

PATIENT ORIENTATION FOR HOME HEALTH CARE

HOURS OF OPERATIONS AND EMERGENCY SERVICES

The Agency services twenty-four (24) hours per day, seven (7) days per week including weekends and holidays. Our regular business hours are Monday through Friday from _____ to _____. On weekends and holidays, a nurse is available and may be reached by calling _____.

Our answering services will contact the on-call staff and you can expect a call back within a reasonable period of time, and if needed, to make a home visit.

However, please be aware the Agency does not operate as an Emergency Service, but will provide services for urgent conditions. Some examples of urgent conditions include:

- Elevation in temperature above 100 degrees F.
- Catheter: if your catheter does not drain, or comes out and you cannot urinate, you should call the on-call service. However, if your catheter is leaking and you are not comfortable, you may wish to pad yourself well with absorbent cloths and notify the Agency early the next morning if that is a regular business day. Otherwise, please call the on-call system.
- Feeding Tubes: if tube comes out either fully or partially, do not attempt to reinsert or remove. Call the on-call nurse.
- IV: if the IV (intra-venous catheter) comes out either fully or partially, do not attempt to reinsert or remove. Call the on-call nurse.

In case of a serious emergency, you should be taken to the nearest hospital emergency room or access emergency services by calling 911.

Examples of serious emergencies include:

- *Severe chest pain*
- *Respiratory distress*
- *Falls or injuries*

Routine supplies and equipment cannot be delivered after regular office hours.

If you have any questions regarding our hours of operations or emergency service, please contact us during regular business hours.

Patient Home Health Care Handbook

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SECTION I: WELCOME AND PHILOSOPHY

Welcome and Philosophy

Thank you for choosing our Agency as your health care services provider. We realize you have many choices and are grateful for the confidence you have shown in our Agency. We will do our best to answer any questions you may have regarding your care and treatment.

This Agency is privately owned and is dedicated to providing the highest quality of care in your place of residence in order to promote the physical and emotional well being of you, your family and/or care-givers. To this end, all services offered are in strict compliance with State and Federal standards, rules and regulations. Our staff are well trained and supervised to ensure your needs are met in a timely and cost effective manner.

This Agency is compliant with Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, and with the Age Discrimination Act of 1975. We do not discriminate against patients, families or staff on the basis of race, color, sex, national origin, sexual orientation, age or disability with regards to admission, access to treatment or employment.

This Handbook is designed to provide you with information regarding our services, policies and procedures as well as your rights as a home care patient. If you have additional questions or concerns, please do not hesitate to contact us.

Sincerely,

The Administration and Staff of _____

SECTION II: GENERAL INFORMATION

A. POLICIES

This booklet contains general information regarding our policies and procedures, as well as your rights and responsibilities as a home care patient. Revisions to this booklet may be necessary should State and/or Federal regulations governing home care change. You will be notified of these changes while you are still an active patient.

Our complete set of Policies and Procedures are available for your inspection during normal business hours by appointment.

ETHICS

This Agency requires that its employees and contractors provide all care and services within the ethical framework established by the home health industry, professional organizations and the law. Failure of any staff member to do so will result in immediate sanction.

This Agency also affords patient caregivers, legally responsible parties and attending physicians the right to participate in considerations of ethical issues regarding patient care concerns. Ethical issues may be brought to the attention of any employee, who will then inform the appropriate Agency management personnel of the need to convene the Ethics Committee for consideration of all aspects of the issue identified.

PROBLEM SOLVING PROCEDURES

Primary goals of this Agency include the ability to provide safe, cost effective, high quality services within the comfort of your home and to return you to your maximum level of functioning. We are fully committed to protecting your rights at all times and in all situations. If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal.

1. Notify the Director of Nursing or the Administrator.
Name: _____
Phone: (____) _____ - _____
2. If you feel satisfactory action has not been taken, you may contact the State's Home Care Hotline, which receives complaints or questions about home care agencies. Their hours are 8:30 a.m. to 5:00 p.m., Monday through Friday and their number is (____) _____ - _____. You may also lodge complaints with the Consumer Protection Division of the Attorney General's office, the Commissioner of the State Department of Public Health or with any other person of agency.
3. To report abuse, neglect or exploitation, please call the

free toll number 1-(____) _____ - _____.
The Hotline operates 24 hours per day, every day.

B. NON-DISCRIMINATION POLICY AND GRIEVANCE PROCEDURES

This Agency is in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973, with the Age Discrimination Act of 1975, and with the American with Disabilities Act, Title of 1990. We do not discriminate on the basis of race, color, religion, age, sex, sexual orientation, physical or mental handicap, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

1. The Administrator of the Agency is the designated-coordinator who ensures compliance with all regulations.
2. The Agency will identify a qualified translator for persons with Limited English Proficiency (LEP) and who can also disseminate information to sensory impaired persons. These persons / agencies / contacts will be listed and a copy of the list kept in the Agency's policy manual.
3. A copy of this policy will be posted in the Agency's reception area, given to all Agency's Employees, and sent to each referral source.
4. The following statement will be printed on brochures and other public materials: "Agency Services are provided to all persons without regard to race, color, religion, age, sex, sexual orientation, physical or mental handicap, or place of national origin."
5. Any person who believes he has been subjected to discrimination, or who believes he has witnessed discrimination – in contradiction to Agency policy – may file a grievance under these procedures. It is against the law for the Agency and/or any of its affiliates, employees, management and staff to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance. Such action would result in immediate termination of employment/contractual arrangement.
6. Grievances must be submitted to the Administrator within thirty (30) days of the date the person who is filing the grievance becomes aware of the alleged discriminatory action.
7. All complaints, whether filed orally or in writing, must state the name and address of the person filing the complaint. The complaint must state the alleged discriminatory problem/action and the relief/remedy sought by the person(s) filing the complaint.

8. The Section 504 Coordinator will issue a written decision on the grievance no later than (30) days, after complaint has been filed. Person(s) filing complaint may appeal the decision of the Coordinator by sending a written letter of appeal to the Agency within fifteen (15) days of receipt of original decision.
9. The Agency will issue a written decision after reviewing the appeal and all pertinent Information relevant to the appeal within thirty (30) days of its filing.
10. The Administrator will keep all files and records relating to any complaint/grievance in a locked file.
11. The availability and use of this grievance procedure does not preclude any person from filing a complaint of discrimination on the basis of handicap with the regional office of Civil Rights or the U.S. Department of Health and Human Services.
12. The Agency personnel will be informed of this process during orientation to the Agency at the start and/or return of employment after an absence of six (6) months or more.
13. The Agency will make appropriate arrangements to ensure that disabled persons can participate in or make use of this grievance process on the same basis as non-disabled persons. Such arrangements may include, but not be limited to, the provision of interpreters for persons with LEP as well as for the deaf, providing taped cassettes of material for the blind, or ensuring a barrier free location for proceedings. The Section 504 Coordinator (Agency Administrator) is responsible for providing such arrangements.

