, and cooperating in such treatment is mine.
- I understand that, if I am experiencing alcohol or drug dependency, I am urged by the organization to make use of KP's confidential Employee Assistance Program, and/or such disability plans, rehabilitation programs, and health coverage plans that may be appropriate.

3. EMPLOYEE SIGNATURE (Required if not submitted online)

_____ * Employee Signature	_____ * Date (mm-dd-yyyy)
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2950 ELDER AND DEPENDENT ADULT ABUSE REPORTING REQUIREMENTS Page 1 of 1

Please complete and sign form, then return to Kaiser Permanente Coordinator or upload to MedHub.

Form with fields: * Employee ID, * Home Phone, * Work Phone, * Effective Date, * First Name, Middle Name, * Last Name

1. ELDER AND DEPENDENT ADULT ABUSE REPORTING REQUIREMENTS

California Welfare and Institutions (W&I) Code Section 15659 requires Kaiser Permanente Medical Program to provide all "health professionals" and "care custodians" information concerning their responsibility to report incidents of observed, known, or suspected elder and dependent abuse.

Elders are persons 65 years of age or older. Dependent adults are persons between the ages of 18 and 64 with physical or mental limitations such as physical or developmental disabilities or age-diminished physical or mental abilities.

Abuse of and elder or dependent adult means either of the following:

- (a) Physical abuse, including lewd or lascivious acts, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
(b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

At Kaiser Permanente, a physician, nurse, and licensed or unlicensed health care professional, including administrative and support staff, who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of elder and/or dependent abuse, or reasonably suspects elder and/or dependent abuse, shall report by telephone immediately or as soon as practically possible and by written report within two (2) working days as follows:

- (a) to the long-term care ombudsmen or the local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility;
(b) to the State Department of Mental Health, the State Department of Developmental Services, or the local law enforcement agency if the abuse is alleged to have occurred in a state mental health hospital or state developmental center; or,
(c) to the adult protective services agency or the local law enforcement agency when the abuse is alleged to have occurred anywhere else.

All incidents should be documented and forwarded to the appropriate agency in accordance with local medical center procedures.

I certify that I have read and understand this statement and will comply with the requirements of the Elder and Dependent Abuse Reporting Law.

2. SIGNATURE

Form with fields: * Employee Signature, * Date, Facility / Department

- After completing the form:
1. Print form to keep a copy for your records.
2. Press the Submit button.
3. Wait for a pop-up screen to confirm the form has been submitted. (This may take a few minutes.)



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.

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 delivery 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.*

Excessive delays in medical assessments and care can be viewed as a failure to provide medical screening.

Medical screening is an ONGOING process that begins at triage/bed placement and ends at disposition (discharge versus admission). Therefore, physician, practitioner, and nursing documentation throughout the patient's stay are very important. Additionally, Professional Staff Rules and Regulations and Department documentation requirements such as date, time, signature, and legibility, apply.

- Documentation of medical screening includes, but is not limited to provider notes, nursing assessments and notes, results of diagnostic testing, and consultation reports.
- The initial practitioner examination should LEGIBLY document Chief Complaint, History of Present Illness, Review of Pertinent systems, Focused Physical Examination, Clinical Impression, and Plan.
- Subsequent physician impressions and plan (after diagnostic testing or treatment) should be documented, dated, and timed.
- The patient's condition upon discharge or transport to a bed for admission should be documented by clinical personnel.
- Discharge instructions, including an appropriate plan for follow-up care, should be documented for patients discharged (sent home).

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 ATTESTATION

I read and understand the EMTALA requirements. I know my role in ensuring adherence to the requirements including escalation of concerns to my department's leadership as needed.

Signature

Printed Name

Date

Kaiser Permanente Medical Center

Rotation Program

Home Institution

Home Program



HEALTH STATUS INFORMATION

According to the policy and procedures of Regional Human Resources (HR 5.02) Southern California Region, Title 22, CAC Section 7023, CDC guidelines all contracted medical center employees are required to demonstrate current immunity to the following communicable diseases:

1. Complete the following serology / immunization information:

(Serologic immunity or up-to-date immunization is required.)

