Dear Candidate,

Welcome to Kaiser Permanente and congratulations on your new position!

Kaiser Permanente Employee Health (EH) uses a secure, online system called ReadySet to document and track regulatory-required employee health information. The ReadySet "**MyHealth**" portal provides a place for you to complete a variety of Health Assessment Surveys. Responses to these surveys help us identify potential risks and the appropriate tests, immunizations, and other procedures to keep you and our members healthy and safe at work.

STEP 1- Call our Medical Record Number dept at **619-881-9954 between** 8am-6pm, Monday-Friday to obtain your Medical Record Number (MRN). You must tell the Kaiser representative that you are a **NEW KP EMPLOYEE**. Please have your information ready.

STEP 2- Please follow the instructions below to set-up your ReadySet account today so that you can begin completing your Health Assessment Surveys.

1) Enter the following link into your web browser to access your secure and private **MyHealth** webpage online (Google Chrome works best):
   - Kp.readysetsecure.com

2) Click "**New User**? **Click here to begin**"
   **PLEASE SELF ENROLL with the NAME that will appear on your CHECK

3) Follow the instructions to create a **User Name** and **Password** and complete your Health Assessment Surveys. (Scroll down to see picture of directions).

4) You will need the following information:
   - Enter the Access/Org Code: **3047**
   - Region – **Mid-Atlantic States**
   - Program type – **New Hire**
   - Population Type - **NEW HIRE**

5) Complete the Health Assessment Surveys below per job status. If unsure of your job status, contact your recruiter for clarification.
   A. All **Non-Health Care Worker** must complete the first three surveys (Authorization, Covid-19, and Flu).
      - **Non-Health Care Worker (Non-HCW) is defined as an employee who:**
         i. Does not work in a HCW position.
         ii. An employee who works in a Medical Center /Medical Office Building without member access **(e.g. Fair Oaks Call Center, Maple Lawn Call Center)**
   B. All **Health Care Worker** must complete All surveys.
      - **Health Care Worker (HCW) is defined as an employee who:**
         i. Works at a Medical Center /Medical Office Building); and/or
         ii. Has duties that require a regular presence at a MC/MOB (50% or more of work time); and/or
         iii. Has direct contact with patients and/or patient specimens (Regional Laboratory: Microbiology and Pathology).
   C. Surveys will show **Complete** under Survey Status when you are finished

Updated 9.24.21

        i.   Authorizations for Use and/or Disclosure of Health Information
        ii.   COVID-19 Immunization Survey
        iii. Seasonal Flu Immunization Survey
        iv. Hepatitis B Immunization Survey
        v.   Latex Survey
        vi. Measles, Mumps, Rubella Immunization Survey
        vii. OSHA Respiratory Survey
        viii. TB Program Symptom and Exposure Questionnaire
        ix. Tetanus, Diphtheria and Pertussis (Tdap) Immunization
        x.   Varicella (Chickenpox) Immunization Survey
        xi. Vision Survey
            1. **In addition**, scroll down and complete the Ishihara test for Color blindness and upload to your record. (Complete the chart, save to your computer and upload to your record).

6. Documentation required for
    A. <mark>**Non-Health Care Worker**</mark>:
      You will need the following items confirmed <u>BEFORE</u> you can attend orientation:
      i. COVID-19 vaccine documentation
      ii. Seasonal Flu vaccine (during the current flu season).
    B. <mark>**Health Care Worker**</mark>
      You will need the following items confirmed <u>BEFORE</u> you can attend orientation:
      i. Hepatitis B vaccine x3 doses **AND/OR** blood work titer indicating immunity.
      ii. MMR (measles/mumps/rubella) vaccines x2 dates **OR** blood work titer indicating immunity.
      iii. COVID-19 vaccine documentation
      iv. Seasonal Flu vaccine (during the current flu season).
      v. TB testing
          1. TB blood test completed within 6 months of the hire date
          2. If you have history of a reactive or positive TB test.
      vi. Tdap (tetanus with pertussis) vaccine date.
      vii. Varicella vaccine x2 dates **OR** blood work titer indicating immunity.

