



KAISER PERMANENTE® Policies and Procedures

Department: REGIONAL OFFICES	Old Policy Number:	On-Line Policy Number:
Section: ADMINISTRATION	Effective Date: 04/2012	Page: 1 of 8
Title: Student Unpaid Field Experience and Training	Review / Revision Date: 8/29/2013, 7/23/24, 5/15/2015, 9/18/2015, 12/15/2015, 3/15/2016, 4/19/2016	
Approved by:	<input type="checkbox"/> Medical Center - Wide <input checked="" type="checkbox"/> Department – Specific	<input checked="" type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical

PURPOSE: To establish guidelines for local Kaiser Permanente (“KP”) medical center and contracted colleges/ universities/ schools (“Schools”) for unpaid field experience and training programs of students (“Program Participants”) at KP facilities.

DEFINITIONS:

Kaiser Permanente Entities (KP Entities, Kaiser or KP), refers to any Kaiser Permanente Medical Program entity contracting with Schools for an unpaid training program, including Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Foundation Hospitals (KFH), or Southern California Permanente Medical Group (SCPMG).

School refers to an educational institution that meets all contractual obligations/ requirements in a fully-expected contract with KP.

Student refers to any person who is enrolled in a School’s healthcare-related program and who will be completing their specified field experience hours at KP.

Unpaid refers to students who are not paid via W2 by Kaiser Permanente payroll. Some W9 and stipend payments do fall under these agreements. They are approved and reviewed on case by case basis by the School Agreement Stakeholder Group (SASG) and KP Legal and KP Risk Management are brought in when there are any distinctions that need to be clarified.

Faculty Member refers to the School’s field experience instructors.

Program Participant refers to any Student(s) or Faculty Member(s) participating and/or covered under KPSC School Agreement for Student Practice and Training.

KP Academic Liaison and/or designee refers to the KP personnel managing Program Participants.

Facility refers to all KPSC Medical Centers and medical office buildings. It can also refer to Home Health locations, including but not limited to, a home health facility, nursing, home, hospice, palliative, subacute facility, or residents where Program Participants are under the continuous supervision of an employee of Kaiser Entities.

Network Development and Administration (ND&A) refers to the Southern California (SCAL) Regional Department that drafts, negotiates and executes all SCAL school agreement contracts for unpaid field experience and training programs.

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POLICY AND RESPONSIBILITY:

a) Affiliation Contracts/ Scheduling:

1. A current authorized School Agreement contract between KP and School (which includes the program of study listed in the Exhibit) must be in place prior to the establishment/ implementation of any Program Participant field experience rotation/ placement with KP.
2. To add a program to a current school contract or to request a new school contract, e-mail the Medical Center's Academic Liaison and/or designee (refer to Academic Liaison Contact List) to obtain process instructions and a School Agreement Request Form.
3. Request from an individual employee or non-employee student for a new program or new school affiliation must meet the following criteria for consideration.
 - 3.1 There must be an identified need by the applicable medical center(s), Department Manager and the Southern California Region for the program.
 - 3.2 Approving Department Manager is responsible for ensuring school meets KPSC accreditation and curriculum standards and for oversight of field experience program which may include preceptor supervision of student.
4. Once a contract is in place for the program, Schools will submit written request for Program Participant's field experience and training program placements to KP's Academic Liaison and/or designee.
 - 4.1 Field experience and training program placement is based on space availability and at the discretion of KP personnel.
5. KP's Academic Liaison and/or designee will coordinate facilities for applicable approved program field experience and training programs.
6. The number of Program Participants accepted for a nursing field experience and training program will be limited to 10-12 per Faculty Member. KP Academic Liaison will verify acceptable number of Program Participants for field experience and training programs.
7. Program Participants' competency is the accountability of the School.
8. No Program Participant will be allowed participation in the field experience and training program unless requirements are met as set forth by this policy.
9. KP employees who are also Program Participants, as defined above, are encouraged to complete their field experience training or rotation outside of their home unit.
10. KP employees who are adjunct faculty of an affiliated school must not be Faculty Members on the same unit/ department where they work.

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11. KP managers in medical centers or other locations are not permitted to sign agreements or side letters, or to agree to terms or conditions of field experience and training program with education institutions, governmental agencies, placement firms or individuals for any Program Participants training program without prior review and approval from the ND&A office and KP Legal Department.

b) School Agreement Field Experience and Training Program Coordination and Program Participant Eligibility Requirements:

1. KP school agreement field experience and training programs that fall under this policy are only for Program Participants at SCAL KP facilities who are over 18 years of age.
2. A valid contract, including current insurance requirements, must exist between the School and KP during the time of a Program Participant's placement in the field experience and training program. The contract will be signed and maintained by the ND&A office or designee.

c) Orientation and Health Screening:

1. All participating Schools and agencies agree to adhere to a standardized process for Program Participant orientation.
 - 1.1 Student/ Faculty Orientation website address:
[http://kpnursing.org/ SCAL/professionaldevelopment/orientation/index.html](http://kpnursing.org/SCAL/professionaldevelopment/orientation/index.html)
 - 1.2 Refer to Nursing Pathways website for Medical Center specific requirements.
2. Prior to the start of field experience and training, the School will verify that the following information is on file for assigned Program Participants:
 - 2.1 Background check and drug screen (refer to Affiliated Schools Criminal Background Check and Drug Screening policy for specific details).
 - 2.2 Current CPR card (Healthcare Provider BLS and AED from American Heart Association).
 - 2.3 Insurance Requirements:
 - Commercial general liability insurance and professional liability insurance policies are carried in accordance with the school agreement (not less than \$1,000,00.00 per occurrence and \$3,000,000.00 annual aggregate).
 - Respective KP Entities names as additional insured on the commercial general liability policy.
 - Require thirty (30) days written notice to respective KP Entities prior to the effective date of any material change to or cancellation of such policies.
 - School shall extend its usual workers' compensation insurance to cover all Program Participants who are participating in the Program(s) at KP Facilities.

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- School shall present respective KP Entities with satisfactory evidence of compliance with the insurance requirements specified herein prior to execution of this agreement, at the time of any material change thereto, and annually thereafter or at other times upon reasonable request from KP Entities.

2.4 Immunizations are current to include:

- Tuberculosis Screening (TB)

Screening may include the following: Tuberculin Skin Test (TST) and/or Interferon-Gamma Release Assays (IGRA) which encompasses QFT, T-SPOT

Program Participants must present proof of documented “negative” TST and/or IGRA history and must have two current TST skin tests: one that is dated and documented as “negative” within two years of assignment to a Facility and one that is dated and documented as “negative” within the last 12 months of assignment to a Facility. If neither is available, then a 2-step TST is required.

Program Participants with a history of “positive” TST are required to present a written report of a “negative” chest x-ray within one year of the beginning of their current academic program and proof that Program Participants have completed annual TB questionnaires. They are not required to take follow up chest x-rays unless there is a “positive” response to the symptom review on the annual TB questionnaire. More recent screening may be required if clinically appropriate.

- Rubella, Rubeola, and Mumps (MMR)

A documented serological immunity or 2 documented immunization records signed by a qualified health provider is required. Vaccination is mandatory if non-immune and no vaccine record.

- Varicella Zoster

A documented serological immunity or 2 documented immunization records signed by a qualified health provider is required. Vaccination is mandatory if non-immune and no vaccine record.

- Hepatitis A

Hepatitis A is required for Program Participants whose main duties involve food preparation or serving food within any KP Facilities. Immunity demonstrated by Hepatitis A antibody titer or documentation of 2 vaccinations, 6 months apart.

- Hepatitis B

Hepatitis B surface antibody blood titer is required, whether historical results show positive or negative results. Immunity demonstrated by Hepatitis B antibody titer, or documentation of three (3) Hepatitis B vaccine injections. If

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Program Participant is non-immune and declines vaccination series, they are required to read the significance of what they are declining and are required to sign a Declination Form. Declination is highly discouraged.

- Seasonal Flu Vaccine

Proof of Flu Vaccination during the current Flu Season must be presented to Kaiser Facilities by Program Participant before starting the Program.

- Pertussis (Whooping Cough)

A Tdap immunization record signed by a qualified health provider must be presented to Kaiser Facilities by Program Participant before starting the program or the Program Participant must sign a Declination form if they have not been immunized before starting the Program. Signing a Declination form is highly discouraged, but if the vaccines are not completed, a Declination Form is essential before field experience and training rotation. Those signing a Declination form have to read the significance of what they are declining.

- Other

Such other immunizations and health screening as required by applicable law or reasonably requested by Kaiser Entities in accordance with Kaiser Entities' applicable policies and procedures which may be unilaterally amended by Kaiser Entities' from time to time by a notice via email or mail to School.

3. Faculty Members whose classifications require current California professional licensure or certification must provide proof thereof.
4. **HealthConnect Access** - Program Participants who are expected to document on the patient's medical record must submit information needed at least 4 weeks prior to the start of the field experience training/rotation to obtain access to the HealthConnect documentation system.
5. **HealthConnect Training**- The School will provide each Program Participants with the approved KP HealthConnect training.

5.1 Nursing School Program Participants will use the KP Learn website for training.

6. Program Participants will complete all required forms prior to the start of the field experience.

NOTE: Supervising Faculty Members will sign the Orientation Verification Record verifying completion of the pre-field experience requirements as stated in this policy. KP may validate compliance with these requirements by auditing Student files.

d) Faculty Members'/School Accountabilities:

1. The School is responsible for evaluating the Faculty Member's competence. Faculty Members must possess clinical competence in the services they are teaching. Faculty members must have a current California registered nurse license or other licensure as appropriate, and be

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American Heart Association (AHA) certified Basic Life Support provider, as appropriate. Documentation of both will be kept on file at the School and available for review upon request.

2. In the event a Faculty Member is absent, a qualified substitute who meets all the Faculty Member and KP requirements must be on duty to supervise the Students. If this is not possible, the field experience training will be cancelled for the day and Students will be directed to leave the KP medical center.
3. Prior to any field training experience, the Faculty member is responsible to define the Student's scope of practice, level of capabilities, and limitations to the clinical staff as outlined in the student syllabus. A copy is to be provided to KP's Academic Liaison or designee.
4. The Faculty Member of record ensures the orientation of the Students to the medical centers as well as to the individual patient care areas. The staff preceptor may orient Students to the medical centers and patient care areas if the Student's field experience does not require the Faculty Member to be on site.
5. Faculty Member will submit all required orientation documents completed by the Students and the Faculty Member prior to the start of the field experience to KP's Academic Liaison and/or designee.

e) Security Issues:

1. KP Facility or school badges and school approved uniforms are to be worn by the Program Participants at all times while on KP premises per KP Facility policy.
2. KKP-issued badges are to be returned to KP's Academic Liaison and/or designee on the last day of the field experience and training program.

f) Medication Administration:

1. A Faculty Member or authorized KP Staff Nurse must co-sign with Students for all medications administered to KP patients.

g) Unusual Occurrences:

1. KP will provide necessary emergency health care or first aid to an injured Program Participant or a school employee participating in affiliated Program(s) at the Facilities, consistent with Kaiser Entities policies and procedures pertaining to employees or visitors injured at a KP Facility.
2. Kaiser Entities shall have no obligation to furnish medical or surgical care beyond emergency care or the first aid to an injured Program Participant, or provide accident, health or any other insurance coverage for the Program Participant.
3. If a Program Participant is injured in a KP Facility during their field experience or training program, or during a visit to a non-Kaiser Facility, such as Home Health, the Program Participant will obtain treatment at the nearest KP Medical Facility equipped to provide the necessary emergency care or first aid.