Mumps	Serologic Titer:	Date of Titer	Immunization Date*: 1. 2.
Rubella	Serologic Titer:	Date of Titer	Immunization Date*:
Rubeola	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.
Varicella	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.
Hepatitis B	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2. 3.
**Hepatitis A	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.

*Give the last time immunized. Childhood vaccinations are not sufficient. The following number of doses are needed: two doses for rubeola; two doses for varicella; at least the first dose for hepatitis B. Hepatitis B vaccine can be declined, if so please sign below in section 4.

**If applicable

2. Give the following tuberculosis screening information:

Provide documentation of your most recent TST skin test or IGRA (QFT or T-Spot). If the TST or IGRA was positive, give date and results. The last TST needs to be in the last year before starting work.

Last TST or IGRA Date:	Results (mm of induration)*:
Previous IGRA:	Results (mm of induration)*:

*If there was no induration, indicate "0".

If your TST is newly positive, you will need to provide a report of a negative chest x-ray done after the TST. If the TST was previously positive TST, the results of a negative chest x-ray should be on file at your registry.

3. Please answer the following questions:

- a) Yes No Have you had any new problem which **currently** is infectious or would prevent you from performing your assigned duties at this time? If "Yes", describe: _____
- b) Yes No Have you had an unexplained weight loss in the last year? If "Yes", give amount lost: _____
- c) Yes No Do you have a persistent cough (lasting 3 weeks or more)?
- d) Yes No Do you cough up blood?
- e) Yes No Do you have persistent, unexplained fevers or night sweats?
- f) Yes No Do you have a rash? If "Yes", for how long? _____
- g) Yes No Have you seen a doctor for any of the above? If "Yes", which numbered item?

4. Hepatitis B vaccine: I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. Sign if you want to decline the Hepatitis B vaccine. Signature: _____

5. Tdap vaccine/date _____ or declination **6. Seasonal Flu vaccine/date _____ or declination.**

I hereby affirm that the information provided in this questionnaire is accurate and fairly represents my current health status. I understand that any misrepresentations, misstatements or omissions in this questionnaire, whether intentional or not, shall constitute a breach of contract between Contractor, or contract agency, and Kaiser Permanente. If employment was initiated prior to the discovery of such misrepresentation(s), misstatement(s) or omission(s), such discovery may result in immediate suspension or termination of such employment. I understand my employer/agency will receive a copy of this completed form.

SIGNATURE

PHONE

DATE

Please Print Name: _____ ADDRESS _____ ZIP _____

- Resident PA Student Medical Student Observer in Training Registry Nursing Student
 Traveler Sub-Contractors Vendors, Contractors, and Suppliers

Updated 11//2014

Tuesday, August 20, 2013

Topic: influenza vaccination

To Whom It May Concern,

Since the worldwide pandemic of novel influenza virus H1N1, there has been heightened awareness regarding morbidity and mortality due to influenza and the measures that can mitigate a potentially lethal illness. As you may know, Kaiser Permanente leads the nation in disease prevention; this is inclusive of infection prevention.

Annually in the U.S., up to 30,000 people die of influenza. This number does not include the sick days and potential transmission of virus to susceptible demographics at higher risk for mortality: pregnancy; infants; chronic lung or heart disease; immune suppressed; age greater than 65. Within Kaiser, we not only provide healthcare for these demographics, but also their family members and the people who take care of them. Medical studies have shown that vaccinating healthcare workers does decrease nosocomial transmission of flu, as well as decreases sick days for those who take care of the most critically ill (1,2).

In order to help mitigate spread of influenza during flu season, many healthcare centers in California and the United States are requiring influenza vaccination of healthcare workers; some have elected to require wearing a surgical mask for those who decline or cannot receive the flu vaccine. Southern California Kaiser Permanente is joining this important effort in maximizing the safety of our members.

