



## All Quality Home Health Care

Phone. 224-676-1470 Fax. 224-534-0444  

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395 E Dundee. STE 275 Wheeling IL 60090

### **PATIENT INFORMATION HANDBOOK**

For all Emergencies dial	911
Agency 24 hours hot-line number	224-578-4555
Office hours (Monday through Friday)	9:00am – 5:30pm

Office address is 395 E. Dundee Rd. Suite 275 Wheeling IL 60090

**YOUR TRUSTED HOME CARE PROVIDER**

Should you have any questions, comments or complaints, please contact administrator Val Goetz 224-676-1470

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## ***A Letter of Welcome***

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On behalf of the staff of All Quality Home Health Care, we would like to welcome you and your family to our program – a care system supported by team-oriented experienced professionals. Our carefully coordinated care has one goal in mind – to improve your physical and emotional well-being, and to provide support and advice to your family.

We are dedicated to improving your recovery process and reaching the best possible level of functioning. Our personalized services, knowledgeable staff, and close monitoring of services provided create a warm, caring, and supportive environment for you and your family.

We consider your needs as a whole person, allowing you to control your health and your life. We will work with you to develop the most personalized care plan possible. Communication is vitally important in achieving your goals. We encourage you to ask questions, share your concerns, and talk to us about your care; your feedback is paramount in helping us to help you more effectively.

This handbook is created to assist you in understanding your rights and responsibilities as a patient. We invite you and your family to read through this manual, to familiarize yourselves with the services offered by All Quality Home Health Care. We are privileged to serve you.

Thank you again for an opportunity to provide you with high quality and effective care.

Sincerely Yours,

All Quality Home Health Care Team      224-676-1470

**Val Goetz, Administrator**

**Elzbieta Zupinski, Agency Supervisor**

**Ekaterina Efimova, Clinical Manager**

## SERVICE INFORMATION

24 Hours Agency Number 224-578-4555  
Office Phone 224-676-1470  
Office Hours 9:00am – 5:30pm Monday – Friday  
Service Hours 7:00am – 7:00pm (per patient's availability)

### Services Provided:

### Market Rates:

Registered Nurse	200.00
Physical Therapist	240.00
Occupational Therapist	240.00
Speech Therapist	240.00
Medical Social Worker	200.00
Home Health Aide	130.00
Nutritional Counseling	165.00

### Your Clinical Staff:

Registered Nurse \_\_\_\_\_  
Physical Therapist \_\_\_\_\_  
Occupational Therapist \_\_\_\_\_  
Speech Therapist \_\_\_\_\_  
Medical Social Worker \_\_\_\_\_  
Home Health Aide \_\_\_\_\_

### Emergency Phone Numbers:



Police/Fire/Ambulance 911 or \_\_\_\_\_



Doctor \_\_\_\_\_



Hospital \_\_\_\_\_



Pharmacy \_\_\_\_\_



Poison Control \_\_\_\_\_

Additional Numbers \_\_\_\_\_

## **LANGUAGE ASSISTANCE SERVICES**

Our Agency has contract with Language Scientific, Inc.

Language Phone Interpreter Instructions.

1. Dial: 855-880-6097
2. Give the operator your account number: 127550
3. Give the operator your language pair: (example English into Spanish – 222)

Instrukcja tłumacza języka.

**POLISH**

1. Wybierz: 855-880-6097
2. Podaj operatorowi swój numer konta: 127550
3. Podaj operatorowi swoją parę językową: (np. Angielski na Polski - 201)

Инструкции по переводу языкового телефона.

**RUSSIAN**

1. Циферблат: 855-880-6097
2. Дайте оператору номер вашей учетной записи: 127550
3. Дайте оператору вашу языковую пару: (например, английский на русский - 211)

Інструкція з перекладу мов на телефон.

**UKRAINIAN**

1. Наберіть: 855-880-6097
2. Надайте оператору номер вашого рахунку: 127550
3. Надайте оператору вашу мовну пару: (наприклад англійська – українська – 241)

Instrucciones para el intérprete de idiomas.