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4. If the injured Program Participant is not in close proximity to a KP Medical Facility equipped to provide the necessary emergency care or first aid and is stable for transport, Kaiser personnel will make arrangements to transport the Program Participant to the nearest KP Emergency Department.
5. If the injured Program Participant needs immediate emergency care, Kaiser Personnel will call KP's Emergency Response Team or 911.
6. All significant or unusual incidents during the field experience and training program must be reported immediately to:
 - Faculty Member/School
 - KP Charge Nurse (if applicable)
 - Department Manager
 - Academic Liaison
7. KP's Unusual Occurrence Report System (UOR) must be completed by the KP Charge Nurse or appropriate designee.
8. The Academic Liaison will notify the SCAL Regional Senior Contracts Manager of the Unusual Occurrence Report (UOR).
9. The Regional Senior Contracts Manager will notify the Revenue Cycle Personnel of the incident and inform them not to bill the Program Participant for the emergency care or first aid provided per KP Policy.
10. The Regional Senior Contracts Manager will notify KP Legal and KP Risk Management of the incident.

References: The Joint Commission, HR.01.02.15 (www.jointcommission.org)

Related Policies:

- Obligations Regarding Confidentiality NATL.HR.031
- KP HR policy CA.HR.5.02
- Employment Screening NATL.HR 011
- Employee Health Services Policy 1001 and 1005

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KAISER PERMANENTE® Policies and Procedures

Department: REGIONAL OFFICES	Old Policy Number:	On-Line Policy Number:
Section: ADMINISTRATION	Effective Date: 01/2012	Page: 1 of 4
Title: Affiliated Schools Criminal Background Check/Drug Screening	Review / Revision Date: 3/13/2013, 2/17/2014, 9/18/2015, 12/15/2015	
Approved by:	<input type="checkbox"/> Medical Center - Wide <input type="checkbox"/> Department – Specific	<input checked="" type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical

PURPOSE: To establish guidelines for local medical centers and affiliated colleges/universities/schools (“Schools”) pertaining to criminal background checks and drug screenings of students (“Student”) and faculty members (“Faculty”) participating in non-paid clinical training rotation/placement with Kaiser Foundation Hospitals (“KFH”) and Southern California Permanente Medical Group (“SCPMG”).

POLICY AND RESPONSIBILITY:

1. Schools are responsible for obtaining or arranging through third party vendors, (e.g., www.mybackgroundcheck.com or www.dataservices.com) the required criminal background check and drug screening for Faculty and Students, pursuant to the Agreement for School Clinical Practice And Training (Practice Programs). This information needs to be documented and kept on file by the School prior to commencement of clinical training.
2. Faculty and Students of Schools must clear their criminal background check prior to placement and training in KFH and SCPMG clinical facilities.
3. All participating schools and agencies agree to adhere to a standardized process or Faculty/Student criminal background check as set forth below, and in compliance with applicable federal and state laws.
4. Background checks must include the following information:
 - a. Verification of legal name (current legal name and any prior legal name)
 - b. Verification of social security number
 - c. Verification of address
 - d. Seven years of residence/background/criminal history in residing counties
 - e. Sex offender database search
 - f. Felony and misdemeanor criminal record search
 - g. Federal Criminal Records search

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- h. Search through applicable professional certification or licensing agency for infractions if Student currently holds a professional license or certification (e.g., respiratory therapist, C.N.A.).
5. Drug screening is required for Students and Faculty. Participants must clear the drug screening prior to placement and training in KFH and SCPMG clinical facilities.
 - 5.1 Schools must follow an established and lawful drug screening protocol in accordance with local or state laws related to drug testing policies.
 - 5.2 Drug screen with urine sample, Panel 10 includes testing for the following drugs: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, THC (Marijuana), Methadone, Methamphetamines, Opiates, PCP, Tricyclic Antidepressants
6. Faculty/Student will be unable to participate in clinical training program at KFH/SCPMG facilities due to failure to complete or pass applicable screening requirements or due to the reporting of a serious criminal conviction, **including but not limited to, the following offenses:**
 - a. Murder
 - b. Sexual offenses/sexual assault
 - c. Felony possession and/or furnishing of a drug/controlled substance
 - d. Felony theft
 - e. Class B and Class A misdemeanor theft
 - f. Fraud
 - g. Felony assault
 - h. Abuse
 - i. Other felonies involving weapons and/or violent crimes
7. The initial background check and drug screening will satisfy the screening requirement during continuous matriculation of the Faculty/Student for the duration of their participation in the clinical training program. If the Faculty/Student discontinues participation in the program for more than one consecutive semester, a new background check and drug screening will be required.
8. KFH and SCPMG representatives at the clinical training facility will determine the final placement status of Faculty/Student based on reported background check and drug screening information.
9. Faculty contact information must be documented on the Orientation Verification Record located in the Student/Faculty Orientation website ([http://kpnursing.org/ SCAL/professionaldevelopment/orientation/index.html](http://kpnursing.org/SCAL/professionaldevelopment/orientation/index.html))
10. If a Program Participant shows signs of being under the influence during their field experience in a KP facility, the incident must be reported immediately to the Faculty/School, and the KP Unit Manager or designee. The Faculty will remove student from patient care area and follow necessary school protocol to take the student off the premises.

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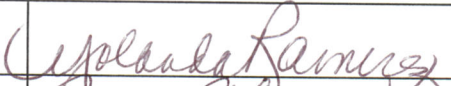
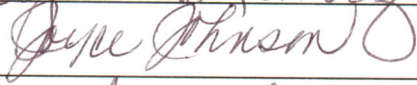
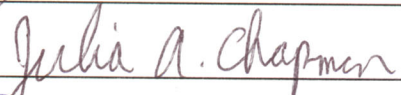
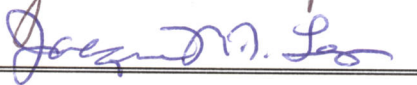
- 10.1 **Being Under the Influence** – means an individual is impaired by alcohol or a drug or the combination of alcohol and drugs, regardless of the level detected. A determination of under the influence can be established by a professional opinion, medically accepted drug or alcohol screening test, and/or based on lay observations by supervisors, co-workers or others.
- 10.2 **Reasonable Suspicion of Prohibited Alcohol or Drug Use**
Factors which may establish a reasonable suspicion include, but not limited to:
- 10.2.1 Sudden unexplained changes in behavior which adversely impact work performance.
 - 10.2.2 Discovery or presence of alcohol or illegal drugs in a student's possession or near the student's work place.
 - 10.2.3 Odor of alcohol and/or residual odor peculiar to alcohol or controlled substances.
 - 10.2.4 Personality changes or disorientation.
 - 10.2.5 Violation of safety policies, involvement in an onsite accident or near accident, in combination with any of the above factor(s).
11. All significant or unusual incidents during the field experience and training program must be reported to the Manager/designee, the Academic Liaison and documented on the KP's Unusual Occurrence Report-Online (UOR-O) system.
12. Regional Contracts Manager for SCAL school agreements must be notified of the Unusual Occurrence Report.

Related Policies and Procedures:

- a. The Joint Commission, HR.01.02.05 (www.jointcommission.org)
- b. California Board of Registered Nurses – Background Checks for Student Clinical Placement, EDP-I-33
- c. Kaiser Permanente National HR Policy .029
- d. Kaiser Permanente National HR Policy .030
- e. Kaiser Permanente Southern California HR-5.10

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APPROVALS		
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Policy Title: Drug-Free Workplace	Policy Number: NATL.HR.030
Owner Department: Human Resources	Effective Date: 4/30/15
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 Hospitals and Kaiser Foundation Health Plan, Inc. (together, KFH/HP);
 - 3.1.2** KFH/HP's subsidiaries;
 - 3.1.3** The Permanente Medical Group, Inc. (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 them to drive KP fleet vehicles are subject to the drug and alcohol testing requirements in the applicable Fleet Management policies. In addition, 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. (See the Addendum to REGL.HR.02a and REGL.HR.02b, *Drug and Alcohol Testing*.)

4.0 Definitions

- 4.1 Alcohol** – means ethanol alcohol in any consumable form (e.g., beer, wine, liquor).

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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, 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

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use of KP's confidential Employee Assistance Program. Whenever practical, KP will assist employees in overcoming drug, alcohol, and other problems 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 anytime 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.

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- 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 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, or involvement in an on the job accident or near accident.
 - 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, at the sole discretion of management, to provide breath, 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.

Policy Title: Drug-Free Workplace	Policy Number: NATL.HR.030
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5.7 Confidentiality

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

Policy Title: Drug-Free Workplace	Policy Number: NATL.HR.030
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Update approval 4/30/15

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 Revision History

Original Approvals	Update Approvals	Revision Approvals
Approval Date: 1/28/10	Approval Date: 10/30/12; 11/29/12; 4/30/15	Approval Date: 9/9/10
Effective Date: 4/5/10	Effective Date: 10/30/12; 11/29/12/ 4/30/15	Effective Date: 11/3/10
Communicated Date: n/a		Communicated Date: n/a

Policy Title: Drug-Free Workplace	Policy Number: NATL.HR.030
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Custodian: Chair, National HR Policy Roundtable	Page: 7 of 7

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



DRESS CODE

These guidelines are minimum requirements expected of faculty and students. Kaiser Permanente Medical Centers may require faculty and students to adhere to a facility specific dress code.