As of October 1, 2013, we are requiring that any medical student, intern, resident, or fellow who intends to rotate through a direct patient care area must provide documentation of receiving that season's influenza vaccine. The intent is to increase vaccination rates; therefore declination forms will not be accepted. Those who decline to take the vaccine will not be permitted to rotate to Kaiser Permanente facilities' patient care areas. If the student or resident cannot receive the vaccine due to medical or religious reasons and still intends to rotate through our patient care areas, he/she shall be required to provide the appropriate written verification from a clergyperson or health care provider to Physician Education as well as don a surgical mask during all patient care. This will only be in effect during the traditional flu season months of October through April, but may be subject to change depending on that year's flu season duration.

We do not take lightly our responsibility in partnering with you to elevate the education of your students and other trainees. While our highest obligation and focus is the health and safety of our members, we do also believe that this policy will further contribute to their education by inciting thoughtful dialogue as to the intricacies of infection prevention in today's healthcare delivery system in the U.S. Thank you for your consideration, and we welcome any feedback on this topic as your partners in education.

Yours truly,



Michael Kanter, M.D.
Regional Medical Director of Quality & Clinical Analysis

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TETANUS, DIPHTHERIA (Td) or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) **VACCINE**

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. But older children, adolescents, and adults need protection from these diseases too. Td (Tetanus, Diphtheria) and Tdap (Tetanus, Diphtheria, Pertussis) vaccines provide that protection.

TETANUS (Lockjaw) causes painful muscle spasms, usually all over the body.

- It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

These three diseases are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

2 Td and Tdap vaccines

- Td vaccine has been used for many years. It protects against tetanus and diphtheria.
- Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

Note: At this time, Tdap is licensed for only one lifetime dose per person. Td is given every 10 years, and more often if needed.

These vaccines can be used in three ways: 1) as catch-up for people who did not get all their doses of DTaP or DTP when they were children, 2) as a booster dose every 10 years, and 3) for protection against tetanus infection after a wound.

3 Which vaccine, and when?

Routine: Adolescents 11 through 18

- A dose of Tdap is recommended for adolescents who got DTaP or DTP as children and have not yet gotten a booster dose of Td. The preferred age is 11-12.
- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- Adolescents who did not get all their scheduled doses of DTaP or DTP as children should complete the series using a combination of Td and Tdap.

Routine: Adults 19 and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.
- Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed *during* pregnancy, Td is usually preferred over Tdap.

Protection After a Wound

A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose. But Td should be used if Tdap is not available, or for:

- anybody who has already had a dose of Tdap,
- children 7 through 9 years of age, or
- adults 65 and older.

Tdap and Td may be given at the same time as other vaccines.

4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTaP, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTaP should not get Tdap, unless a cause other than the vaccine was found (these people *can* get Td).
- Talk to your provider if the person getting either vaccine:
 - has epilepsy or another nervous system problem,
 - had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap vaccine, or
 - has had Guillain Barré Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

5 What are the risks from Tdap and Td vaccines?

With a vaccine (as with any medicine) there is always a small risk of a life-threatening allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

Mild Problems

(Noticeable, but did not interfere with activities)

Tdap

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Td

- Pain (up to about 8 in 10)
- Redness or swelling (up to about 1 in 3)
- Mild fever (up to about 1 in 15)
- Headache or tiredness (uncommon)

Moderate Problems

(Interfered with activities, but did not require medical attention)

Tdap

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

Td

- Fever over 102°F (rare)

Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

Severe Problems

(Unable to perform usual activities; required medical attention)

Tdap

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.

Tdap or Td

- Swelling, severe pain, and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



When a Patient Needs Language Assistance

...What Should I Do?

Revised January 2014

It is important that our members with limited English speaking skills receive high quality and timely language assistance that is free of charge and available 24 hours a day, 7 days a week. To support this requirement, Kaiser Permanente offers language assistance options, both face-to-face (in-person) and over-the-phone.

QUALIFIED BILINGUAL STAFF (QBS)

KP employees tested and trained to provide language assistance. Always try to obtain QBS as the first choice for interpretation.