**SPANISH**

1. Marque: 855-880-6097
2. Proporcione al operador su número de cuenta: 127550
3. Proporcione al operador su par de idiomas: (ejemplo, inglés a español - 222)

Mga Instruksyon sa Tagapagsalita sa Wika ng Telepono.

**FILIPINO**

1. Mag-dial: 855-880-6097
2. Bigyan ang operator ng iyong account number: 127550
3. Bigyan ang operator ng iyong pares ng wika: (halimbawa Ingles sa Filipino - 130)

語言電話口譯員說明。

**CHINESE**

- 1.撥打：855-880-6097
- 2.給操作員您的帳號：127550
- 3.給操作員你的語言配對:(例如英文為中文 - 116)

## CONTACT INFORMATION

### Administrator

Val Goetz 224-578-4555  
395 E Dundee Rd. Suite 275 Wheeling IL 60090

### Clinical Manager

Elzbieta Zupinski 224-676-1470 [ela\\_zupinski@allqualityhhc.com](mailto:ela_zupinski@allqualityhhc.com)

## **NOTICE of PRIVACY PRACTICE**

### **Your Privacy Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

The Agency will provide each patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. The Agency will provide verbal notice of patient's rights and responsibilities in individual's primary or preferred language and in a manner that the individual understands, free of charge, with the use of a competent interpreter, if necessary, no later than the completion of the second visit from a skilled professional. The Agency will provide written notice of patient rights and responsibilities and transfer and discharge policies to a patient/selected representative within 4 business days of the initial evaluation visit.

### **Get an electronic or paper copy of your medical record**

You can ask to receive your medical record and other health information we have about you by completing our Authorization for Release of Information form and submitting it to us. We will provide you with this form upon your request.

### **Ask us to correct your medical record**

You can ask us to correct health information that you think is incorrect or incomplete. If we unable to fulfill your request, we will explain it to you in writing within 60 days.

### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

### **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our operations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

### **Get a list of those with whom we have shared information**

You can request a list of the times we have shared your health information, who we shared it with, and why, for six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, healthcare operations. Should you ask for additional copies within 12 months, we will charge a reasonable, cost-based fee.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act on your behalf**

If you have given someone medical power of attorney or if someone your legal guardian, that person can exercise your rights and make choices about your health information. We will

make sure the person has proper authority and can act on your behalf before we take any action.

### **File a complaint if you feel your rights are violated**

You can file a complaint if you feel we have violated your rights by calling 24 hour agency number on page 4. You can also file a complaint with the U.S. department of Health and Human Services, Office of Civil Rights electronically through their portal available at <https://ocrportal.hhc.gov/ocr/portal/lobby.jsf> or by mail or phone at:

Centralized Case Management Operations  
US Department of Health and Human Services

200 Independence Avenues SW

Room 509F, HHH Building

Washington, DC 20201

Phone: 800-368-1019, TTD: 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

We will not retaliate against you for filing a complaint

### **Bill for your services**

We will use and share your health information to bill and get payment from health plans or other entities – example: we give information to your health insurance plan so it will pay for your services.

### **Help with public health and safety issues**

We can share health information about you for preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health and safety.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to verify that we are complying with federal privacy law.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you for WC claims, for law enforcement purposes, with health oversight agencies for activities authorized by law.

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information



- We will follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information, other than as described here, unless we have your written approval. You may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html)

#### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Effective Date of this Notice: 01/01/2018

**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 following page for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see following page: PRIVACY ACT STATEMENT - HEALTH**

**This is a Medicare & Medicaid Approved Notice.**





## Home Health Agency

### Outcome and Assessment Information Set (OASIS)

#### NOTICE ABOUT PRIVACY

#### For Patients Who Do Not Have Medicare

#### Or Medicaid Coverage

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- 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.**



# 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(o), 1861(z), 1863, 1864, 1865, 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 care payment 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 State; 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.

6. 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.
7. 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 you services.

**NOTE:** This statement may be included in the admission packet for all new home health agency admissions. 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 signs 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: 1-877-486-2048.

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: 1-877-486-2048.