1. Picture identification badges must follow Kaiser Permanente (KP) Policy*
 - a. Students and faculty are required to wear a photo ID badge while at a KP medical facility.
 - b. Some KP facilities may require that both a School and/or KP badge are worn. See *Nursing Pathways Website: Medical Center Specific* section.
 - c. Badges are to be worn on the front upper torso and shall be clearly visible to observers; including patients.
 - d. Nothing is to be attached to the badge or cover any portion of the badge.
 - e. ID badges are the property of KP and will be returned to the Department Manager or supervisor upon termination of rotation.
2. Students should wear their school uniform. If the school does not have a uniform requirement they should wear appropriate professional attire.
 - a. Undergarments cannot be visible through the uniform.
 - b. No jeans, hoodies, low necklines or visible midriffs may be worn.
 - c. Clinical Instructors and Students during Leadership/Management rotations should wear a clean and unwrinkled lab coat over their uniform/scrubs.
3. Shoes should be clean, low-heeled with closed toes. Clogs must have a strap around the heels. No sandals or flip-flops.
4. Jewelry:
 - a. Only wedding or simple ring and limited to one per hand.
 - b. No piercing or jewelry/hardware may be evident other than one small stud earring per ear.
 - c. Unit protocol may supersede listed permissible items.
5. Hair must be kept clean, neat, and professional and should not obstruct eye to eye contact or create a health /safety hazard. Longer hair should be secured back. Facial hair must be neatly trimmed.
6. Tattoos must be covered at all times.
7. Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
8. No perfumes or scented lotions.
9. Personal Hygiene is essential.

Developed 4-22-2010

Rev. 5-29-2015

*Reference: SCR.HPHO.96.1.

2016

Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



The Joint Commission
Accreditation
Hospital

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

SBAR

SBAR is an effective and efficient way to communicate important information using a structured framework that is organized, concise, and easy to follow.

S	<u>Situation (Headline)</u> What is going on right now requiring attention? <ul style="list-style-type: none">• Be clear and concise.
B	<u>Background (Brief History)</u> What lead up to this event? What has already happen? <ul style="list-style-type: none">• Important relevant information (e.g. recent appointments and procedures, medication list, tests, treatments, labs, etc.)
A	<u>Assessment (Details)</u> What other pertinent information? <ul style="list-style-type: none">• Current or pending orders, plan of care, referrals, scheduled appointments, etc.
R	<u>Recommendation (Suggestion)</u> What do you want or propose? <ul style="list-style-type: none">• Make suggestion based on what is known.



Guide to the *Principles of Responsibility*

Kaiser Permanente's *Principles of Responsibility* is our code of conduct. We must all comply with laws, regulations, Kaiser Permanente policies, and the *Principles of Responsibility*. Reading this guide is not a substitute for reading the *Principles of Responsibility*, which is a condition of employment at Kaiser Permanente.



Introduction

1. Do the Right Thing

No set of rules or policies can provide answers to every scenario, so use the five guiding principles to assist you with decision making.

- | | |
|---|--|
| 1. Improve Our Members' Health and the Nation's Health Care | 4. Be Fair and Honest |
| 2. Excel and Innovate in Our Professions | 5. Demonstrate a Commitment to Compliance and Ethics |
| 3. Respect Members, Patients, Customers, and One Another | |

Preserve the Trust of Our Members, Patients, and Customers

2. Respect Confidentiality, Privacy, and Security

Keep member and patient information confidential and secure, to preserve the trust of our members and patients, provide quality health care, and be compliant with laws and Kaiser Permanente policies. Protect information by safeguarding passwords, using only what you need to know and storing it securely.

3. Focus Resources on Member and Patient Care

We all have a role to control fraud, waste, and abuse to help us provide affordable health care and protect our members. You must not participate in fraudulent activities, and report potential fraud if you become aware of it.

4. Support Community Involvement

Improving the health of the communities we serve is part of our mission, so your involvement in the community is encouraged. Be sure to discuss your community or government involvement with your chief or immediate supervisor to avoid any potential conflicts of interest.

5. Protect Our Assets and Information

Kaiser Permanente assets are to be used only for health care and business purposes. Safeguard confidential information, use funds and resources

appropriately, and ensure business records are maintained per Kaiser Permanente policies.

6. Protect Our Reputation

Marketing and communications to the public can only be carried out by authorized individuals. If you participate in social media that mentions KP, inform your supervisor and public relations staff.

Help Make Kaiser Permanente a Best Place to Work

7. Treat One Another with Dignity and Respect

Kaiser Permanente values workforce, member, and patient diversity. We do not tolerate retaliation or harassment that violate Kaiser Permanente policies. And, we keep our workplace safe by reporting work-related injuries and environmental hazards.

Make Objective and Fair Decisions

8. Avoid Conflicts of Interest

Conflicts of interest occur anytime your personal interests or relationships might or may be perceived to impair your ability to make good decisions for Kaiser Permanente. Refer to this section in the *Principles of Responsibility* for guidance on gifts, vendor relationships, and family and personal interests.

9. Meet Government Expectations and Cooperate With Government Inquiries

Inform your chief, supervisor, or compliance officer when a government official contacts you.

Know How to Get Help

10. Speak Up if You Have Any Questions or Concerns

Report potential compliance issues to or discuss questions with your chief, supervisor, HR, compliance officer, union representative, or the Compliance Hotline at 1-888-774-9100. It is Kaiser Permanente policy that allegations made in good faith will not be responded to with retaliation or harassment.

Read the *Principles of Responsibility* online at kp.org/compliance > Employees & Physicians > Principles of Responsibility



On line at kp.org/compliance > Employees & Physicians > Principles of Responsibility



Five Compliance Expectations

Expectation 1: You are expected to understand and use the *Principles of Responsibility* as a guideline for making compliant and ethical decisions in your daily work.

What is the *Principles of Responsibility*? The *Principles of Responsibility* is our formal code of conduct for all workforce members. The *Principles of Responsibility* outlines the minimum standards for your behavior at work. It applies to everyone — no matter where you work in Kaiser Permanente.

Does the *Principles of Responsibility* provide all of the information I need to know to be compliant? The *Principles of Responsibility* provides guidance, but you will need to be familiar with national, regional, and local policies to ensure you have all of the information you need to be compliant.

Where can I find these documents? Employees, physicians and vendors can access the National Compliance, Ethics & Integrity Office website at kp.org/compliance or your regional compliance site. Employees can also find national policies at <http://kpnet.kp.org/kpnpa>.

Expectation 2: You are expected to be able to identify potential fraud, waste, or abuse and take appropriate action.

What Is Fraud? Fraud occurs when someone misrepresents the truth to get a benefit or advantage. Examples: using another person's medical identity to receive treatment or submitting receipts for personal expenses for reimbursement.

What Is Abuse? Abuse is the wrongful or improper use of KP or government resources. This includes, but is not limited to, the misuse of position or authority that causes the loss or misuse of organization assets (funds, medical equipment, vehicles, computers, or copy machines.) Examples: using a company car for personal use or using the copy machine to make fliers for your child's school.

What Is Waste? Waste is the extravagant, careless, or needless expenditure of KP or government funds. Example: going to a local store to purchase office supplies instead of using Kaiser Permanente-approved vendors and discounts.

What are red flags? A red flag is a pattern, practice, or activity that indicates possible fraud. A common example is when a person checks in without photo identification. This may be a red flag for identity theft. The staff checking in the patient must then take appropriate steps to validate the patient's identity.

Are there fraud laws and regulations I should know about? Yes. The federal government has created regulations and guidelines for health care organizations to detect, prevent, and respond to fraud. An example is Medicare Part D, the prescription drug benefit program that contains guidance on controlling fraud, waste, and abuse when Medicare treatment and services are billed.

Other regulations include federal and state false claims acts. These acts make it a crime to present a false claim to the government for payment. If your role includes coding and documentation, accuracy is critical to avoid a false claim to the government. These acts also protect whistleblowers — people who report noncompliance or fraud, or who assist in investigations, from retaliation.

Expectation 3: You are expected to be able to identify and protect confidential information.

Why am I required to protect confidential information? Because we respect our patients' privacy rights and because federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and the American Recovery and Reinvestment Act of 2009 (ARRA), require individuals and organizations to protect confidential information. You are required to report when confidential information is misdirected, lost, or stolen.

What is confidential information? Confidential information includes Social Security numbers, business concepts, strategies and plans, clinical and financial data, intellectual property, reports and report formats, employee data, and protected health information (PHI). PHI is individually identifiable information about a member or patient's health care — past, present, or future — in written, electronic, or oral forms.

What happens when an employee looks at, or shares, confidential information without a job-related reason to do so? When a Kaiser Permanente employee looks at, or shares, confidential information without a job-related reason to do so, he or she breaks the law and violates Kaiser Permanente policy. Employees who violate policy will be subject to discipline, up to and including termination.

Expectation 4: You are expected to protect the trust of our members and patients and to support the Kaiser Permanente mission by reporting potential instances of noncompliance.

If I report a compliance concern, am I protected? Yes. All Kaiser Permanente physicians and employees who report compliance concerns in good faith are protected by federal and state whistleblower laws and Kaiser Permanente's non-retaliation policy.

Where can I go to discuss potential compliance issues? Your supervisor is the best person to talk to about compliance issues. You can also seek guidance from the national or regional compliance websites or your compliance officer.

Can I call the Kaiser Permanente Compliance Hotline for any issue? The Kaiser Permanente Compliance Hotline (1-888-774-9100) is for compliance-related issues and is available 24/7, 365 days a year. Work-environment issues — such as coworker disputes, physical comfort issues, workload-distribution issues — would be better addressed by local management, the Human Resources Department, or your labor representative.

Expectation 5: You are expected to identify and comply with the laws, regulations, accreditation standards, and the Kaiser Permanente policies and procedures that apply to you and your job classification.

Why is compliance important? When we are compliant, we are better able to provide quality care because we provide consistent standards of practice. Also, we protect the health and safety of our members and employees, our resources, and our good name. Your supervisor is your best resource to provide information and answer questions you have about compliance.

What happens to Kaiser Permanente if we are out of compliance? As an organization, we must follow all laws and regulations. Being out of compliance can result in serious consequences for the organization. Negative headlines can result in the loss of members' trust, and resources that could have been directed to member care may be diverted to address compliance issues.

Are there consequences for me, if I am out of compliance? Yes, there are consequences for individuals who are out of compliance, including disciplinary action, up to and including termination; loss of licenses and accreditation; legal prosecution, fines, and penalties; and, possibly, jail time.

Quick Reference



HIPAA 101: Privacy and Security Basics

Purpose

This document provides important information about Kaiser Permanente policies and state and federal laws for protecting the privacy and security of individually identifiable member and patient information. You are responsible for understanding this information and any additional information you need to comply with all laws and policies that affect your job.

In most cases, you have received this information because you are a “limited time workforce member”—you work or volunteer at KP less than 160 hours/year. However, if your job description or contract requires you to routinely receive, access, create, use or disclose member and patient information, you must take additional privacy and security training. Contact your contract manager or supervisor immediately to enroll in KP General Compliance Training for New Employees web-based or instructor-led training for new employees.

What is HIPAA?

HIPAA – is the Health Insurance Portability and Accountability Act and requires all KP workforce members, regardless of job title or hours worked, to understand the risks and safeguard the privacy and security of individually identifiable information of our members and patients.

What is PHI?