- QBS Level 1 - Non-clinical situations that require basic conversational skills only
- QBS Level 2 - Situations that require intermediate to advanced conversational skills, including healthcare/medical terminology

For a current list of QBS names, locations, and levels, go to <https://epf.kp.org/wps/portal/hr/kpme/diversity> >> select "Qualified Bilingual Staff Listings" link under "Language and Translation Services"

OVER-THE-PHONE INTERPRETING (OPI)

Language Line

SPOKEN LANGUAGES ONLY

(800) 523-1786

Client ID Number= 201182

Note: To call a Deaf or hearing impaired member using a standard phone dial a voice relay operator from the **CA Relay Service** at: 1-866-461-4288 (English) or 1-866-288-1677 (Spanish) or dial 9 for outside line then 711

TRANSLATION VENDORS - Written Documents

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"

Or contact: Global Language Solutions at (949) 798-1400 x238, email Michael@globallanguages.com or Avantpage at (530) 750-2040 X 1 email luis@avantpage.com

CONTRACTED INTERPRETING VENDORS

CTS LanguageLink

SPOKEN LANGUAGES ONLY

(800) 535-7993

Interpreters Unlimited

BOTH SIGN & SPOKEN LANGUAGES

(800) 726-9891

VENDORS FOR SIGN LANGUAGE ONLY

Life Signs - *New*

(888) 930-7776

After Hours (800) 633-8883

Network Interpreter Services

(800) 284-1043

After Hours (800) 284-1043 x709

Deaf Community Services

(619) 398-2488

After Hours or Emergencies-Option 5

Accommodating Ideas

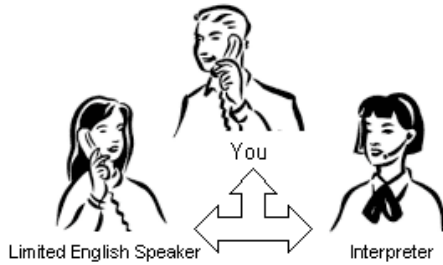
(800) 257-1783

For billing purposes, please provide to the contracted vendor the following for their services:

- Cost Center: 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, such as MRN
- Special requests, i.e. 4th floor, etc.)

Note: FDA approvers should ensure their staff complete and sign the **Verification of Services form** provided by the contracted in person interpreters, which is later sent in with the invoice to verify services for payment.

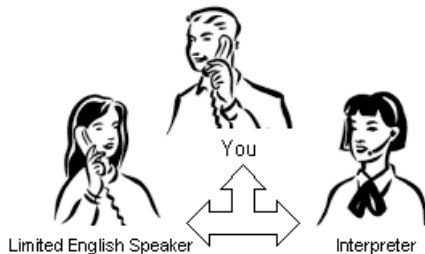
You Receive a Call from a Limited English Speaker



Please follow these steps:

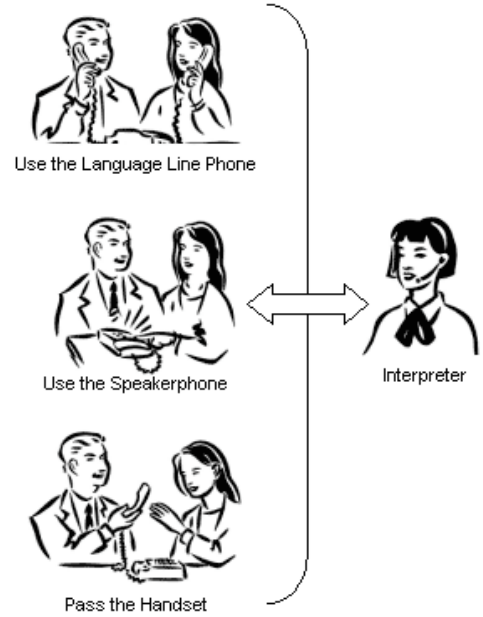
- (1) Place the limited English speaker on conference hold
- (2) Dial Line Services' toll-free number (800) 523-1786
- (3) Establish a conference call between you, the member/patient, and Language Line
- (4) Request the language your caller speaks through the interactive voice response (IVR) system
- (5) Enter the appropriate location and department code for your department (**ask your manager if you do not know the appropriate codes**).
- (6) When the interpreter is connected, explain the situation
- (7) Conference in your limited English speaking caller
- (8) Document interpreter use in the medical record