C. ADMISSION CRITERIA

ADMISSION CRITERIA: For patients requiring skilled services (e.g. RN, LPN, Physical Therapy, etc.), your physician will make a referral to our Agency. You will receive a complete assessment by a licensed clinician; assessment will include identification of your needs, homebound status, and services that we can provide either directly or through coordination with another health care provider. Services are provided under the direction of your physician, and in keeping with an individualized treatment plan formulated by your health care team, your physician, and with input from you and/or your caregiver. Patients who require non-skilled services, (e.g. homemaker, companion) do not require a physician referral; however, a service plan to meet your needs is still formulated with your input.

SERVICES OFFERED:

- ***SKILLED NURSING SERVICES:*** provided by a Registered Nurse (1+) and/or Licensed Practical Nurse (LPN) with education, experience and training in-home care. The nurse will communicate with your physician as often as needed, in order to update your Plan of Care. Services performed by the nurse include, but may not be limited to:
 - Assessment of patient needs.
 - Patient/care giver education regarding diagnosis, identified needs, disease processes, medications, self-care techniques and prevention strategies.
 - Coordination of all services with your physician and other health care team members.
- ***PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY:*** provided by licensed therapists or therapy assistants under the supervision of a licensed therapist. Your therapist will provide you with specific information regarding services and treatments to be rendered based on your identified needs.
- ***MEDICAL SOCIAL WORKER:*** provided by social workers with documented education, training, and experience working with home care patients. The Social Worker may provide short-term counseling services, referral to and coordination with community resources, assistance with living arrangements, assistance with financial problems, and long-term planning.
- ***HOME HEALTH AIDE SERVICES:*** provided by staff with documented training and experience in home care. Services are provided under the direction and supervision of a licensed nurse or physical therapist. Medicare requires that you are receiving skilled services to be eligible for home health aide services. Home health aide duties will be clearly identified in the home health aide care plan, and may include: bathing, shampoo, skin and mouth care, linen change, preparation of light meal. Aide duties **DO NOT INCLUDE:** heavy housekeeping or care of another person within the home.

The Agency makes every attempt to provide consistency in scheduling aide services; however, there may be times when an assigned aide is not available to provide services, (e.g. vacation, sick leave, weekends, etc.). When it is necessary to assign a new aide to provide services for you, you will be contacted by telephone and informed of this change.
- ***COMPANIONS AND HOMEMAKERS:*** the Medicare program does not cover these services. These services will be paid either by you/your family directly or by another insurer if your policy includes this Coverage.

Services provided by a companion / homemaker include:

- A) Accompanying patients to physician visits and/or other outings.
- B) Providing light and limited housekeeping tasks (e.g. preparation of light meal, organizing patient area, patient only personal laundry, cleaning counters, etc.)
- C) Notifying supervisor of unusual incidents and/or any change in patients behaviors/conditions.
- D) Maintaining chronological written record of activities/services.

Services a homemaker / companion CANNOT provide include:

1. Taking Vital Signs.
 2. Measuring Intake and Output.
 3. Personal hygiene, grooming, oral hygiene, nail and skin care, bathing.
 4. Ambulation or transfers, range of motion or positioning.
 5. Medications administration.
- **MEDICAL EQUIPMENT AND SUPPLIES:** Medical equipment and supplies may be needed to carry out your plan of care. All medically necessary equipment and supplies must be directly coordinated by the Agency from which you are receiving Medicare covered home health services. If you arrange for this equipment and supplies on your own while under our plan of care, Medicare will not reimburse you or the supplier.
 - **DME** is covered separately (e.g. wheelchair, walker, oxygen etc.) and may be supplied either through the home health agency or directly by a Medicare certified supplier of your choice.

D. PLAN OF CARE

Each person admitted for services receives medically necessary services under an individualized plan of care (POC) ratified by your physician and developed by your professional Agency staff, with input from you/your care giver. You will be provided with any medical information that may be necessary to assist you in participating in the formulation of your POC.

The POC contains at a minimum:

- Skilled care to be rendered by a nurse or therapist
- Personal care to be rendered by a home health aide
- Specific physician orders for medications and treatments
- Pain management if appropriate
- Identification of your psychosocial needs
- Your rehabilitation potential
- Your discharge plan.

The frequency and duration of your treatment is also documented on the POC. The POC may be revised/updated at any time as warranted by your condition, but at least every sixty (60) days while you are a patient. You will be involved in and advised of any necessary changes. You/your caregiver may request and be provided with a copy of the POC at any time.

There must be an able, willing caregiver who is responsible for your care and safety at times between Agency visits. You may be safe and able to care for yourself between visits, or your caregiver may be a family member, a friend or other paid help.

You have a right to refuse medications and treatments. If you so chose, you will be advised of the consequences of these actions and you will be encouraged to discuss these actions with your physician. If you decide to discontinue any services/treatments against medical advice, we must obtain a written statement releasing the Agency and all staff from all responsibility resulting from such action.

Your right to confidentiality, privacy and dignity are very important to us and will be upheld by all Agency staff. If it is necessary to involve another person for purposes of safety, education or supervision of care, we will provide you with advanced notification.

This Agency does not participate in any experimental research activities.

E. TRANSFER AND DISCHARGE INFORMATION

Transfer, referral to another Agency, and/or discharge from our services may result from several types of situations including:

1. Change in medical condition necessitating transfer to hospital, nursing home, hospice or other institution.
2. Services required by patient are not offered by Agency.
3. Patient leaves geographical location served by Agency.
4. Services are no longer medically necessary or appropriate.
5. Change in insurer; Agency not authorized by that insurer to provide services.
6. Patient request.
7. Physician discharge/referral to another Agency.

Except in emergency situations, you will be given timely and advanced notice of transfer to another Agency or of discharge from our Agency. In cases where you are transferred to another organization, we will provide that organization all necessary information for your continued care. If a relationship between our Agency and the Agency to which you are referred exists, you will be informed of this relationship.

Upon discharge, if you will continue to need services from another community organizations, we will coordinate the transfer of appropriate information to that organization and will follow up to ensure you are receiving services.

All transfers and discharges are documented in the patient record.

F. BILLING AND PAYMENT OF SERVICES

We accept payment for services from a variety of insurers including, but not necessarily limited to: Medicare, Medicaid, Private Insurers, Managed Care, and Self-Pay. In some cases, other than Medicare, you may be responsible for paying your deductible as well as the co-pay. If your payer source is not included in this list, please contact us to establish whether or not we can provide services under your specific payer source.