Protected Health Information (PHI) – Individually identifiable information created, received or maintained by or on behalf of a covered health care provider or a health plan or other HIPAA covered entity. It includes individually identifiable information (oral, written, or electronic) that relates to (1) an individual's past, present, or future physical or mental health condition; (2) the provision of health care to an individual; or (3) past, present or future payment for the provision of health care to the individual. Only health information about an individual that is linked to that individual by an identifier is protected health information. Health information that is not linked to an individual by one or more of 18 HIPAA identifiers (see Appendix) and for which there is no reasonable basis to believe that the information can be used to identify the individual is not protected health information.

Removal of all 18 HIPAA identifiers means the information is de-identified and no longer protected health information unless the covered entity has actual knowledge that the remaining information could be used alone or in combination with other information to identify an individual.

Not PHI. Identifiers that are not linked to an individual's health information are not protected health information. In addition, the disclosure of other identifiers or identifiable information in the possession of covered entities may be prohibited or limited without authorization under law unrelated to protections for protected health information. For example, Social Security numbers have California and federal privacy protection even when not linked to health information. Individually identifiable health information in KP employment records is not PHI; however, it may be subject to other state and federal privacy protections.

What Does This Mean to Me?

You are expected to be able to:

1. Recognize PHI that requires protection,
2. Determine when it is permissible to access, use or disclose PHI, and
3. Reduce the risk of impermissible access to, use or disclosure of PHI.



Compliance Hotline 1-888-774-9100 • Compliance Online kp.org/compliance



When it is permissible to access or use PHI?

Never assume you have the right to use or share PHI. Ask yourself these three questions:

1. Does the law allow me to access the PHI?
2. Do I need to know the information to do my job?
3. What is the minimum amount of information necessary to accomplish the task?

What Uses or Disclosures of PHI Are Permitted by Law?

HIPAA allows a KP workforce member to create, receive, access, use, or disclose PHI without patient authorization when the workforce member's job duties involve certain activities. These activities include, but are not limited to:

- **Health care treatment**—the treatment team can use PHI to provide, coordinate, or manage health care and related services, including consultation between health care providers of an individual, and referral of a patient for health care from one provider to another provider for treatment. However, UNLESS the provider is directly involved in the care of the patient, and needs the information for treatment, a health care provider can not access, use, or disclose PHI for other purposes—such as to check on the health care status of a colleague or friend, without the patient's specific authorization.
- **Health care or health plan payment** —PHI can be used for premium payment, billing, claims management, utilization review, coordination of benefits, eligibility and/or coverage determinations, and collection activities.
- **Health care or health plan operations**—PHI can be used for quality assessment, case management, population-based activities such as disease management, accreditation, underwriting, legal and audit functions, fraud and abuse protection and compliance, and business management.

There are other uses and disclosures where patient authorization is not required, including:

- **Appointment reminders** – PHI may be used to contact members and patients about appointments for health care and treatment.
- **Business Associates** – PHI may be used by KP's contracted business associates of a Kaiser Permanente regional Health Plan, hospital or of one of the regional Permanente Medical Groups to perform certain functions on KP's behalf. Business associates must sign a business associate agreement with the regional Health Plan or the regional Permanente Medical Group and agree to safeguard KP member and patient PHI.
- **Communications with family and others when the member or patient is present** - PHI may be discussed in the presence of a family member or other person involved in the member's or patient's care, but make sure the member or patient does not object.
- **Communications with family and others when the member or patient is not present** - PHI may be disclosed to a family member or other person involved in the member or patient's care when there is an emergency, the member or patient is not present, or the member or patient lacks the decision making capacity to agree or object to the disclosure. Use professional judgment to determine if it is in the member or patient's best interest to disclose their PHI to a family member, and limit the disclosure to the PHI that is directly relevant to the person's involvement with the member or patient's health care.
- **Marketing** - PHI can be used to contact members about KP benefits, and certain health-related products or services that add value to, but are not a part of, the plan of benefits offered to a KP member.
- **Facility Directories** – PHI can be used to create directories that include patient names, room locations, general medical conditions, and religious affiliation. Name, room location, and general medical condition may be disclosed to any person who asks for the patient by name. All of this information, including religious affiliation, may be disclosed to members of the clergy. Patients have the right to object to the use and disclosure of some or all of this information; if so, KP will not disclose the information to visitors or other members of the public.

Other uses and disclosures require prior written authorization. If you are not sure about whether or not you can use or disclose PHI, check with your manager or Privacy and Security Officer.

What Uses or Disclosures of PHI are Prohibited by Law and KP Policy?

- When you stop doing work for KP — either as a KP employee, vendor or contractor—you may not remove, make copies of or continue to use, access, receive, or disclose KP PHI. Doing so is a violation of the law and KP policy.
- If you are a contractor, you may not copy, use, or disclose KP PHI for any purpose other than specifically allowed in your Business Associate contract. If you inadvertently access or disclose PHI in ways not allowed in your contract, the law requires you to immediately report the disclosure to your supervisor or contract manager, and your company to report the breach to KP.

How Can I Help Prevent Breaches of PHI?

A breach is the unauthorized acquisition, access, use, or disclosure of PHI that compromises the privacy or security of the PHI. We are all responsible for protecting our members' and patients' confidential information. **If a breach occurs, immediately notify your supervisor, Compliance Officer or Privacy and Security Officer.**

► Resist the temptation to peek

- No matter how curious you might be regarding the health of a coworker, a friend, a celebrity, or a family member, do not access a medical record unless you are authorized to do so.
- Never access or discuss a fellow employee's PHI unless it is for purposes allowed by law and required for your job.

► Think Twice When You Talk About PHI

- Avoid discussing PHI in public areas, including talking on a cell phone where others may overhear.
- Lower your voice when you must share PHI in areas where others might overhear.
- If possible, close the door when consulting with patients and/or family members or when dictating.
- Be sure to ask the patient in advance if it is acceptable to speak with his or her family members.

► Prevent Unauthorized Access to Facilities and Secure Areas

- You must have a KP ID badge before entering a KP facility to begin your work.
- Notify Security if you notice someone without an ID/card badge in a restricted access area. Ask the individual, "May I help you?" or "You seem to be lost", and then direct them to Security to obtain a temporary badge.
- Keep doors locked and restrict access to areas where sensitive information or equipment is kept.
- Post keypad access codes away from doors, offices and workstations.
- Shield the key strokes when entering an access code to prevent others from seeing the code.
- Follow the same guidelines for facility access as you would for password, including changing codes periodically; using complex codes that are not obvious; not sharing your access code or access badge; and, not allowing others to use your access rights to enter a facility or secure area.
- Do not allow others to "tailgate", or follow you into a restricted area. Each employee must have a badge to enter restricted areas, or otherwise be directed to Security to obtain a badge.
- Turn in your badge and keys to your supervisor or HR when you leave KP, or are transferred to another KP job where your current ID badge will not be re-used.

► Protect the Privacy of PHI in Printed or Written Documents

- Check to make sure that you are giving the correct paperwork to the right member or patient. Examples include after-visit summaries, discharge instructions, and pharmacy inserts. Many incidents are paper related and preventable.
- Never remove medical records from a KP facility without express approval from your supervisor. If copies of the medical record are transported by car or other means, make certain the records are secure and protected in transit.
- Always double check the fax number before sending a fax. Use a cover sheet with a confidentiality statement when transmitting faxes containing PHI.
- Place machines that process PHI in secure areas.
- Check fax machines, printers, copiers, and mailboxes frequently to retrieve PHI.
- Cover, put away, or turn over paperwork with PHI.
- Use cabinets with locks to store printed or written documents containing PHI.
- Keep paper medical records storage areas locked or otherwise secured. Access to these areas should be limited to those individuals with designated rights of access.
- Use a confidential destruction bin or shredder when disposing of PHI.
- Remove PHI from training and presentation materials, including “screen shots” that display any KP member or patient information.

► Prevent Unauthorized Access to and Disclosure of Electronic PHI

- Create complex passwords with a minimum of eight characters—at least one number and one letter. Use a mixture of capital and lower case letters. Do not use consecutive identical characters or all alphabetical groups or consecutive characters on the keyboard (e.g., aaaaaa, 111111, qwerty).
- Do not use actual words (e.g., Kaiser, password).
- Do not use your individual identifiers (names, driver’s license number, social security number).
- If you suspect your password has been compromised or misused, you should immediately change the password, and report the incident to your supervisor.
- Do not share or post passwords or user IDs on your computer. If someone asks to use your password, report it to your supervisor.
- Use a password, or lock your workstation, before stepping away and leaving it unattended for any period of time
- If you share a workstation, only use your own password and logon ID to access data. Log-off when you are finished. Never share your passwords with other users; you could be held responsible if an unauthorized person uses your logon or password to access or disclose PHI.
- Turn your computer screen away from viewing by visitors if you work in an open area. If PHI is frequently displayed on your screen, install a “privacy screen” to protect the display.

► Provide Physical Security for Portable Computing and Storage Devices

- Store confidential information such as PHI on KP’s secured network servers. **Never store PHI on a laptop or other portable, endpoint device unless you have specific approval from your supervisor and Regional Leadership.** If granted, the mobile device must have encryption software installed. If you have been approved to use and store PHI on a portable, end-point computing device— e.g., a laptop, PDA, cell phone, hand-held device, mp3 player, flash or jump drive, CD or DVD, etc.—you should obtain the Privacy

and Security training that is required for all workforce members. See your supervisor or contract manager immediately about the training.

- Know where your portable devices (laptop, PDA, cell phone, hand-held device, mp3 player, flash or jump drive, CD or DVD, etc.) are at all times. Never check them as baggage or leave them unattended or unsecured at home, work, or in transit.
- Whenever you leave your work area, make sure your laptop is secured by a locking cable, or securely locked in the docking station.
- If you are leaving for the day, take the laptop or other device with you or lock it in a desk or cabinet.
- If your device is stolen or lost, immediately report the loss to your supervisor.
- If the lost or stolen device contained PHI—encrypted or unencrypted—you must report the loss of the data immediately to your regional Privacy and Security Officer or Compliance Officer.

► Secure PHI in E-mail and E-mail Attachments

- Encrypt all e-mails containing PHI that are sent from an internal KP.org address to a non-kp.org external address (e.g., yahoo.net). Lotus Notes users can use the “Send Secure” function, which automatically encrypts the email message.
- If your Lotus Notes does not have the “Send Secure” button, you can encrypt an email by including any of the two “keywords” in the subject line, with either parentheses or brackets around the word. A keyword can be capitalized or lower case:
 - PHI (phi), {PHI}, [phi]
 - Encrypt (encrypt), {encrypt}, [ENCRYPT]
- Use Secure File Transfer to send large files securely to both internal and external addresses.
- Never open attachments in e-mail messages from people you don’t know or can’t identify.
- Always double-check the address line(s) before sending an e-mail message to ensure it’s going to the right party. If you send an e-mail containing PHI to the wrong addressee, report the mis-mailing immediately to your supervisor and Privacy and Security Officer.
- Do NOT rely on the Lotus Notes functionality to accurately auto fill or auto-populate the address lines. Instead, use the Lotus Notes address book and select the name of each intended recipient.
- If you must use a distribution list to send PHI, verify the names on the list as each having a need to receive the e-mail. Take a critical view of any e-mail address that is not within Kaiser Permanente’s e-mail system.