You Need to Make a Call to a Limited English Speaker



- Complete steps (2), (4), and (5) above
- When the interpreter is connected, call your limited English speaking patient **OR** ask the interpreter to place the call for you. **In some cases there is a charge if the interpreter places the call for you.**
- Document interpreter use in the medical record

You Are Face-to-Face With a Limited English Speaker



- Complete steps (2), (4) and (5)
- When the interpreter is connected, use the Language Line dual handset phone, cordless phones, or speakerphone
- Document interpreter use in the medical record

Additional Resources

For more information on the above vendors and/or training on how to work with an interpreter or need specific Diversity training contact: **Connie Zaragoza** at 619-641-2405, Tie Line 8-277-2405 connie.zaragoza@kp.org

Vendor Complaints or Issues

For complaints and/or issues regarding interpreter services, please contact Connie Zaragoza at 619-641-2405 or tie line 8-277-2405 or Regional Diversity at 626-405-6252 with the following details:

- Vendor Name
- Medical Center Area
- Date and time of Incident
- Interpreter Identification Number
- Client ID (Language Line only)
- Language Needed for Interpretation
- Complaint or Concern

Additionally, concerns regarding Language Line services can also be filled out at:

<http://www.language.com/page/voc/>



INTERPRETIVE SERVICES ATTESTATION

I have been informed of Interpretive Services available and have received information on resources for when a patient/member needs language assistance.

Signature

Printed Name

Date

Kaiser Permanente Medical Center

Rotation Program

Home Institution

Home Program

Letter of Reference Release Form Graduate Medical Education

Resident/Fellow Name: _____

I hereby request and grant permission to the physicians at Kaiser Permanente Medical Center to write letters of reference on my behalf. I also grant permission to discuss via telephone, in person, or e-mail my candidacy with representatives of the agencies with whom I am seeking such positions. I waive any right to review, receive a copy, or be informed of the contents of any assessment provided under this release.

I also acknowledge that the following factors are among those that will be taken into consideration when writing a reference on my behalf:

- Capacity in which s/he knows me
- Length of time s/he knows me
- Assessment of my professional abilities including strengths and opportunities for improvement.
- My performance according to the ACGME core competencies
 - Patient Care
 - Medical Knowledge
 - Interpersonal and Communication Skills
 - Professionalism
 - Practice-Based Learning and Improvement
 - Systems-Based Practice
- General and specific impressions of my qualifications for the position for which I am applying
- My contributions to the program
- My contributions to the community

I release the writer from any claim.

Signature

Date

Please return a signed copy of this form with your rotation documents.



KAISER PERMANENTE®



POLICY SECTION:	INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES	EFFECTIVE DATE: 7/1/2014
TITLE:	Hand Health & Hygiene	Page: 1 of 8

BACKGROUND

- ❖ Studies have shown that handwashing causes a reduction in the carriage of potential pathogens on the hands.
- ❖ Microorganisms proliferate on the hands within the moist environment of gloves.
- ❖ Handwashing results in the reduction of patient morbidity and mortality from health care associated infections.
- ❖ The Centers for Disease Control and Prevention states that handwashing is the single most important procedure for preventing health-care associated infections.
- ❖ Artificial nails are more likely than natural nails to harbor pathogens that can lead to health care associated infections.
- ❖ There are four types of hand washing (see body of policy for detailed instructions):

TYPE	PURPOSE	METHOD
Routine Handwashing	To remove soil and transient microorganisms.	Wash hands with soap and water for at least 15 seconds.
Hand antisepsis	To remove soil and remove or destroy transient microorganisms.	Wash hands with antimicrobial soap and water for at least 15 seconds.
Hand rub/degerming	To destroy transient and resident microorganisms on UNSOILED hands.	Rub alcohol-based hand degermer into hands vigorously until dry.
Surgical hand scrub	To remove or destroy transient microorganisms and reduce resident flora.	Wash hands and forearms with antimicrobial soap and water with brush to achieve friction. Or alcohol-based preparation rubbed vigorously until dry.

PURPOSE

- ❖ The purpose of handwashing is to remove dirt, organic material and transient microorganisms from the hands so as to decrease the risk of cross contamination.