Some insurers require pre-certifications and may limit the number and type of home care services we can provide. This will be discussed with you if the situation arises.

Please notify our Agency of any changes in your insurer since your services through our Agency may not be covered by your new plan.

You and your family/care giver will be provided with specific information regarding all services, charges and payment methods prior to start of care. If you are a Medicare beneficiary, the Medicare program may provide you with a monthly summary of charges billed to Medicare on your behalf entitled the Explanation of Medicare Benefits (EOMB). THIS IS NOT A BILL. Also, if you are a Medicare beneficiary, you will be given advanced notice regarding services that will not or may not be paid by the Medicare program. You will be informed as to why services cannot be rendered or why services must be reduced or discontinued. This form will list your options and you may select an option that best meets your needs and financial situation.

G. MEDICARE CRITERIA FOR COVERAGE OF HOME HEALTH SERVICES

In order to be eligible for program, you must meet the following criteria:

- You must be homebound. This means that due to your illness or injury it takes a considerable taxing effort for you to leave your home and your absences are infrequent and of short duration. You can still be considered homebound if you leave home for physician visits, to attend a religious service or to receive health care treatment, including regular absences to participate in therapeutic, psycho social, or medical treatment in state licensed/certified and/or accredited adult day care program, or for special events such as a funeral, graduation ceremony, etc.

- You have had a recent illness or injury (or worsening of a condition) that requires skilled nursing care on an intermittent basis (other than solely for venipunctures), or Physical Therapy Speech Language Pathology or have a continuing need for Occupational Therapy.
- You are under the care of a doctor who has ordered the treatment or services we are providing. If the services are not medically necessary and specifically ordered by your doctor, Medicare will not pay for those services.
- Care can only be provided on an intermittent basis. This means Medicare will not pay for staff to stay with you for an extended period of time. Staff will remain in your home only for the length of time required to perform ordered services and treatment This includes but is not limited to home health aide services.
- Medicare does not pay for custodial care including services rendered by a homemaker and/or companion, or by a home health aide if skilled services are not required.

If all of these requirements are met, Medicare will most probably pay for your medically necessary services and medical supplies. Our agency will bill Medicare for our services on your behalf. We will accept Medicare assigned payment as payment in full for the services we provide as long as you meet the qualifying requirements and the services are covered by the Medicare program. If services are ordered which are not covered by the Medicare program, you will be given advanced notice so that you can make other financial arrangements.

Please notify the agency immediately if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization) or Hospice. Medicare may not pay for the services we are providing if you are enrolled in these programs.

Notes

SECTION III: PATIENT RIGHTS/RESPONSIBILITIES/SAFETY

A. PATIENT RIGHTS

As a home care services provider, we have an obligation to protect your rights and to explain these rights to you before treatment begins and on an ongoing basis. Your family or your guardian may exercise these rights for you in the event that you are not able to exercise them for yourself.

Patients and Caregivers have the right to be treated with dignity and respect. Our services are provided to all persons without regard to race, color, religion, age, sex; sexual orientation, physical or mental handicap, or place of national origin. Both patient and care giver have a right to mutual respect and dignity, including respect for property. Our staff is prohibited from accepting gifts or borrowing money or other items from you.

YOU HAVE THE RIGHT TO:

- **ETHICAL STANDARDS AND CONDUCT:** Have a relationship with our staff that is based on honesty and ethical standards of conduct in keeping with the home care industry, professional organizations, and the law.
- **BE FREE FROM ABUSE:** Be free from mental, emotional and physical abuse. To report abuse, neglect or exploitation, please call toll-free The Abuse Hotline at 1-(___) ___ - _____. The Hotline operates 24 hours per day, every day.
- **HAVE YOUR COMMUNICATION NEEDS MET:** Receive information in a form and/or language that you can understand.
- **LODGE COMPLAINTS:** Have your complaints concerning care that is or should have been provided heard, reviewed and if possible resolved. You also have the right to know about the results of investigations of such complaints. Our complaint resolution process regarding care, services or a lack of respect for property is explained in the General Information section of this booklet.
- **NO REPRISALS:** Voice grievances without fear of discrimination or reprisal for having done so.
- **STATE HOTLINE:** Be advised of the telephone number _____
“Hotline” which receives complaints or questions about local home care agencies. The hotline also receives complaints concerning the implementation of Advance Directive requirements. Hotline hours are 8:00 a.m. to 5:30 pm., Monday through Friday; Phone: 1- (___) _____ - _____.

DECISION MAKING:

- **INFORMATION ABOUT YOUR CARE:** You, your

caregiver or guardian have a right to be informed about the plan of care, the care that is to be furnished, types (disciplines) of staff providing care or services, planned frequency of services, expected outcomes, potential risks or problems and barriers to treatment. You, your caregiver or guardian may receive a copy of the plan of care upon request.

- **BE NOTIFIED OF CHANGES TO YOUR CARE:** Be advised of any change in your plan of care before the change is made;
- **PLAN YOUR CARE:** You, your caregiver or guardian have a right to actively participate in developing your plan of care and in planning changes in the care, whenever possible and to the extent you are able to do so; and to be advised that you have the right to do so.
- **ACCEPT OR REFUSE TREATMENT:** Be informed in writing of your rights under State law to make decisions concerning medical care, including your right to accept or refuse treatment and your right to formulate advance directives;
- **IMPLEMENT ADVANCE DIRECTIVES:** Be informed in writing of policies and procedures for implementing advance directives. You will be informed if we cannot implement an advance directive and of the reason.
- **COMPLIANCE WITH YOUR WISHES:** Have health care providers comply with Advance Directives in accordance with state laws;
- **RECEIVE CARE WITHOUT CONDITION:** Receive care without condition or discrimination based on the execution of Advance Directives.
- **REFUSE SERVICES:** Refuse or discontinue care/services without fear of reprisal or discrimination. However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

PRIVACY:

- **CONFIDENTIALITY:** Confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- **BE INFORMED OF AND MAKE DECISIONS REGARDING YOUR PROTECTED HEALTH INFORMATION:** The Agency Notice of Privacy Practices is found in the FORMS section of this booklet. It provides specific information regarding the use and disclosure of your Protected Health Information and your rights to control the use and disclosure of this information.