Violating KP policies, federal regulations, and state laws and regulations can lead to disciplinary action – up to and including termination, personal fines, civil and criminal penalties and suspension of professional licenses

You are responsible for understanding this information and any additional information necessary to comply with all laws and policies that affect your job. If you have questions about what you must do, consult with your supervisor, contract manager, local KP Compliance Officer or KP Regional Privacy and Security Officer. You can also access KP Privacy and Security information at kp.org/compliance.

UPDATED FEBRUARY 2011



Compliance Hotline 1-888-774-9100 • Compliance Online kp.org/compliance



Appendix – HIPAA Identifiers

“HIPAA identifiers” means any of the following identifiers, either of the individual or of his/her relatives, employers or household members:

- (1) Names
- (2) All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (a) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (b) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
- (3) All Date elements (except year) for dates directly related to an individual, including of birth date, an admission or discharge date, date of death; and all ages over 89 and any date (including year) indicative of such age, however such ages and elements may be aggregated into a single category of age 90 or older.
- (4) Telephone numbers
- (5) Fax numbers
- (6) Email addresses
- (7) Social Security Numbers
- (8) Medical record numbers
- (9) Health plan beneficiary numbers
- (10) Account numbers
- (11) Certificate/license numbers
- (12) Vehicle identifiers and serial numbers, including license plate numbers
- (13) Device identifiers and serial numbers
- (14) URLs
- (15) Internet Protocol address numbers
- (16) Biometric identifiers including finger and voice prints
- (17) Full face photographic images and any comparable images; and
- (18) Any other unique identifying number, characteristic, or code (provided that (a) the code or other record identifier is not derived from or related to other information (for example scramble MRNs and SSNs are not permitted) and not otherwise translatable to identify the individual; (b) the covered entity does not use or disclose the code or other record identifier for any other purpose; (c) and the covered entity does not disclose the mechanism for re-identification)

Compliance Fact Sheet



Prevent Fraud, Waste, and Abuse

Fraud, waste, and abuse (FWA) puts our patients at risk and increases the cost of health care for us all. It is everyone's responsibility to safeguard our organizational assets. Our national Fraud, Waste, and Abuse policy articulates Kaiser Permanente's commitment to "do the right thing." Find out more at the National Compliance, Ethics & Integrity Office website at kp.org/compliance.

What Is Fraud?

Fraud occurs when someone misrepresents the truth to get a benefit or advantage.

Examples: Using another person's medical identity to receive treatment or submitting receipts for personal expenses for business reimbursement.

What Is Waste?

Waste is the extravagant, careless, or needless expenditure of KP or government funds.

Example: Going to a local store to purchase office supplies instead of using Kaiser Permanente-approved vendors and discounts.

What Is Abuse?

Abuse is the wrongful or improper use of KP or government resources. This includes, but is not limited to, the misuse of position or authority that causes the loss or misuse of organization assets such as funds, medical equipment, vehicles, computers, or copy machines.

Examples: Using a company car for personal use or using the copy machine to make fliers for your child's school.

If you suspect fraud, waste, or abuse

Talk to your manager/supervisor, Compliance Officer, or Human Resources representative

Or call the Compliance Hotline 1-888-774-9100



Are There Fraud Laws and Regulations You Should Know About?

Yes. The federal government has regulations to control fraud and abuse in health care. The Federal False Claims Act and similar state laws

make it a crime to present a false claim to the government for payment. If your role includes coding and documentation, accuracy is critical to avoid a false claim. These laws also protect whistleblowers — people who report fraud or who assist in investigations. KP prohibits retaliation of any kind against individuals who in good faith report or participate in the investigation of noncompliance or fraud, waste, or abuse.

What Can You Do?

- Do not participate in fraud, waste, or abuse and report when you suspect potential FWA.
- Follow the *Principles of Responsibility* and all policies, laws, and regulations.

Allegations are taken seriously and investigated.

When you report suspected FWA, provide as much

detail as possible so it can be investigated thoroughly. We also actively monitor and audit systems to detect indicators or red flags

of fraud, waste, or abuse. Corrective action can include operational or policy changes, disciplinary action, and legal action. Consequences for individuals who are out of compliance include disciplinary action, up to and including termination; loss of licenses and accreditation; legal prosecution, fines, and penalties; and, possibly, jail time.

What Are Red Flags?

A red flag is a pattern, practice, or activity that indicates possible fraud. A common example is when a person checks in without photo identification. This may be a red flag for identity theft. The staff checking in the patient must then take appropriate steps to validate the patient's identity.

Updated: 6/11/2014



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Stop here unless
you are a Student
Nurse; Student
Nurses Please
Continue Reading.

S-Cal Regional High-Alert Medication Policy
MEDICAL CENTER ADMINISTRATIVE
POLICIES & PROCEDURES

SCOPE	KFH/SCPMG	Section No.	
CATEGORY	Quality Assurance, Medication Safety	Issue No.	1
		Page	1
TITLE	Regional High-Alert Medication Safety Practices	Effective Date	2006
		Revision Date	12/14
Accountable Department/Committee: Regional Pharmacy Nursing Committee			
Approved by: Regional Pharmacy and Therapeutics Committee			

I. Introduction/Purpose

Regional high-alert medications are defined as those drugs which are involved in a higher percentage of medication incidents and/or sentinel events, or that carry an increased risk for error or other adverse outcomes. These medications are identified from KP facility data, literature, and regulatory agency standards.

- A. The purpose of this policy is to standardize medication safety practices and to serve as the minimum standard for S-Cal Regional High-Alert Medications. In order to maximize the safety of all the medication processes associated with these medications, each high-alert medication has specific medication safety practices required when they are administered. Not all medication safety practices are required for each high-alert medication. Refer to the Procedure section of this document for specific high-alert medications and the required medication safety practices.

II. Policy

- A. The Southern California Regional Pharmacy/Nursing Committee is responsible for the creation and maintenance of the Regional High-Alert Medication List. The Regional High-Alert Medication List established by this policy is the sole list and is standardized throughout the Southern California Region of Kaiser Permanente. Requests for changes to the Regional High-Alert Medication List shall be forwarded for consideration to the Regional Pharmacy/Nursing Committee. The work of the Regional Pharmacy/Nursing Committee will be referred to the Regional Pharmacy and Therapeutics Committee for final approval. See attached algorithm.
- B. The medication safety practices, special processes and interventions required for the Southern California Regional High-Alert Medication List must be adopted and implemented in all the patient care areas/units of KP facilities.
- C. All registry/travelers are required to complete the High Alert Medication Training prior to start of assignment.
 - Registry/travelers will **not** administer or assist in the administration of any Intrathecal Medications.
- D. Medications used during medical emergencies (e.g. immediate life threatening event) are exempt from the High-Alert Medication Safety Practices in this policy.
- E. The High-Alert Medication safety practices are special safeguards that may be applicable to any step in the medication administration process. These steps include but are not limited to:
 1. Prescribing
 2. Prescription order communications
 3. Product labeling
 4. Packaging and nomenclature

<p align="center">Regional High Alert Medication Safety Practices (continued)</p>	<p align="center">Revision Date 12/14</p>	<p align="center">Page 2 of 13</p>
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5. Compounding
6. Dispensing
7. Distribution
8. Administration
9. Education
10. Monitoring
11. Use

F. Orders for High-Alert Medications will include at a minimum:

1. Patient name and medical record number
2. Date and time the order is written or placed in KP HealthConnect
3. Drug name (generic), dose, route, and date of administration for each drug
4. Rate and/or duration of administration (if applicable)

G. The following will be available on the patient's medical record:

1. All elements used to calculate the dose (e.g. height, weight used for medication dosing during that encounter, and/or BSA, if applicable)
2. Allergies
3. Informed consent (if applicable)

H. All High-Alert Medications will be documented on Medication Administration Record/Anesthesia record/Ambulatory medical record, or other part of the medical record where drug administration is documented.

III. Definitions: New High-Alert Medication Safety Practices

- A. **Qualified Health Care Practitioner:** individuals who are qualified to perform double checks or independent double checks within the context of their normal responsibilities and scope of practice. Qualified health care practitioners include physicians, physician assistants, nurse practitioners, certified nurse midwives, registered nurses, and pharmacists. Licensed vocational nurses may participate in double checks in specific circumstances as described in the Procedures Section below.
- B. Independent Double Check is defined as a check of the factors listed below. It is performed independently by two qualified health care practitioners (MD/RN/Pharmacist), against the current medication order, before each high-alert medication is administered.
1. These checks must be documented on the Medication Administration Record/Anesthesia record/Ambulatory medical record or other part of the medical record where drug administration is documented.
 2. Refer to the Procedure section of this document to determine when an Independent Double Check is required prior to the administration of a specific high-alert medication.

The factors to be verified during the independent double check must include:

- a. Right patient identification using two identifiers – patient name, medical record number.
- b. Current patient weight (for weight-based drugs) or body surface area (BSA) for BSA-dosed drugs
- c. Right Drug (verified against the current physician order)
- d. Right Dose or rate
- e. Right route of administration
- f. Right time of administration
- g. Pump settings
- a. For patients receiving drugs programmed on the IV pump using the drug library, verify the correct drug, concentration, correct entry of patient weight (for weight-based drugs) or body

surface area (for BSA dosed drugs), correct dose/rate or duration, and line attachment.

The pump settings must be double checked against the current medication order.

- b. For patients receiving drugs on the IV pump that are not built in the drug library, verify the correct drug, concentration, correct entry of patient weight (for weight-based drugs) or body surface area (BSA) for BSA dosed drugs, correct dose/rate (using mathematic calculations with appropriate factors) or duration, and line attachment.
- Mathematical calculations of the dose and rate for drugs administered I.V. will be performed independently by two qualified health care practitioners when:
 - b. drugs are not in the I.V. pump drug library;
 - c. pumps without "Smart Technology" or drug libraries are used to administer drugs
 - d. drugs are ordered during KP HealthConnect downtimes;
 - e. drugs are removed on override from automated drug dispensing devices (eg. Pyxis) in the absence of a medication order in KP HealthConnect.
 - These checks must be documented on the Medication Administration Record/Anesthesia record/Ambulatory medical record, or other part of the medical record where drug administration is documented.
 - Refer to the Procedure section of this document to determine when Double Checks are required for specific high-alert medications.