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POLICY

- ❖ The choice of plain soap, antimicrobial soap, alcohol-based hand degermer, 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 health care personnel. Anything that precludes this is not permitted e.g. artificial nails, rings and wrist/hand splints.
 - Hand decontamination with alcohol based degermer (gel, rinse or foam) is the preferred method of hand hygiene for all situations as defined in 3.2 below, unless hands are visibly soiled or patient has *Clostridium difficile*.
 - Handwashing with plain or antimicrobial soap is preferred prior to food preparation.
 - Hand decontamination/antiseptis with antimicrobial soap or alcohol based hand degermer is indicated before and after all patient care in high risk areas, i.e. ICU/NICU, Dialysis, Hematology and Oncology, and when caring for patients with immunosuppression, or multidrug resistant organism and before invasive procedures such as IV insertion, bronchoscopy.
 - Hand decontamination with alcohol based degermer should be used where no sinks are available.
 - Surgical hand scrubbing is required prior to surgical procedures.
- ❖ All personnel and physicians must perform hand hygiene according to the World Health Organization Five Moments for Hand Hygiene Requirements defined as:
 - Before having direct contact with patients
 - Before performing an aseptic task
 - After exposure to blood or body fluids
 - After patient contact
 - After contact with the patient's surroundings
- ❖ The use of alcohol rinse products instead of handwashing is acceptable in situations where the hands are not soiled with physical dirt. Alcohols are poor cleaning agents and hands must be free from dirt for the alcohol to be effective.
- ❖ Soap from wall-mounted dispensers is to be used for routine handwashing. Bar soap is unacceptable.



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- ❖ Hand lotion is provided to prevent skin dryness and damage.
 - Lotion is a potential media for bacterial growth and is provided only in small disposable containers or containers that are not refilled.
 - If latex gloves are used lotion must be water-based because petrolatum and mineral oil interfere with latex. Kaiser's standard hand lotion is water-based.
 - CHG (chlorhexidine gluconate), which is a component of some of Kaiser's standard antimicrobial soap products and surgical scrubs, is compatible with Kaiser's standard hand lotion. It is not compatible with most commercially available lotions, which can inactivate the CHG. Consequently, personal hand lotions should not be brought in for use at work.
- ❖ Rings other than plain bands are discouraged for health care workers. Bands may be left in place while washing.
- ❖ The natural nails of healthcare workers are to be kept short, i.e. not extending beyond the tips of the fingers. Any nail polish must be intact, not chipped. For high risk patient care areas, (ie ICU, NICU, Pediatrics, and Oncology) strongly recommend staff not to wear any nail polish.
- ❖ All artificial nail enhancements including but not limited to: nail jewelry, gels, wraps, etc. are prohibited for all health care workers and providers who provide direct, "hands-on" patient care, across the continuum of care, including but not limited to: inpatient (including Perinatal services, Labor and Delivery, Post Partum, Nursery), ambulatory and home care, invasive or diagnostic procedures or therapies, Laboratory Services, Perioperative Services, Sterile Processing Dept, Intensive care units (adult, pediatric newborn), etc. Other workers involved in aseptic procedures or who have contact with the patient environment, etc. must also comply e.g. pharmacy, food handlers, EVS, Social Workers.
- ❖ Hand/wrist splints and any type of dressing that may have direct patient contact and may preclude handwashing and hand degerming are prohibited for all healthcare workers and providers. Consult with an Infection Control Professional for case by case assessment.
- ❖ All members of the Surgical Team must properly complete a Surgical Hand Scrub prior to beginning the procedure.
 - Fingernails must be trimmed short and be free of polish, artificial nails and tips
 - Hands and forearms must be free of open lesions and breaks in skin integrity



POLICY SECTION:	INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES	EFFECTIVE DATE: 7/1/2014
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PROCEDURE FOR SOAP AND WATER HANDWASHING

- ❖ Stand near sink, but avoid touching it as the sink itself may be a source of contamination.
- ❖ Using tepid water, wet hands. Avoid splashing and keep moisture away from sleeves and clothing.
- ❖ Generously apply soap.
- ❖ Rub hands vigorously together causing friction to clean between fingers, around and under fingernails, the back of the hands, wrists, and palms for 15 seconds.
- ❖ Rinse hands well under running water.
- ❖ Dry hands with paper towel.
- ❖ Use paper towel to turn off faucet if there is not a foot or knee control to prevent recontaminating hands.