- If you are unable to provide documentation for any proof of immunity, EH can provide the necessary vaccinations and diagnostic testing (vaccine administration, radiology and/or laboratory) – for you at no cost.
- <u>Please follow the instructions</u> below to upload any immunization or titer documentation to your Employee Health ReadySet Record.

7. On behalf of *KP-MAS Employee Health* - Welcome to Kaiser Permanente.
These requirements must be completed no later than the Wednesday prior to your New Employee Orientation date. If these requirements are not completed prior to your New Employee Orientation date, **your start date will be delayed.**

Please contact the EHN **assigned** to your work center, as soon as possible, via phone or email address. Follow up requirements can be accommodated at any Kaiser facilities, but must be coordinated with your EHN. Contact the EHN for questions regarding the ReadySet system or the EH clearance process.

***IMPORTANT**: **Please understand it is critical to satisfy these requirements early so you can begin working at KPMAS**. Incomplete information will result in clearance delays. EH is here to help you! NOTE: You may also need N-95 fit testing and/or PAPR training; depending on your work location.

Updated 9.24.21

READYSET provides the ability for Workers to manage documents from their My Health Portal.

To Begin:

Participant logs into their **My Health Account**
2. Click on the **Documents** option (left hand menu)
3. Click **Upload Document**

Add a Document:

1. Click the **Select a File** button on the Document to Upload. Find your file.
2. Select Document **Name** from drop down menu.
   Note: The *Help* button.
3. Select the **Document Type** by clicking the drop down
   Note: The *Help* button
4. Enter an **Upload Comment** if needed
5. Click **Upload, You're Done!**

Other Functions:

To Delete a Document:
Check the box next to the document and then click **Delete Selected**.

View Document Details by clicking the icon.

View Document by clicking the icon.

Have your document or picture to upload available on your PC or *Phone*!

Updated 9.24.21
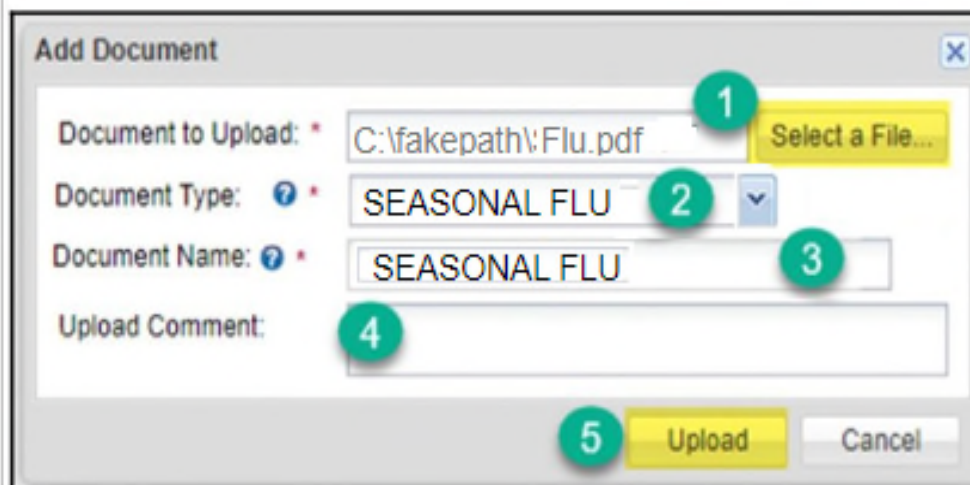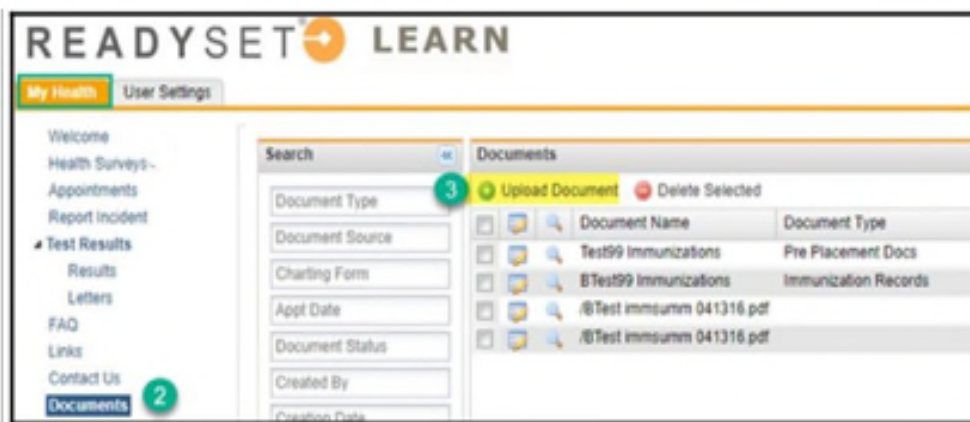
Mid-Atlantic States Employee Health