B. Time Out

Time Out is defined as the period of time immediately before initiating a high-alert medication administration /procedure, when two qualified health care practitioners verify the factors listed below, at the patient's side in the location where the medication administration /procedure will be performed. The Time Out must be documented on the medical record at the time of occurrence. Refer to the Procedure section of this document to determine when a Time Out is required prior to the administration of a specific high-alert medication.

The factors to be verified during the Time Out must include:

1. Availability of any special equipment or special requirements for administration of the medication (e.g. infusion devices), if applicable. For patients with I.V. Pumps – verify the setting and rate of infusion
2. Correct patient identity – patient name and medical record number.
3. Correct side and site - verify appropriateness and adequacy of IV access.
4. Agreement on the medication administration/procedure to be done with the patient - discuss with the patient/family the medication and administration procedure.
5. Correct patient position for epidural and intrathecal medication administration.

C. Pharmacy Pause

A Pharmacy Pause is defined as checks performed independently by two pharmacists or a pharmacist and a pharmacy technician, before a specified high-alert medication is dispensed from the pharmacy.

The factors to be verified during the Pharmacy Pause must include:

1. Right patient identification using two identifiers – patient name, medical record number.
2. Right Drug (verified against original physician order)

D. Hand-off

Hand-off is defined as an interactive process of passing patient specific information from one caregiver to another for the purpose of ensuring the continuity and safety of the patient's care.

Hand-off occurs when a nurse transfers responsibility for the patient for the remainder of the workday – e.g. change of shift. Hand-off does not include coverage for breaks or meal periods.

IV. Procedures**A. Vinca Alkaloids: VinCRISTine (Oncovin®), VinBLASTine (Velban®), Vinorelbine (Navelbine®)
Special processes to maximize safety**

1. All doses of vinCRISTine and vinBLASTine shall be prepared and dispensed in 25 mL mini-bags of 0.9% Sodium Chloride for Injection.
2. Vinorelbine shall be prepared and dispensed in a maximum of 50 mL mini-bags of 0.9% Sodium Chloride for Injection.
3. The syringe or minibag shall be labeled with the warnings:
 1. "For Intravenous Use Only – Harmful or Fatal If Administered by Other Routes"
 2. "Independent Double Check and Time Out Required."
4. Each minibag shall be placed in a covering which will remain intact until time of administration. The label will contain the warnings:
 - For Intravenous Use Only – Harmful or Fatal If Administered by Other Routes"
 - "Do not remove covering until moment of administration."
 - "Independent Double Check and Time Out Required."
5. In very few specific cases where the health and safety of a young child, without central line access, could be compromised, the vinca alkaloid will be diluted in 10 mL of 0.9% Sodium Chloride for Injection and dispensed in a 20 mL syringe and packaged and labeled as specified above. Pediatric Oncology Chiefs will establish criteria for determining which patients may fall under this exception.
6. Vinca alkaloids that are delivered via 20 mL syringe for specific pediatric patients (young children) must be hand delivered directly from the pharmacist who prepared/checked the product to the qualified health care professional who will administer the dose and separately from any other medications that may be administered intrathecally. This process may occur at the nursing unit or pharmacy location.
7. At the time of compounding, all doses of vinca alkaloids shall be independently double checked by two qualified health care practitioners (e.g. two pharmacists or one pharmacist and one qualified technician) in the Pharmacy before dispensing (when only a pharmacist is present this procedure may include qualified nursing personnel). This check shall include verification against the current order, of the correct patient, drug, dose, calculations, route of administration, and frequency.
- ~~8.~~ Prior to dispensing, two qualified staff as described above shall institute a pharmacy pause to verify correctness and completeness of the product.
- ~~9.~~ Prior to administration of the medication, the independent double check must be performed by two qualified health care practitioners (e.g. one Pharmacist and one MD or two MDs or one MD and one RN or by two RNs).
 - The RN must possess a current Oncology Nursing Society (ONS) chemotherapy provider card and demonstrated clinical competency.
 - The independent double check will be performed for each new medication container (e.g. syringe, minibag) provided by the pharmacy.
10. Immediately following the double check, a "time out" shall be conducted at the patient's side by two qualified health care practitioners immediately prior to the administration of all doses of vinca alkaloids. This time out shall be documented in the medical record.
11. A time out is not required when a vinca alkaloid is prepared in an admixture with another drug (eg. vinCRISTine 0.6 mg and DOXOrubicin 15.3 mg in 0.9% Sodium Chloride 500mL).

**B. Medications administered via the Intrathecal Route
Special processes to maximize safety**

1. An independent double check shall be conducted in the Pharmacy by two health care professionals (e.g. two pharmacists, one pharmacist and one pharmacy technician, one pharmacist and one physician) after the preparation of the intrathecal dose to assure it is prepared and labeled correctly. For intrathecal drugs prepared in a sterile environment outside the Pharmacy (e.g., operating room, labor and delivery), the independent double check shall be conducted by any two health care professionals (e.g., two registered nurses, one physician assistant and one nurse anesthetist, one certified nurse midwife and one physician, etc.) after the preparation of the intrathecal dose to assure it is prepared and labeled correctly.
 - a. Label to include the warning:
 - "Caution: For intrathecal use only."
 - "Independent Double Check and Time Out Required."
 - b. The independent double check will be performed for each new medication container provided by the pharmacy and at hand-offs.
 - c. When an intrathecal drug is prepared or dispensed by the Pharmacy, intrathecal medications must be delivered directly from the pharmacist who prepared or verified the product to the physician who will administer the drug to encompass the sterile process. This process may occur in the patient care area or the Pharmacy.

2. Intrathecal chemo medication will be compounded and dispensed in a syringe that is 10 mL or smaller.
No other cytotoxic drugs will be present at the patient bedside during the intrathecal chemo administration process.

3. A "time out," including an independent double check, shall be conducted at the bedside immediately prior to the administration of all doses of intrathecal medications. (See definition above.) These checks shall be documented in the medical record.

C. Continuous intravenous infusions of Heparin and Argatroban
Special processes to maximize safety

1. The abbreviation "u" will not be accepted in heparin medication orders. Units must be spelled out.
2. A standard concentration will be utilized for all continuous heparin and argatroban infusions.

Heparin	50 units/mL
Argatroban	250mg in 250mL

3. When not ordered by Pharmacy protocol, order sets shall be utilized for prescribing continuous infusions of heparin.
4. Infusion pumps will be used with the safety software activated when heparin and argatroban are administered.
5. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs.

D. Continuous intravenous infusions of Insulin
Special processes to maximize safety

1. The abbreviation "u" shall not be accepted in the medication order. Units must be spelled out.
2. A standard insulin concentration of 1 unit/ml shall be utilized for all adult continuous insulin infusions.
3. Prime insulin tubing with 20 mL.
4. Maximum will be insulin 250 units in 250 mL.
5. Order sets shall be utilized for prescribing continuous infusions of insulin.
6. Infusion pumps will be used with the safety software activated when insulin drips are administered.

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7. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, and at hand-offs.

E. Distribution and storage of multi-dose Insulin Vials
Special processes to maximize safety

Inpatient Practice Area

1. Multi-dose vials of insulin shall be stored separately in appropriately labeled bins.
2. All multi dose vials of insulin must be discarded within 28 days of initially entering or opening (e.g. needle punctured). A revised expiration date that is 28 days from the initial entering or opening must be written or affixed on the vial.
3. All insulins other than approved floor stock insulin will be supplied as other medications on a patient specific basis.

Ambulatory Practice Areas

1. Multi-dose vials of insulin should be limited to those commonly used in the practice area.
2. Different types of insulin vials shall be stored separately in appropriate labeled bins.
3. All multi-dose vials of insulin must be discarded within 28 days of initially entering or opening (e.g., needle-punctured). A revised expiration date that is 28 days from the initial entering or opening must be written or affixed on the vial.

F. U-500 Insulin Injection for Inpatient and Emergency Department Use

1. U-500 insulin vials shall not be stocked in patient care areas and shall only be stored in the pharmacy department in a location separated from other insulin preparations. Warnings, signs, labels or other methods shall be used to differentiate the U-500 concentration from other insulin products.
2. Prescribing of U-500 insulin will be limited. U-500 insulin will appear in the Endocrinology and Pharmacist preference lists in KP HealthConnect, but will not appear the preference lists for other providers.
3. The abbreviation "u" (indicating units) will not be accepted in the medication order.
4. A soft stop "Alternative Alert" will appear in KP HealthConnect reminding the prescriber and pharmacist to confirm the need for the U-500 insulin concentration, and to check the dose and frequency. This alert will also appear when U-500 insulin orders are placed for newly admitted patients who have active U-500 ambulatory orders, and when ambulatory U500 insulin orders are placed prior to patient discharge from the hospital.
5. Total doses of U-500 insulin shall be expressed in terms of units and syringe units (e.g., "Dose equals **** units = ***syringe units")
6. U-500 insulin orders must be verified by two pharmacists (dual pharmacist verification in KP HealthConnect).
7. The term "Conc" (Concentrated) will appear immediately following the drug name and preceding U-500 in the product name description on the KP HealthConnect drug label and Medication Administration Record (eMAR).
8. Pharmacy personnel shall prepare and dispense all doses of U-500 insulin in 0.3mL U-100 insulin syringes with a patient-specific label.
9. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required prior to administering each dose of U500 insulin.

G. Concentrated Electrolytes >0.9% Sodium chloride injection, and > 0.4 Eq/mL Potassium injection (chloride, acetate, and phosphate)

Special processes to maximize safety

1. Concentrated electrolyte injections will be stored only in the pharmacy.
2. There are two identified exceptions: Cardiac ORs at the KP Los Angeles and Fontana Medical Centers

3. Commercially available, ready-to-administer products will be used whenever possible (eg. Sodium Chloride 3% in 500mL bags). Patient-specific labeling will be affixed to each container prior to dispensing.
4. All concentrated sodium chloride infusions shall be affixed with a special label eg. "Hypertonic Sodium 23.4%" (letters in Red).
5. Infusion pumps will be used with the safety software activated concentrated electrolytes are administered.
6. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs.

H. Storage of Sterile Water for Injection

1. In order to reduce the risk of sterile water for injection being administered intravenously, Materials Management may only store sterile water for injection in vials or ampules less than 100mL.
2. Containers greater than or equal to 100mL will be stored in the Inpatient Pharmacy.

I. Magnesium Sulfate Infusions

Magnesium sulfate is considered to be a High Alert Medication If the:

- Concentration is greater than 40 mg/mL in a volume of less than or equal to 150mL, or if the
- Concentration is greater than 6 mg/mL in a volume larger than 150mL.

If these limits are exceeded, the following will be required:

1. Independent double checks by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs.
2. Infusion pumps will be used with the safety software activated when magnesium sulfate infusions are administered. If the ordered concentration of magnesium sulfate is not in the pump library, or if a pump without a drug library is used (eg. CADD pump), independent calculations of the dose and rate must be performed prior to administration.