PROCEDURE FOR ANTISEPTIC HAND RUBS (WATERLESS CLEANERS)

- ❖ Assuming hands are NOT SOILED, apply enough alcohol gel or foam to cover the entire surface of hands and fingers (volume per manufacturer recommendations).
- ❖ Rub hands vigorously together causing friction to degerm between fingers, around and under fingernails, the back of the hands, wrists and palms until dry.
- ❖ Wash hands with soap and water if visibly soiled, and/or when hands feel sticky (e.g. after 10-12 uses of alcohol degermer).

GENERAL PROCEDURE FOR SURGICAL SCRUB REQUIRING A BRUSH

- ❖ Remove all jewelry from hands and forearms.
- ❖ Prepare for the surgical scrub.
 - Adjust water temperature
 - Keep arms level and well away from body. Keep hands up above the elbows for the duration of the scrub
 - Remove brush from wrapper



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- ❖ Pre-wash the hands and forearms.
 - Wet hands and forearms; apply sufficient water to sponge part of brush and work up a lather
 - Wash from fingertips to the elbows
 - Clean nails and subungual (under nails) areas with disposable nail cleaner under running water
 - Discard nail cleaner in receptacle
 - Rinse hands and arms thoroughly
- ❖ Moisten brush and begin scrub. Apply 3-5 ml of antimicrobial soap if the brush does not contain the soap solution. Start at the fingertips and nails.
- ❖ Scrub all sides of each digit, including web spaces (a counted brush stroke method may also be used) between fingers.
- ❖ Scrub the palm and back of the hand using a circular motion.
- ❖ Repeat steps 6.5 and 6.6 for the second hand.
- ❖ Scrub the arm on all sides, up to and including the elbow and antecubital spaces.
- ❖ Scrub each lower forearm and upper arm.
- ❖ Hold hands above the level of the elbows while scrubbing. Water flows from the level of the elbows while scrubbing. Hands and arms are now the clean area and are held away from the body.
- ❖ Add small amounts of water and/or soap to the brush during the scrub to develop and keep suds. Avoid splashing soap or water on scrub attire.
- ❖ Discard the brush in the waste basket after the scrub.
- ❖ Rinse hands and arms from the fingertips to above the elbow. Never rinse back and forth or rinse from elbows to fingers.
- ❖ Proceed to the operating room for gowning and gloving while holding arms upright, bent at the elbow.



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GENERAL PROCEDURE FOR BRUSHLESS SURGICAL SCRUB

- ❖ Prior to using brushless surgical scrub at the start of the day, wash hands with bland soap, and clean under nails with nail pick. No subsequent hand washes with soap and water are required unless there is visible soiling of hands.
- ❖ Cup hand and hold 1-2 inches from the nozzle of brushless scrub product dispenser. Depress foot pump completely to dispense one pump (approximately 2 ml) of product into the palm of one hand.
- ❖ Dip the fingertips of the opposite hand into the 2 ml of brushless scrub product and work it under the nails. Spread the remaining product over the hand up to the elbow.
- ❖ Dispense another metered dose pump (approximately 2 ml) of antiseptic solution into the palm of the other hand and work it under the nails. Spread the remaining product over the hand and up to the elbow.
- ❖ Dispense a final metered dose pump (approximately 2 ml) of antiseptic solution into hand and reapply to all aspects of both hands up to the wrists.
- ❖ Allow skin to dry before donning gloves.
- ❖ Repeat process in between surgical procedures.



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POLICY SECTION:	INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES	EFFECTIVE DATE: 7/1/2014
TITLE:	Hand Health & Hygiene	Page: 8 of 8

HAND HYGIENE AND ARTIFICIAL NAIL POLICY ATTESTATION

I have been informed of the Kaiser Permanente Hand Health & Hygiene Policy and the requirement to eliminate artificial nails for all persons who provide direct patient care.