ISHIHARA TEST FOR COLOR BLINDNESS FORM
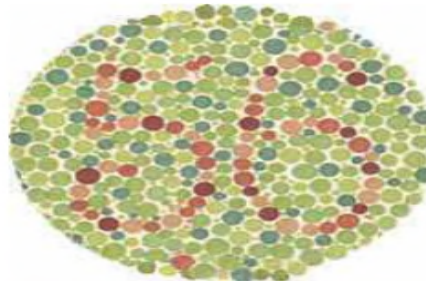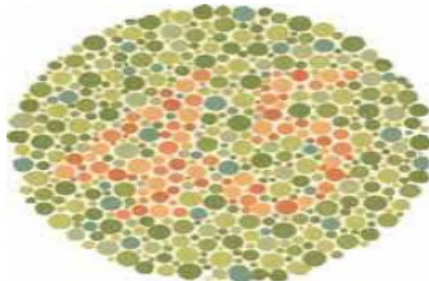
Name: _____ Primary Center: _____

Date: _____ Department: _____

Please print the visible number seen on the Colorblind Test Grid		
	LEFT	**RIGHT**
TOP		
MIDDLE		
BOTTOM		

What numbers do you see revealed in the patterns of dots below?
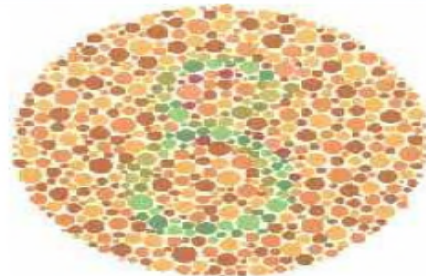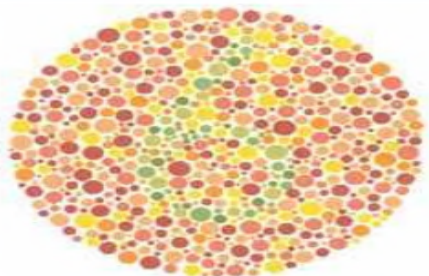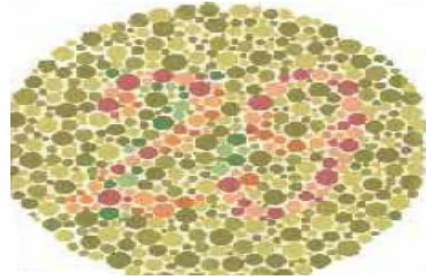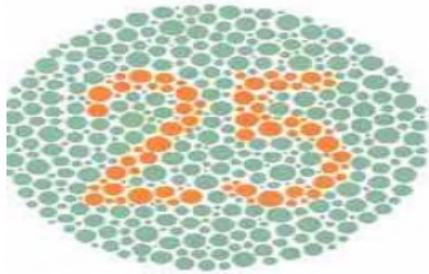
Employee Health Nurse Review: ☐ **Normal Vision** ☐ **Red-Green Deficient**

Accommodations being made for Red-Green Deficiency:

Employee Health Nurse Signature: _____

Updated 9.24.21