J. Alteplase (t-PA, Activase®) Intravenous Infusions

Special processes to maximize safety

1. Alteplase (t-PA) may only be prescribed using a KP HealthConnect order set. Exception: prescribing low dose alteplase (Cathflo™) for catheter clearance
2. All infusions of Alteplase (t-PA) for use in all departments including, but not limited to, the hospital and emergency departments shall be prepared by pharmacy personnel in an inpatient pharmacy setting. Administration of Alteplase via IV, intra-arterial push or instillation for resolving clots in tubing is excluded from the High Alert Policy.
3. Prepared mixtures of Alteplase will include only the patient specific dose ordered. No excess medication is allowed in the final container to be used for drug administration to the patient (i.e. only the exact dose of the drug is to be in the final administration container).
4. The label for each dose shall include at a minimum; the Patient Name and Medical Record Number, the patient location, the generic and brand name of the drug, the concentration of the drug supplied in mg/mL, the total drug quantity/total volume of solution that is contained in the package, the expiration date and the rate of infusion/administration. Each label, e.g. the bolus syringe and the infusion container) shall be patient specific for that dose to be administered.
5. The compounding of the medications should be accomplished without interruption and in an area that is sequestered from other activities of disruption.
6. Infusion pumps will be used with the safety software activated when alteplase is in the pump library. If alteplase is not in the pump library, the pump will be used in the basic mode, and independent calculations of the dose and rate must be performed prior to administration.
7. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs.

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8. To ensure the entire dose of alteplase is administered, flush the I.V. line to clear residual drug from I.V. tubing.

K. Tenecteplase (TNKase®) Intravenous Injections

Special Processes to maximize safety

1. Tenecteplase (TNKase®) may only be prescribed using a KP HealthConnect Order Set/preprinted order.
2. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required whenever an injection of tenecteplase (TNKase®) is initiated.
3. Whenever tenecteplase (TNKase®) is stored in an automated dispensing cabinet (e.g. PYXIS® SureMed®, Omnicell®, etc) a "Clinical Data Category:" warning shall be used to differentiate the product from alteplase (t-Pa) and minimize the possibility of a substitution error.
4. Whenever tenecteplase (TNKase®) is stored in an automated dispensing cabinet (e.g. PYXIS® SureMed®, Omnicell®, etc), it will not be placed on the device override list. This will minimize the possibility of clinical staff removing the drug without a medication order being placed in KP HealthConnect.

L. Neuromuscular Blocking Agents

Special processes to maximize safety

1. Neuromuscular blockers shall only be stored in specific areas within the hospital, e.g. OR, PACU, Critical Care (PICU/NICU/ICU), ED, Cath Lab.
2. Distinctive labeling and/or storage shall be utilized to distinguish neuromuscular blockers from other medications outside the O.R., e.g. segregation, colored bins, etc. Pharmacy will affix a label to all vials prior to dispensing to areas outside the OR – e.g. Critical Care, ED, PACU
3. All infusions of neuromuscular blockers shall be affixed with the following label prior to being dispensed from Pharmacy:
 - ****Caution: Paralyzing Agent.** Patient must be on a ventilator or other ventilation support"**
4. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required for each intravenous push dose. For infusions, independent double checks are required initially, at each bag change, rate change, and at hand-offs.
5. Infusion pumps will be used with the safety software activated when neuromuscular blocker infusions are administered.. When a drug is not in the pump library, the pump will be programmed by entering the necessary fields of data based upon the mode being used, and independent calculations of the dose and rate must be performed prior to administration..
6. Policies and procedures regarding the responsibilities of anesthesia providers in the High Alert Medication Program are specified in Regional High Alert Medication Safety Practices for Anesthesia.
7. A "time out," shall be conducted at the bedside immediately prior to the administration of all bolus doses and infusions of neuromuscular blocking agents. (See definition above.) These checks shall be documented in the medical record.
8. Whenever feasible, KP HealthConnect Order Sets/preprinted orders should be utilized for prescribing neuromuscular blocking agents. Orders must also state:
 - "Patient must be on a ventilator"

M. Opiate/Narcotic infusions including PCA therapy

Special processes to maximize safety

1. Whenever feasible, KP HealthConnect Order Sets/preprinted orders should be utilized for prescribing opiate/narcotic infusions and PCA therapy.
2. The following standard concentrations shall be utilized for PCA therapy:
 - a. morphine 1 mg/mL
 - b. fentanyl 10 mcg/mL
 - c. hydromorphone 0.2 mg/mL
3. In clinical situations where more concentrated infusions are required, the syringes/bags shall be affixed with a "Note Concentration" label.

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4. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag or syringe change, rate change, and at hand-offs.
5. Continuous Opiate/Narcotic Infusions:
 - a. Infusion pump will be programmed using the drug library.
 - b. If a drug is not in the drug library; or the dose and/or concentration limits of the drug library do not allow the drug to be administered using the drug library, an independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) must include verification of the correct drug, concentration, and correct dose/rate (including using mathematic calculations with appropriate factors for weight-based or body surface area-based doses).
6. PCA Therapy:
 - a. PCA Pumps with "Smart Technology" and a "Drug Library" (e.g. Alaris, Curlin)
 - PCA pumps with a drug library will be programmed using the drug library.
 - If a drug is not in the drug library; or the dose and/or concentration limits of the drug library do not allow the drug to be administered using the drug library, an independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) must include verification of the correct drug, concentration, and correct dose/rate (including using mathematic calculations with appropriate factors for weight-based or body surface area-based doses).
 - b. PCA Pumps without "Smart Technology" or "Drug Library" (e.g. CADD Prizm)
 - PCA pumps without a drug library will be programmed entering the necessary fields of data.
 - An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) must include verification of the correct drug, concentration, and correct dose/rate, including independent verification of mathematic calculations with appropriate factors for weight-based or body surface area-based doses.
7. Policies and procedures regarding the responsibilities of anesthesia providers in the High Alert Medication Program are specified in Regional High Alert Medication Safety Practices for Anesthesia.

N. All medication infusions administered via the epidural route including Opiate/Narcotic Medications

Special processes to maximize safety

1. Whenever feasible, KP HealthConnect Order Sets/preprinted orders should be utilized for prescribing epidural infusion.
2. All epidural infusions shall be administered utilizing a programmable/advanced mode pump and label on pump display with appropriate medication.
3. Whenever feasible, commercially prepared bags of medications shall be utilized for epidural infusion.
4. Specific identified (e.g. yellow stripe) tubing without injection ports shall be utilized for administering epidural infusions.
5. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be programmed by entering the necessary fields of data based upon the mode being used, and independent calculations of the dose and rate must be performed prior to administration.
6. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs.
7. Policies and procedures regarding the responsibilities of anesthesia providers in the High Alert Medication Program are specified in Regional High Alert Medication Safety Practices for Anesthesia.

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- O. Intravenous, Intraperitoneal, Intraarterial, Intrahepatic and Intrapleural Cytotoxic Chemotherapy
- Special processes to maximize safety
1. Verbal orders shall not be accepted when prescribing intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy with the exception of date or time changes and clarifications.
 2. Whenever feasible, KP HealthConnect order sets, treatment plans, or preprinted orders shall be used for prescribing intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy.
 3. When prescribing intravenous cytotoxic chemotherapy, orders shall be written for individual doses, not the total amount of drug for the entire course of therapy.
 4. Complete orders for intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy should include:
 - a. Patient name and medical record number, date and time the order is written
 - b. All elements used to calculate the initial dose or change of treatment of a chemotherapy agent should be included on the order or prescription (height, weight, and/or BSA if applicable)
 - c. Indication that written informed consent was obtained for research protocols
 - d. Allergies
 - e. Chemotherapy agent name, dose, route, and date of administration for each drug
 - f. Cycle number and/or week number as appropriate to the regimen, if applicable
 5. All doses of intravenous intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy shall be independently double checked by two qualified health care practitioners (e.g. two pharmacists or one pharmacist and one qualified technician) in the Pharmacy before dispensing (when only a pharmacist is present this procedure may include qualified nursing personnel). This check shall include, against the current order, a verification of the correct patient, drug, dose, route of administration, and frequency. This check shall be documented in appropriate pharmacy record.
 6. Specialized computer software (e.g., BEACON) shall be utilized by the pharmacy to assist with the monitoring of all intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy.
 7. Distinctive labeling/packaging shall be utilized to distinguish intravenous, intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy from other medications.
 8. All doses of intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy shall be affixed with a "Caution: Chemotherapeutic Agent" label.
 9. Missing dose requests for intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy shall be investigated immediately by a pharmacist and a replacement dose shall not be dispensed until the disposition of the first dose is verified.
 10. RNs must possess a current Oncology Nursing Society (ONS) chemotherapy provider card and demonstrated clinical competency to administer intravenous, intraperitoneal, and intraarterial cytotoxic chemotherapy. Pediatric RNs must possess either a current ONS chemotherapy provider card or a current Association of Pediatric Hematology and Oncology Nurses (APHON) Chemotherapy & Biotherapy provider card and demonstrated clinical competency. RNs with the above qualifications must have additional training on the use of arterial pumps if they will be administering intraarterial cytotoxic chemotherapy. Physicians will administer intrapleural and intrahepatic cytotoxic chemotherapy.
 11. Two qualified health care practitioners (per Independent Double Check Definition) shall independently double check all doses of intravenous, intraperitoneal, intraarterial, intrahepatic and intrapleural cytotoxic chemotherapy at the bedside before administration, at each bag change, rate change, and at hand-offs.
 12. The Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the

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pump will be programmed by entering the necessary fields of data based upon the mode being used.

13. Order changes involving infusion rates and/or pump settings should be documented via current practices.

P. Bortezomib (Velcade®)
Special processes to maximize safety

This drug is can be administered intravenously or subcutaneously. (Intrathecal administration can be fatal.) Route-specific administration instructions will appear (e.g. For intravenous use only. Harmful or Fatal if Administered by Incorrect Route):

- a. In the "summary sentence" of the KP HealthConnect medication order at the prescribing step;
 - b. On the patient-specific medication label ;
 - c. In the medication administration instructions on the electronic medication administration record eMAR.
1. Immediately following the independent double check, a "time out" shall be conducted at the patient's side by two qualified health care practitioners immediately prior to the administration of all doses of bortezomib (Velcade®). This time out shall be documented in the medical record. A reminder to perform the time out will appear on the KP HealthConnect locations in 1a, 1b, and 1c above.
 2. All other labeling and packaging requirements described in Section IV.O above (Cytotoxic Chemotherapy) will apply

Q. Intravenous Infusions of ketamine, pentobarbital

1. Whenever feasible, KP HealthConnect Order Sets/preprinted orders should be utilized for prescribing infusions of ketamine, and pentobarbital.
2. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs.
3. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be programmed by entering the necessary fields of data based upon the mode being used, , and independent calculations of the dose and rate must be performed prior to administration..