FINANCIAL INFORMATION

- **INSURANCE INFORMATION:** Be informed upon admission of any services not covered or only partially covered by your insurer and the specific dollar amounts you are responsible for.
- **BE INFORMED OF NON COVERED SERVICES BY THE MEDICARE PROGRAM:** You will receive an Advanced Beneficiary Notice when we become aware that Medicare may not cover or will not continue to cover your care and services. Your options will be explained in this Notice.
- **RECEIVE INFORMATION WITHIN 30 DAYS:** Regarding any changes in benefits and/or charges for services, supplies or treatments as soon as the Agency becomes aware of these changes but no later than 30 days.
- **HAVE ACCESS TO ALL BILLS:** Upon request regardless of whether or not these bills were paid by Medicare and/or by another party.

QUALITY OF CARE

- **RECEIVE QUALITY SERVICES:** In keeping with best medical practices provided by a well-trained and supervised staff, you have the right to know the names, titles, and qualifications of all staff providing services to you.
- **PAIN MANAGEMENT:** Receive appropriate evaluation on admission and throughout period of services regarding your pain management needs. You and your caregivers will receive education regarding pain management techniques, medications and the possible limitations and side effects of pain management. Your personal, cultural, spiritual and/or ethnic beliefs will be taken into consideration when addressing pain management.
- **ADMISSION IS CONTINGENT UPON US PROVIDING THE SERVICES YOU NEED:** Your needs will be assessed by a qualified clinician upon admission and throughout the delivery of your services. If at any time the Agency cannot provide necessary services, you and your physician will be advised, and with input from you and your physician, arrangements will be made to transfer you to a qualified Agency.
- **EXPECT THAT ALL AGENCY PERSONNEL WILL FOLLOW YOUR PHYSICIAN'S ORDERS**
- **RECEIVE EDUCATION AND INSTRUCTIONS ON SAFETY AND EMERGENCY PLANNING.**

B. HEALTH CARE ADVANCE DIRECTIVES: THE CLIENT'S RIGHTS TO DECIDE

All adult individuals in health care facilities such as hospital, nursing home, hospices, home health agencies, and

other provider types have certain rights under State and Federal law.

You have the right to complete a document known as an "Advance Directive". The document details what treatment you desire or do not want under special, serious medical conditions – conditions that would stop you from telling your doctor how you would like to be treated if able to do so. For example, if you were taken to a health care facility in a coma, would you want the facilities staff to know your specific wishes about decisions affecting your treatment?

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a written statement, which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made on your behalf. Two forms of Advance Directives are:

- "Living Will"
- Health Care Surrogate Designation

An Advance Directive allows you to state your choices about your health care or to name someone to make those choices for you, if you become unable to make decisions in the future about your medical treatment.

WHAT IS A LIVING WILL?

A living will states the types of medical care you want or do not want if you become unable to make your own decisions. It is called a "Living Will" because it takes affect while you are still living. State law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

WHAT IS A HEALTH CARE SURROGATE DESIGNATION?

A "health care surrogate designation" is a signed, dated, and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. State law provides a suggested form for designation of a health care surrogate; you may use it or some other form. You may wish to name a second person if your first choice is not available.

WHICH DOCUMENT IS BETTER FOR YOU?

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you should you be unable to make decisions for yourself.

CAN I AMEND MY LIVING WILL OR ADVANCE DIRECTIVE?

Yes, you may change or cancel these documents at any time. Any change should be written, signed and dated. You can also change an advance directive by oral statement.

WHAT IF I HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER STATE AND NEED TREATMENT IN A HEALTH CARE FACILITY IN THIS STATE?

An advance directive completed in another state, in compliance with the other state’s law, can be honored in this state.

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?

Make sure that someone such as your doctor, lawyer or family member knows that you have an advance directive and where it is located. Consider the following:

If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.

- Give a copy of your advance directive to your doctor for your medical file;
- Keep a copy of your advance directive in a place where it can be found easily (i.e., safety deposit box);
- Keep a card or note in your purse or wallet, which states that you have an advance directive and where it is located;
- If you change your advance directive, make sure your

doctor, lawyer and/or family member has the most recent copy.

FOR FURTHER INFORMATION ASK THOSE IN CHARGE OF YOUR CARE OR CALL LEGAL AIDE SERVICES - LAW DIVISION AT (___ ___) ___ ___ - ___ ___

LIVING WILLS

A Living Will (or Declaration) is a statement of your wishes regarding the use of life prolonging treatment if you are in a terminal condition. (A “Living Will” is different from the will which disposes of your property after your death.)

Generally, a “Living Will” is a statement that you desire to be allowed to die and not be kept alive by medical treatment when your doctors conclude that you are no longer able to decide matters for yourself and that your condition is terminal. If you would not want to be kept alive by use of a feeding tube or other artificial means of providing food and water, you must specifically state this.

DO NOT RESUSCITATE ORDERS (DNRO)

All patients without observable signs of life will be resuscitated unless the patient’s physician signs a valid “Do Not Resuscitate (DNR)” order after discussion with the patient/family. If Emergency Medical Services (EMS) is called, they must be presented with a copy of the patient’s DNR order and Advance Directives, only then can they withhold life-sustaining procedures. DNR orders do not preclude anyone from providing comfort care to the patient.

For complete information regarding DNRO, consult your physician.

Notes

Home Health Agency
Outcome and Assessment Information Set (OASIS):
STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions.

We are required by law to collect health information to make sure:

- 1) You get quality health care, and
- 2) Payment for Medicare and Medicaid patients is correct.

- You have the right to have your personal health care information kept confidential

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- You have the right to refuse to answer questions.

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- You have the right to look at your personal health information.

We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the centers for Medicare & Medicaid Services to see, review, copy or correct your personal health information, which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see next page PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This statement gives you advice required by law (the privacy act of 1974)

This statement is not a consent form. It will not be used to release or to use your health care information.

- I. Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment.

Sections-1102 (a), 1154, 1861(0), 1861(z), 1863, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

- The Information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:
- Support litigation involving the Centers for Medicare & Medicaid Services;
- Support regulatory, reimbursement and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- Study the effectiveness and quality of care provided by those home health agencies; survey and certification of Medicare and Medicaid home health agencies;
- Provide for development, validation, and refinement of a Medicare prospective payment system;
- Enable regulators to provide home health agencies with data for their internal quality improvement activities;
- Support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health and related projects;
- Support constituent requests made to a congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the Information may be to:

1. The Federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. Contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. An agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health; care services provided in the States; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/state home health agency programs within the State;
4. Another Federal or State Agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAS;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care; e.g., an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health or payment related projects.
6. A congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The Home Health Agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct, incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the Home Health Agency to refuse your services.

NOTE: this statement may be included in the admission packet for all new Home Health Agency admission. Home Health Agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION: If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal Health Information that the Federal Agency maintains in its HHA OASIS system of Records: call 1-800-MEDICARE toll free, for assistance in contacting the HHA OASIS System Manager. TTY for the hearing and speech impaired: 1-877-486-2948

Home Health Agency
Outcome and Assessment Information Set (OASIS):
NOTICE ABOUT PRIVACY

For Patients Who Do Not Have Medicare
or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.

Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.

We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.

We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the Federal Agency that oversees this Home Health Agency, cannot know that the information is about you.

- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Effective April 14, 2003, the Federal government mandated that health care providers would provide a "Notice of Privacy Practices" (NPP) to all patients receiving services. A copy of our NPP follows and fully explains our responsibilities as well as your rights under HIPAA. You will be asked to sign an acknowledgment that you received the information.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Effective date: April 14, 2003

This Agency may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice describes your rights to access and to control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and field staff are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the Agency, and any other use required by law. The Agency may also disclose your information to individuals outside the Agency who are also involved in your care; e.g. pharmacist.

- A. Treatment:** We may use and disclose your protected health information in order to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another community health agency that provides care to you. Your protected health information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- B. Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. Third party payers or health plans may

require information about your health care status prior to authorizing medical treatment. If you are being treated as a result of an automobile accident, Agency may disclose your health information to that insurer. Your health plan may inquire and receive information on dates of services, services provided, and the medical condition being treated.

- C. Health Care Operations:** Our Agency may use or disclose, as needed, your protected health information in order to support the day-to-day activities and management of the Agency. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to students that see patients with our Agency staff: We may use or disclose your protected health information, as necessary, to contact you to remind you of your planned visits.
- D. Law Enforcement:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- E. Public Health Records:** Our Agency is required by law to report certain communicable diseases. We may disclose your health information in order to prevent or control disease, injury, disability, to enable product recall, repairs, replacements, and for compliance with Food and Drug Administration requirements.
- F. To Report Abuse, Neglect or Domestic Violence:** Our Agency is allowed to notify government authorities if there is reason to believe a patient is the victim of abuse, neglect or domestic violence. Disclosure will be made only when specifically required or authorized by law, or when the patient agrees to disclosure.
- G. To Conduct Health Oversight Activities:** Your health information may be used for activities such as audits, civil, administrative or criminal investigations, and inspections. However, the Agency may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- H. In Conjunction with Judicial and Administrative Proceeding:** We may disclose your health information in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, request for discovery or

other legal process. The Agency will make every effort to notify you of the request.

- I. Organ, Tissue, Eye Donations:** Our Agency may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplantation.
- J. In the Event of Serious Threat to Health or Safety:** Our Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency believes in good faith, that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.
- K. Research:** Under very select circumstances, our Agency may use your health information for research. However, before this occurs, the research project will be subject to an extensive approval process.

We may also disclose our protected health information to Coroners and Medical Examiners and to Funeral Directors if such information is required for them to carry out their duties.

All other uses and disclosures will be made only with your authorization unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your physician or the physician's Agency has taken an action relevant to the use or disclosure indicated in the authorization.

Your Rights Under the Privacy Standards:

- The right to request restrictions on the use and disclosure of your health information;
- The right to receive confidential communication concerning your medical condition and treatment the right to inspect and/or copy your protected health information;
- The right to request an amendment of your protected health information;
- The right to receive an accounting of how and to whom your protected health information is disclosed;
- The right to receive a printed copy of this notice and any subsequent changes to this notice while you are a patient of the Agency; and
- All requests must be in writing and sent to the attention of the Agency Privacy Officer.

Our Duties and Responsibilities with your PHI:

The Agency is required by law to maintain the privacy of your protected health information and to provide you with a written notice of these policies. We are also required to

abide by the privacy policies and procedures as outlined in this notice.

We reserve the right to amend or modify our privacy policies and procedures as needed or required by changes in the Federal or State regulations.

Complaints: You may file a complaint with our Privacy Official if you believe your privacy rights have been violated or if you would like to offer comments regarding our privacy practices.

You may also file a complaint with the Secretary of the Department of Health and Human Services by mail or on its web site at www.hhs.gov.

You will not be penalized or otherwise retaliated against for filing a complaint.

You may contact our Privacy Officer by calling:

Patient Responsibilities

In order to provide you the highest quality health care services, you must:

- Provide accurate and complete health information concerning your present illness, past illnesses, hospitalizations, medications, allergies, and other pertinent items.
- Discuss pain, pain relief options and your question worries and concerns about pain medication with staff or appropriate medical personnel.
- Treat staff and equipment with respect and consideration.
- Assist in developing and maintaining a safe environment in which care can be given.
- Inform the Home Health Care Agency when you will not be able to keep a Home Health Care visit appointment.
- Participate in the development and update of your home plan of treatment/care plan.
- Comply with your plan of treatment/care and participate in your care by asking questions and expressing concerns. Ask for clarification of any information you do not understand.
- Inform Agency of any problems/concerns you may have.
- Remain under physician's care while receiving skilled services; advise Agency of physician appointments in a timely manner.
- Abide by Agency policies that restrict duties that the staff is able perform.
- Provide complete and accurate insurance and billing information, notify Agency of any changes as soon as they occur or are anticipated (e.g. transfer from Medicare coverage to HMO).

Patient Perception of Care

Your satisfaction with the services you receive from our Agency is very important to us. To help ensure your total satisfaction with our services, and, in an effort to continuously strive to provide high quality services that meet your needs, the Agency will send you a Patient Satisfaction Survey from time to time, usually upon discharge.

Please take a few moments to complete the survey, add any additional information you chose, including suggestions for improvement or other services, and return to us as promptly as possible.

If you were dissatisfied in any way with any services rendered, or you feel necessary services were not rendered, please state this on the form.

You may complete and return the form anonymously. However, if you do express problems/concerns please sign the form so that we may contact you. This will enable us to perform a complete and thorough investigation regarding these matters, and to improve our services. Your time and effort will be greatly appreciated.

Complaints

The Agency encourages all patients to offer complaints and to make recommendations for changes in policies and services. Patients and their caregivers are encouraged to do without fear of reprisal by the Agency.

The best way to handle a complaint is to contact our Agency's Administration. You may also discuss your complaint/concerns with the Agency's Director of Nursing Services.

Any complaints/concerns brought to our attention will be thoroughly investigated. You will be given a written response to your complaint/concern, which will include a Corrective Action Plan to be undertaken by our Agency as appropriate. You may also contact the State Home Health Hotline with complaints or questions about any local home health agencies.

**You may call them toll-free
Monday through Friday 8 a.m. to 5 p.m.**

1-(_____) _____ - _____

Notes

Horizontal lines for notes

SECTION IV: SAFETY/ISSUES

Home accidents are a major cause of injury and death, especially for those over 60. As people grow older, they may be less agile and their bones tend to break more easily. A simple fall can result in a disabling injury. All patients need to take special precautions to ensure a safe living environment.