Signature

Printed Name

Date

Kaiser Permanente Medical Center

Rotation Program

Home Institution

Home Program

GUIDELINES FOR STANDARD/UNIVERSAL PRECAUTIONS AND PROTECTION AGAINST EXPOSURE TO BLOODBORNE PATHOGENS IN HEALTHCARE SETTINGS

These guidelines apply to ALL employees and physicians in the hospitals, medical office buildings, regional laboratories and other regional services of the Kaiser Permanent Medical Care Program. Additional details are available in your facility's Bloodborne Pathogen Exposure Control Plan. Ask your manager where it is located.

The Kaiser Permanente Medical Care Program mandates the use of Standard/Universal blood and body fluid/substance precautions for all patients and employees as recommended by California and Federal OSHA, the American Hospital Association and the Centers for Disease Control and Prevention (CDC). These guidelines are mandated to protect patients, employees and physicians from the occupational transmission of bloodborne infections, such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). Standard/Universal precautions **must be strictly followed** whenever there is the possibility of contact with blood or other potentially infectious material (OPIM) from any patient regardless of diagnosis. Failure to comply with Standard/Universal precaution practices will result in disciplinary action. OPIM are defined as: semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid, amniotic fluid, synovial fluid, pleural fluid, pericardial fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between blood and body fluids.

STANDARD/UNIVERSAL PRECAUTIONS

1. Blood and/or OPIM must be handled in a manner that minimizes splashing, spraying, splattering, and generation of droplets. The use of personal protective equipment (PPE) i.e. gloves, gown, eye shields, masks etc., is required to reduce the risk of occupational exposure. In addition to the use of PPE hand hygiene is required **at the start** of the work shift, and **between** dirty and clean procedures on the same patient. Hand hygiene is also required **after**: contact with equipment or environment that may be contaminated, using the restroom, eating, drinking, smoking, and applying cosmetics. It is required as well **before and after**: contact with patients and specimens, wearing gloves or other PPE, contact with mucous membranes, and preparing food. Hand hygiene may be accomplished with either waterless degermer or soap and water washing.
2. Gloves are required when anticipated hand exposure to blood and/or OPIM is anticipated. Examples include: venous access procedures (e.g. phlebotomy, IV starts), specimen collection, open wound contact and when handling or touching contaminated items or surfaces.
3. PPE such as gowns and disposable plastic aprons are required during procedures when splashing with blood and/or OPIM is anticipated. Scrubs are NOT PPE.
4. PPE such as masks, face shields, ventilation devices and protective eye wear are required during procedures when splashing, spraying, splatter or droplets of blood and OPIM to the eyes, nose or mouth is anticipated. Eyeglasses are NOT PPE.
5. N-95 NIOSH approved TB respirator masks are required for protection against tuberculosis. Fit testing must be done prior to use of the N-95 mask. Regular masks are required for protection against other airborne transmitted diseases such as chickenpox.
6. Used syringes and disposable sharps must be disposed of immediately at point of use in puncture resistant containers. Do not overfill the containers. Needles should not be recapped or manipulated in any way. If needles must be recapped, a one-hand scooping technique or recapping device must be used. Kaiser has standard sharps safety devices available, which must be used. The safety feature on sharps safety devices must be activated. Education regarding sharps safety devices is required before use.
7. Laboratory specimens must be processed and handled in a safe manner with gloves and placed into leak proof containers labeled with biohazard symbol when required.
8. Emergency resuscitation equipment such as ambubags, mouthpieces, pocket masks, and ventilation devices are required in resuscitation situations.
9. Hepatitis B vaccination is strongly recommended for all employees who have the potential for occupational exposure to blood and OPIM. This is administered in a series of three injections. It is highly effective and safe, and is offered free of charge to all employees.

EMPLOYEE HEALTH

Exposure to blood and/or OPIM via needlesticks, other sharps injury, mucous membranes or non-intact skin requires:

- immediate and thorough washing of the affected area,
- contacting your Manager/designee,
- seeking immediate medical evaluation, and
- contacting Employee Health for documentation of the exposure incident on the Sharps Log.

Signature: _____

Date: _____

Printed name: _____