R. Intravenous infusions of propofol, midazolam, lorazepam, dexmedetomidine (Precedex)

1. Whenever feasible, KP HealthConnect Order Sets/preprinted orders should be utilized for prescribing infusions of propofol, midazolam, and lorazepam, and dexmedetomidine (Precedex).
2. An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, and at hand-offs.
3. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be programmed by entering the necessary fields of data based upon the mode being used, and independent calculations of the dose and rate must be performed prior to administration..

S. Medication Administration to Pediatric and Neonatal Patients
Special processes to maximize safety

1. The High Alert Medications for use in all Pediatric and Neonates will include those drugs and medication management requirements in the adult High Alert Medication Policy.

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2. In addition, an independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag or syringe change, and at hand-offs for these medications:
 - a. Remicade, all routes
 - b. Chloral hydrate, all routes
 - c. Insulin, all routes
 - d. Digoxin, P.O. and I.V.

3. Licensed vocational nurses may participate in independent double checks for subcutaneous insulin injections in medical office settings.

4. **DOPamine, DOBUTamine, Epinephrine, Norepinephrine and Phenylephrine Infusions:**
An independent double check by two qualified health care practitioners (e.g. nurse, pharmacist, physician) is required initially, at each bag change, rate change, and at hand-offs. Infusion pumps will be used with the safety software activated when specific drugs, concentrations and volumes are in the pump library. When a drug is not in the pump library, the pump will be programmed by entering the necessary fields of data based upon the mode being used, and independent calculations of the dose and rate must be performed prior to administration..

The table below lists standard concentrations for continuous I.V. infusions for all patients admitted to pediatric, pediatric intensive care (PICU) and neonatal intensive care units (NICUs). Affix a "Note concentration" sticker to all bags/syringes that contain customized concentrations.

Standard Concentrations for pediatrics, PICU and NICU

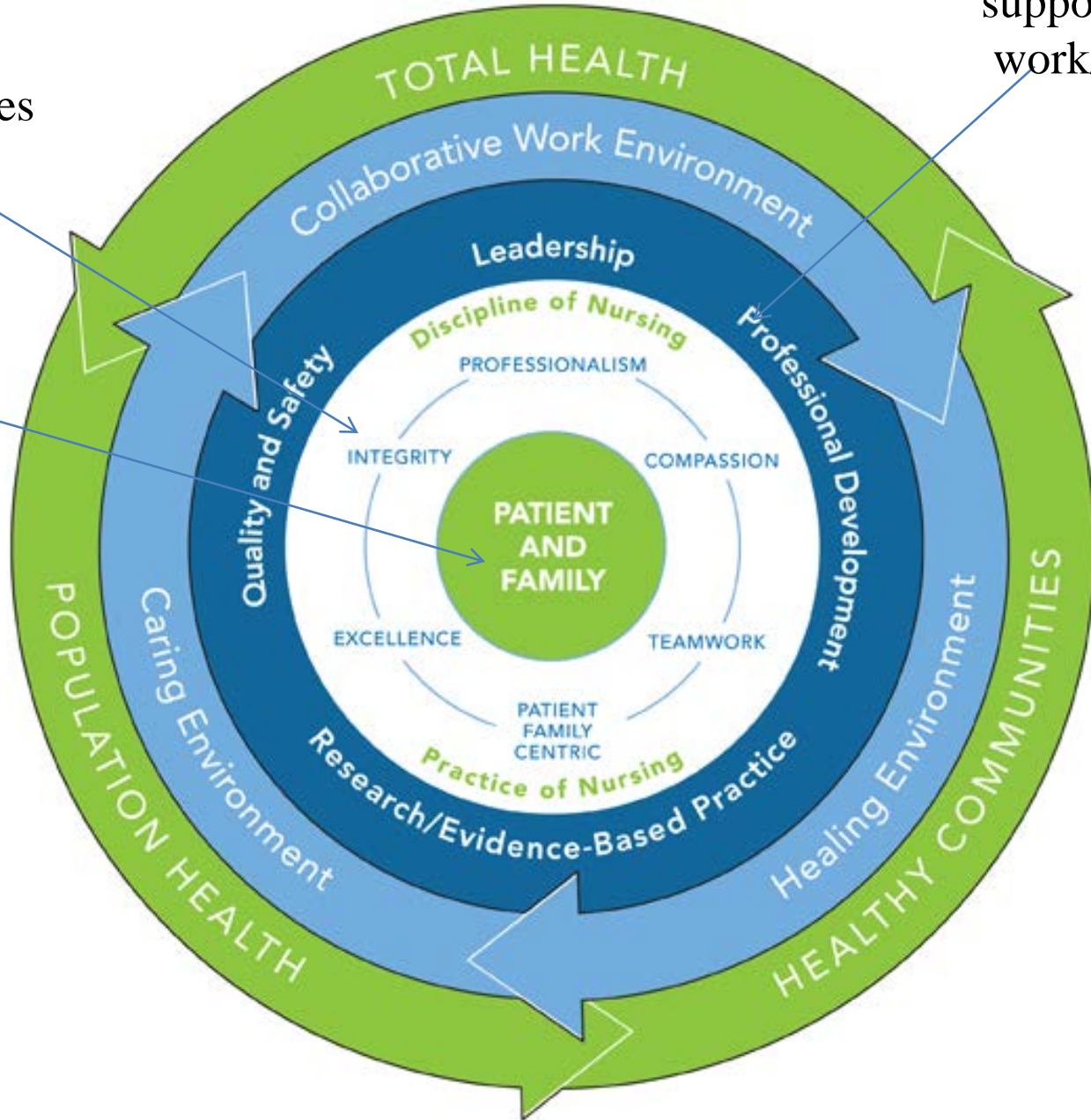
	Concentration #1	#2	#3
Potassium Chloride	0.1 mEq/mL (10 mEq/100 mL)	0.2 mEq/mL (20 mEq/100 mL) infuse via central line only	
Pediatrics/PICU specific			
DOPamine	1600 mcg/mL (400 mg/250 mL)	3200 mcg/mL (800 mg/250 mL)	
DOBUTamine	2000 mcg/mL (500 mg/250 mL)	4000 mcg/mL (1 Gm/250 mL)	
Epinephrine	16 mcg/mL (4 mg/250 mL)	64 mcg/ mL (16 mg/250 mL)	
Norepinephrine	16 mcg/mL (4 mg/250 mL)	32 mcg/mL (8 mg/250 mL)	64 mcg/mL (16 mg/250 mL)
Phenylephrine	40 mcg/mL (10 mg/250 mL)	80 mcg/mL (20 mg/250 mL)	
Insulin, Regular	0.5 Unit/mL	1 Unit/mL	
NICU specific			
DOPamine	400 mcg/mL	800 mcg/mL	1600 mcg/mL
DOBUTamine	500 mcg/mL	1000 mcg/mL	2000 mcg/mL
Epinephrine	20 mcg/mL	40 mcg/mL	
Insulin, Regular	0.1 Unit/mL	0.5 Unit/mL	

KP Nursing Professional Practice Model

4 Key pillars that support work/practices

KP Nursing Values
(underpin our work)

Core of work





KAISER PERMANENTE NURSING PROFESSIONAL PRACTICE

Nursing Vision & Values

What are the Kaiser Permanente Nursing Values?



Professionalism

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



Patient and Family Centric

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



Compassion

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



Teamwork

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



Excellence

We embrace the art and science of nursing by integrating the ANA's "Scope and Standards of Practice" with compassionate care and an evidence-based practice.



Integrity

We acknowledge the autonomy and dignity of the patient and promote the patient's right to choose and control his or her environment.



What is the Kaiser Permanente Nursing Vision?

Kaiser Permanente nurses advance the art and science of nursing in a patient-centered healing environment through our professional practice and leadership.

**Extraordinary Nursing Care.
Every Patient.
Every Time.**

Why is this important?

Achieving a consistent superior care experience requires an integrated approach that encompasses the engagement of the patient, family, staff, physicians, and leaders.

This is about creating a culture of extraordinary nursing practice at Kaiser Permanente. One that is driven by an inspirational vision, animated by powerful core values, and guided by a shared nursing model.

What is a Professional Practice Model?

- **Designed to standardize and move nursing practice forward**
- **Framework describes how nurses:**
 - **Practice**
 - **Collaborate**
 - **Communicate**
 - **Professionally develop**

Leadership

“Ability to mobilize others to do the extraordinary.”

- **Engage nurses in transforming:**
 - **Values into actions**
 - **Visions into realities**
 - **Obstacles into innovations**
 - **Separateness into alignment**
 - **Risks into rewards**
 - **Challenging opportunities into remarkable successes**

It all begins with individual self-awareness

BARCODE SCANNING MEDICATION ADMINISTRATION

Instructions for Students

Tips:

- Hand held barcode scanners are programmed to specific individual computers. Therefore, you must use the computer and scanner in the patient's room or, if needed, you must bring the entire mobile cart with computer/scanner into a patient's room.
- Meds are NOT to be opened until they are scanned at the patient's bedside.
- Three (3) beeps will sound when an item is successfully scanned.
- Do not place anything close to the scanner when it is not in use because the scanner light will remain on, thereby using up the battery. DO NOT face scanner close to or against the bedside table or wall.

Procedure at Patient Bedside:

1. Scan UCI number on patient's armband. This will automatically open up the computer & eMAR screen.
2. Scan drug that is to be administered, drug order will show in eMAR. Click "accept" and eMAR will automatically label the med as given.
3. KP pharmacy barcode labels will be placed on any medication that comes with their own manufacturer barcode. Make sure to scan the KP barcode label.
4. If patient has a medication ordered with 2 different administrative routes identified, make sure you select the correct route on the eMAR.
5. If you scan an item that is not showing on the eMAR, the order may not have been completed by Pharmacy yet. You will receive a notice "*No orders for --- were found for this patient.*" Please follow up with Pharmacy to verify order.
6. If a scanner does not read the medication's barcode, BUT the med is listed on the eMAR and there is an order for it to be given, call the Pharmacy for assistance.
7. For IVPBs, scan the vial of medication that is to be mixed, not the IV solution bag.
8. For IV bags, please be aware that there needs to be dark color contrast behind the IV bag in order for the barcode to be picked up by the scanner.

The armband maker is available at the Nurses' Station for any patient in need of a new armband. HOWEVER, NO ONE IS ALLOWED TO MAKE DUPLICATE COPIES OF ARMBANDS.

Nurse Knowledge Exchange Plus

Nurse Knowledge Exchange Plus (NKEplus) is an evidence-based Shift Change Communication framework designed to enhance safety, communication, and efficiency. NKEplus minimizes disruptions during shift change and enhances the communication process through: 1) proactive preparation, 2) coordinated team effort, and 3) patient engagement. The six components of NKEplus are presented in the model below.