Most accidents in the home can be prevented by the elimination of hazards. Use the attached checklists to determine the safety level of your home. Check each statement that applies to your home or to your habits in your home. Then review the unchecked boxes to determine what else you can do to make your home a safer place to live.

General Safety

- Emergency phone numbers are posted by each phone.
- Outside doors are kept locked at all times. Do not open the door to any unfamiliar face.
- Ask visitors for identification and call someone to verify that they are who they say they are.
- Door to door salesmen are not let into your home. They are asked to come back when a friend or family member will be with you.
- Valuables that may be easily stolen are kept out of sight.
- Telephone and television solicitations are not accepted. If it sounds too good to be true, it probably is too good to be true.
- Household maintenance (painting, roofing, etc.) is scheduled with a reputable company.
- Have a friend or family member assist you.

Electrical Safety

- Electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical equipment bears the underwriters Labs (UL) label.
- An adequate number of outlets are located in each room where needed. There are no "octopus" outlets with several plugs being used.
- Electrical outlets are grounded.
- Lighting throughout the house/apartment is adequate.
- Burned out lights are replaced.

Preventing Falls

- Stairways and halls are well lighted.
- Nightlights used in bathroom, halls and passageways.
- A flashlight with good batteries or a lamp is within easy reach of your bed.

- Throw rugs are removed or have a nonskid backing and are not placed in traffic areas.
- All clutter is cleared from the house, especially from pathways.
- Electrical and telephone cords are placed along walls - not under rugs - and away from traffic areas and do not cross pathways.
- There are no step stools without high handrails.
- Handrails are used on stairs and securely fastened.
- The shower, tub or toilet contains grab bars.
- Shower stools or non-skid strips are attached to the bottom of the tub.
- Elevated toilet seats and stools are used, if needed.
- Spills are cleaned up immediately
- Outside walks are kept clear of debris and clutter.
- Outside steps and entrances are well lighted.
- You are aware of any medications being taken which may cause dizziness or unsteadiness.
- Alcoholic beverages are limited to no more than two per day.
- When in a seated or lying down position, stand up slowly.
- A cane can be used for extra stability.
- Steps are in good condition and are free of objects.
- Steps have non-skid strips or carpeting is securely fastened and is free from holes and fraying.
- Light switches are located at the top and bottom of stairways and at both ends of long halls.
- Doors do not swing out over stair steps.
- Clearance in the stairway provides adequate headroom.

Kitchen Safety

- Stove and sink areas are well lighted.
- Curtains are kept away from the stove and other open flame areas.
- An exhaust hood with filters is provided.
- Exhaust fans are turned on when cooking.
- Kitchen exhaust system discharges directly outside.
- Adequate counter space is available to keep from lifting or carrying.
- Counter space is kept clean and uncluttered.
- Pan handles are turned away from burners and the edge of the stove.
- Hot pan holders are kept near the stove.
- Microwave ovens are operated only when food is in it.
- Heavy items are not stored above your easy reach.

- Cooking on high heat with oils and fat is avoided.
- Clothing with loose sleeves is not worn when cooking.
- Refrigeration and proper storage is used to avoid food poisoning.
- Perishable foods are kept refrigerated and periodically checked for freshness.
- Kitchen appliances are turned off when they are not being used.

Bathroom Safety

- Bath tub or shower has a non-skid mat or strips in the standing-area.
- Bath tub or shower doors are glazed with safety glass or plastic.
- Grab bars are installed on the walls by the bathtub or toilet.
- Towel bars and the soap dish in the shower are made of durable materials and firmly installed and are not used as grab bars.
- Electrical appliances (radio, TV, heater) are kept away from the bathtub or shower area.
- The water heater thermostat is set below 120 degrees F to prevent accidental scalding.
- Nightlights are used to brighten the way to the bathroom at night.

Hazardous Items and Poisons

- Care is used in storage of hazardous items. They are stored only in their original containers.
- You know how to contact your poison control team.
- Products that contain chlorine or bleach are not mixed with other chemicals.
- The risk of insecticides is understood. They are only bought for immediate need and excess is stored or disposed of properly.
- Hazardous items, cleaners and chemicals are kept out of reach of children and confused or impaired adults.
- Household trash is disposed of in a covered waste receptacle outside the home.

Outside Areas

- Steps and walkways are in good condition and free of objects.
- Porches, balconies, terraces and other elevations or depressions are protected by railings or otherwise protected.
- The garage is adequately ventilated
- Large trees are healthy and have no dead limbs.

Medication Safety

- Medications are never taken that are prescribed for someone else.
- All of your medications are written down and the list shown to your doctor or pharmacist to keep from combining drugs inappropriately. If there are any changes, they are added to the list immediately.
- You know the name of each of your medicines; why you are taking it; how to take it and its potential side effects.
- Medication side effects are reported to your healthcare provider.
- Medications are taken exactly as instructed.
- Alcohol is NOT used when you are taking medicine.
- Medicines are not stopped or changed without your doctor's approval, even if you are feeling better.
- A chart or container system (egg carton or med-planner) is used to help you remember what kind, how much, and when to take medicine.
- Your medicine is taken with a light on so you can read the label.
- Medicine labels are read carefully and medicines are kept in their original containers.
- Medications are stored safely in cool/dry place according to instructions on the label of the medication.
- If you miss a dose, you do not double the next dose later.
- Old medicines are kept away from children.

Medical Equipment/Oxygen

- Manufacturer's instructions for specialized medical equipment should be kept with or near the equipment.
- Routine and preventive maintenance is performed according to the manufacturer's instructions.
- Phone numbers are available in the home to obtain service in case of equipment problems or equipment failure.
- There is no smoking around oxygen.
- Backup equipment is available if indicated.
- Manufacturer's instructions are followed for providing a proper environment for specialized medical equipment.
- Adequate electrical power is provided for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Equipment batteries are checked regularly by a qualified service person.
- All oxygen equipment is kept away from open flame.

- Oxygen is not allowed to freeze or overheat.
- If you have electrically powered equipment such as oxygen or ventilator, you are registered with your local utility company.

Fire Safety

- All family members and caregivers are familiar with emergency 911 procedures.
- Fire department notified if a disabled person is in the home.
- There is no smoking in bed or when oxygen equipment is being used.
- Space heaters, if used, are maintained and used according to the manufacturer's specifications.
- There are exits from all areas of the house. You know your fire escape routes and have planned two exits. If your exit is through the ground floor window, it opens easily.
- If you live in an apartment building know the exit stairs location.
- Hallways are kept clean.
- Elevators if applicable are not used in a fire emergency.
- A fire drill/safety plan is prepared.
- An escape route is practiced from each room in your home.
- The fire department number is always posted for easy viewing at all times.
- Fire extinguishers are checked frequently for stability.
- Smoke detectors are in place in hallways and near sleeping areas.
- Smoke alarm batteries are checked and changed when you change your clocks or daylight savings time in the spring and fall.
- If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke, signal for help at the window.
- Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.

Evacuation of bed bound patient

One or two persons can get the patient to safety by placing the patient on a sturdy blanket and pulling or dragging the patient out of the home.

Power Outage

In case of a power outage, if you require assistance and our agency phone lines are down, do the following:

If you are in a crisis or have an emergency situation, call

911 or go to the nearest hospital emergency room.

If it is not an emergency, call your closest relative or neighbor for assistance. Our agency will get in touch with you as soon as possible.

Emergency Preparedness Information

In the unlikely event of a disaster (hurricane, tornado, or flood), every possible effort will be made to assure that your medical needs are met.

WEATHER CONDITIONS: In the event of inclement weather, we follow these guidelines regarding travel during the hurricane season.

Every effort will be made to make sure you receive the care you need. However, the safety of our staff as they try to make visits must be considered. When roads are too bad to travel, our staff will, if possible, contact you by phone to let you know that they are unable to make your visit that day.

Natural disasters shall be defined and determined by the guidelines set for the by the National Weather Service and/or governing State. Most home health services are not life supporting and can therefore be suspended for brief periods of time without placing the patient at great risk.

The agency shall maintain a written plan that outlines, controls and directs protective measures to be taken in the event of a natural disaster, emergency, or unforeseen interruption in Agency services.

All patients, upon admission will be oriented to the disaster plan. Patient will be knowledgeable of disaster needs, including the need to evacuate, survival needs and special needs.

Patients will be given handouts to assist them in matters relating to disasters, emergency preparedness and unforeseen circumstances. The handouts will be helpful reminder, but does not make the Agency responsible for the patients during a disaster or emergency.

Tornado

Tornadoes are nature's most violent storms. When a tornado has been sighted, go to your shelter immediately. Stay away from windows, doors and outside walls.

In a house or small building: Go to the basement or storm cellar. If there is no basement, go to an interior room on the lower level, (closets, interior hallways). Get under a sturdy table, hold on and protect your head. Stay there until the danger has passed.

If the patient is bed bound, move the patient's bed as far away from the windows as possible. Cover the patient with heavy blankets or pillows being sure to protect the head and face. Then go to a safe area.

In a high rise building: Go to a small, interior room or hallway on the lowest floor possible.

In a vehicle, trailer or mobile home: Get out immediately and to a more substantial structure.

If there is no shelter nearby: Lie flat in the nearest ditch, ravine or culvert with your hands shielding your head. In a car, get out and take shelter in a nearby building. Do not attempt to out-drive a tornado. They are erratic and move swiftly.

Lightning

Inside a home, avoid bathtubs, water faucets and sinks because metal pipes can conduct electricity. Stay away from windows. Avoid using the telephone, except for emergencies. If outside, do not stand underneath a natural lightning rod, such as a tall, isolated tree in an open area. Get away from anything metal, including tractors, farm equipment, bicycles, etc.

Hurricanes

A hurricane can immobilize an entire region. Heavy rains and high winds cause flooding and damage to structures and surrounding landscapes. Preparation is the key to surviving a hurricane: keeping informed of the storm's path and anticipated arrival, assembling disaster supplies, securing your home and evacuating to a shelter if necessary.

GATHER EMERGENCY SUPPLIES CHECKLIST:

- **Food** for two weeks including special diet foods, soft drinks, juices, soda water, canned meat, canned vegetables, dried and/or canned fruit, bread crackers, granola bars, instant beverages, powdered milk, dry cereal, soup, peanut butter and jelly, coffee and tea, nuts, non-electric can opener, pet food.
- **Water** – 2 to 3 gallons of water, per day, per individual (identify storage date and replace every 6 months)
- **Paper Supplies** – Plates, cups, utensils, paper towels, toilet paper, garbage bags
- **Personal Hygiene Items** – Toothbrush, toothpaste, shampoo, baby wipes, towel face, soap, cloth, deodorant, incontinent supplies, eyeglasses, hearing aid batteries, ear plugs, etc.
- **Medications, First Aid Kit** – At least 2 weeks supply, special instructions, medical emergency cards, dressing supply, band-aids, tape, ointments, smelling salts, cream, sun block, antibiotics, cotton swabs, aspirin or non-aspirin pain relievers, diarrhea and cough medicine, RX medication list with dosages and allergies.
- **Sleep Supplies** – Blanket/pillow and sleeping bag, air mattress, cot, etc.

- **Cleaning Supplies** – Bleach, soap, disinfectant, plastic gloves, heavy plastic bags, etc.

- **Communications** – Important phone numbers in plastic covers, change, radio with spare batteries, mobile cell phone and batteries.

- **Cookware** – Pots/pans, utensils, spatula, potholders, steno, charcoal, waterproof matches, lighters, foil, zip lock bags.

- **Storage** – Ice chest coolers and thermoses.

- **Finances** – Bank card cash (2 week supply), change for phones, important papers should also be secured in a safe water proof container, i.e. plastic bags, plastic containers, etc.

- **Miscellaneous** – Candles, flashlight, lantern, fans, extra batteries, matches, duct tape, hammer, nails, screwdriver, gloves, sunglasses, extra keys, books, games, pet supplies, physician, address and important phone numbers.

Note: Serial number to pacemakers and other medical equipment that may require identification.

- **Take pictures or video** your possessions and belongings.

- **Check flood/wind/property insurance** and keep documents in a safe area.

As The Storm Approaches:

- Listen for the weather updates
- Prepare car (gas tank filled, oil and water)
- Have medications tilled for a two-week supply
- Check insurance coverage, agent and have telephone numbers available
- Fire Extinguisher (ABC Type)
- Plan for your pets
- Important papers secured
- Remove projectiles from your yard
- Prepare your Survival Kit
- Know your designated Evacuation Routes
- Call Evacuation Destination (Shelter, if open)
- Have a pre-designated meeting place planned with friends, family

If You Decide To Stay Home You Must Be Self Sufficient:

- Store water (3 gallons per person per day)
- Clean sinks, tubs or water storage
- 2-week supply of non-perishable food
- A non-electric can opener
- Paper and plastic goods
- Prepare First Aid Kit

- Secure batteries, candles, plastic sheeting, etc.
- Battery light, cell phone batteries, radio, etc.
- Make sure home is clear
- During storm, stay inside
- Use and have available white towels for emergency situation
- Offer your home to friends/relatives
- Stay inside – away from windows

If You Evacuate You Must Leave With First Warnings:

- Turn off electricity, gas and water
- Identify and take important papers with you (insurance, etc.)
- Notify family where you are going
- Notify Home Health Agency that you are leaving
- Lock windows and doors
- Take Survival Kit with you

When You Return Home You Must Be Careful:

- Notify agency of return
- Re-enter home with caution
- Be careful of insects, animals
- Ventilate and dry out home
- Report any gas, sewer, etc. breaks or down power lines
- Stay tuned to radio station
- Be cautious

Special Needs Shelters

Upon admission for services, all patients will be assessed to identify those persons requiring a special needs shelter during an emergency situation. We are providing information and a list of supplies and other items you will need to take with you if you need to go to the shelter.

General Information: If you have a caregiver, your caregiver must accompany you and remain with you at the special needs shelter

- a) The shelter can accommodate one caregiver at a time; other family members should go to regular shelters.
- b) Caregiver will have floor space provided. The caregiver must provide own bedding.
- c) Caregivers who regularly assist patient in home are expected to continue to do so in the shelter.
- d) Caregiver can be a relative, household member, guardian, friend, neighbor, HHA employee, volunteer.

- e) Service dogs are allowed; check with local Emergency Management office to see if other pets are permitted.

– You will need the following items:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The medications/supplies/equipment list supplied by our Agency
- If applicable, your DO NOT RESUSCITATE form
- Prescription and non-prescription medications needed for at least 72 hours
- A copy of your Plan of Care
- Identification and current address
- Special diet items, non-perishable food for 72 hours and one (1) gallon of water per person per day
- Glasses, hearing aids and batteries, prosthetics and any other assisting devices
- Personal hygiene items for 72 hours
- Extra clothing for 72 hours
- Flashlight and batteries
- Recreational items; e.g. books, magazines, quiet games
- Personal snacks, drinks; it is possible only sparse meals will be provided

The special needs shelter should be used as a place of last refuge. The patient will not receive the same level of skilled care as received from home health staff, and conditions in the shelter may be stressful.

Bioterrorism

Bioterrorism refers to the threat of terrorists using biological warfare agents against civilian and/or military populations. Bioterrorism may be a covert event in which people are unknowingly exposed and outbreak is suspected only after recognition of unusual disease symptoms. Bioterrorism may also occur as an announced event where people are warned that an exposure has occurred.

Our Agency has a plan in place to manage and respond to Bioterrorism events. We will immediately upon recognition of such event notify local infection control personnel and will also provide prompt communication with local and State Health Departments, FBI field office, Center for Disease Control (CDC) and medical emergency services. Your job is to remain calm and follow agency and health department instructions.

Infection Control At Home

Cleanliness and good hygiene help prevent infection.

Contaminated-materials such as bandages, dressings or surgical gloves can spread infection, and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them.

Certain illnesses and treatments (i.e. chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your Nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary.

Notify your physician and/or home care staff if you develop any of the following signs and symptoms of infection:

- pain, tenderness, redness or swelling of a body part
- inflamed skin/rash/sores/ulcers
- fever or chills
- painful urination
- sore throat/cough
- confusion
- increased tiredness/weakness
- nausea/vomiting/diarrhea
- pus (green/yellow drainage)

You Can Help Control Infection By Following These Guidelines:

Handwashing

Wash you hands before and after giving any care to the patient (even if wearing gloves), before handling or eating foods, and after using the toilet, changing a diaper, handling soiled linens, touching pets, coughing, sneezing or blowing nose.

Hand washing needs to be done frequently and correctly: remove jewelry; use warm water and soap (liquid soap is best; hold your hands down so water flows away from your arms; scrub for at least 10 to 15 seconds (30 seconds recommended), making sure you clean under your nails and between your fingers; dry your hands with a clean paper towel; and use a new paper towel to turn off the faucet. Apply hand lotion after washing to help prevent and soothe dry skin. Washing your hands is the single most important step in controlling the spread of infection.

Disposable Items & Equipment

Dispose of items that are not sharp including paper cups, tissues, dressings, soiled bandages, plastic equipment, urinary/suction catheters, disposable diapers, chux, plastic tubing, medical gloves, etc. in waterproof (plastic) bags. Fasten securely and dispose of bag in the trash. Store

medical supplies in a clean/dry area.

Non-disposable Items and Equipment

Items that are not thrown away including: dishes, thermometers, commodes, walkers, wheelchair, bath seats, suction machines, oxygen equipment, mattresses, etc.

Soiled laundry should be washed apart from other household laundry in hot soapy water.

Handle these items as little as possible to avoid spreading germs. It is best to add household liquid bleach (1 part bleach to 10 parts water solution is recommended).

Equipment utilized by the patient should be cleaned immediately after use. Small items (except thermometers) should be washed in hot soapy water, rinsed and dried with clean towels.

Household cleaners such as disinfectant, germicidal liquids or diluted bleach may be used to wipe off equipment. Follow equipment-cleansing instructions and ask your nurse/therapist for clarification.

Thermometer should be wiped with alcohol before and after each use. Store in a clean, dry place.

Liquids may be discarded in the toilet and the container cleaned with hot soapy water, rinse with boiling water and allow to dry.

Sharp Objects Biomedical Waste

Needles, syringes, scissors, knives, staples, glass tubes or bottles, IV catheter lancets, razor blades, disposable razors and all other sharp objects in the home must be packaged and disposed of properly to reduce the risk of exposure to waste handlers and the public at large. The agency will provide appropriate containers for disposal of such items, or will provide you with the name and number of a State registered biomedical waste handler. Some counties offer a "sharps exchange program" free of charge. Your nurse will inform you of the availability of such a program in your county. In the event that a sharps container is left in your home after discharge, please contact our agency for pickup.

Spills In The Home

Surfaces contaminated with blood or body fluids spills are cleaned by putting on gloves and wiping fluid with paper towels. Use a cleaning solution of household bleach and water (1 cup of bleach to 10 cups of water) to wipe the area again. Double bag used paper towels and dispose of in the trash.

In case of a spill involving blood and/or body fluids at an assisted living facility, the client should notify facility staff immediately.

IMPORTANT PHONE NUMBERS

(Patient to complete)

- Ambulance/Police/Fire: 911 or _____
- Hospital: _____
- Doctor: _____
- Doctor: _____
- Doctor: _____
- Non-Emergency Transportation: _____
- Pharmacy: _____
- Poison Control: 1-800-222-1222 or 911
- HME (Oxygen) _____
- Electric Company _____
- Phone Company: _____
- Water Company: _____
- Family: _____

- Special Needs: _____
- Evacuation Shelters: _____
- Other: _____

Notes

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