## **MEDICAL CARE CHOICES and ADVANCE DIRECTIVES**

### **Make your wishes known about medical treatment**

Patients have the right to accept or refuse medical care while they have the capacity to make such decisions. When the patient has lost the capacity to make health care decisions and in a terminal condition or a permanently unconscious state, the Living Will serves as a statement by the patient of his or her desires concerning the giving or withholding of life-sustaining treatment. This handbook explains your options concerning the right to accept or refuse medical treatment, and how you make your wishes known about the care you want when you are unable to decide for yourself.

### **What are my rights to choose my medical care?**

You have the right to make your own medical treatment decisions. If you do not want certain treatments, you have the right to tell your doctor you do not want them.

### **What if I am too sick to decide or unable to communicate my wishes?**

Most patients can express their wishes to their doctor, but some who are seriously injured or unconscious cannot. However, you have the right to make your wishes known before such a situation occurs, or take steps to appoint a person to help with your care decisions.

### **Who should I choose to speak for me?**

You can choose any adult you trust to speak for you when you are unable. Be sure you talk with that person about your medical choices. You should also talk to your doctor.

### **What forms do I need and when?**

There are two different forms you can use to make your wishes known.

Durable Power of Attorney for Health Care – this document allows you to appoint someone as your agent. They will make all health care decisions for you should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself.

Living Will – this document allows you to give advance written directions about health care decisions if you are terminally ill and unable to communicate, or in permanently unconscious state.

These documents are referred to as advance directives because they are signed “in advance” to let your doctor and other medical professionals know your wishes concerning your medical treatment. You do not need to have a written document to communicate with your doctor. Additionally, no person or health care provider can require you to complete either of these two forms. Completing one or both of these forms is a voluntary action on your part.

### **What is the basic difference between a Durable Power of Attorney and Living Will?**

A Durable Power of Attorney allows you to choose a person to make decisions for you when you are unable to do so yourself. A Living Will is a set of written instructions about the type of health care treatment you want when you are unable to communicate your wishes.

### **Do I need both?**

Many people will want to have both documents because they can address different aspects of your care. A Living Will gives your instructions directly to your doctors, while a Durable Power of Attorney appoints another person, you have chosen, to make medical decisions on your behalf.

### **Where do I get these forms?**

Many of the people and places that give you medical care have advance directive forms, including our agency. Ask the person who gave you this handbook for an advance directive form.

### **Who can complete these forms? Do I need a lawyer?**

Anyone at least 18 years old, who can make their own decisions, can complete these forms. You do not need a lawyer to complete them. You may choose to discuss these matters with an attorney, but there is no requirement to do so.

### **Can I make changes to my forms?**

Yes, at any time.

### **What do I do with my forms after completing them?**

You should give copies to your doctor and health care facility to put into your medical record. Be sure to tell persons close to you about what you have done, and consider giving them a copy.

### **Do the people giving me medical care have to follow my wishes?**

Yes, medical professionals must follow your wishes as long as they comply with state law.

### **Do laws in different state vary?**

Yes, they are. Below are excerpts from Illinois Department of Public Health related to Advance Directive.

#### **Advance Directives**

You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement you prepare that expresses how you want medical decisions made in the future should you not be able to make them yourself.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility, and the Patient Self-Determination Act (see LAWS & RULES) requires certain providers participating in the Medicare and Medicaid programs to furnish patients with information on advance directives. The information is to be given to patients upon admission to a facility or when provision of care begins. Providers covered by this requirement include hospitals, nursing facilities, providers of home health or personal care services, hospice programs and health maintenance organizations.

Illinois law allows you to make four types of advance directives: a health care power of attorney; a living will; a mental health treatment preference declaration, and a Do-Not-Resuscitate (DNR)/Practitioner Orders For Life-Sustaining Treatment (POLST). The Department of Public Health is required by law (see Illinois Compiled Statutes - Advance Directive Information under LAWS & RULES) to make available to you standard forms for each of these types of advance directives. The forms can be downloaded at the following website. More information on these advance directives is provided below.

After reviewing the information below on the different types of advance directives, you may want to discuss them with your family, your health care professional and/or attorney. You may decide to make more than one advance directive. For example, you could make a health care power of attorney, as well as a living will. If you decide to have one or more advance directives, you should tell your health care professionals and provide them with copies of any advance directives you have. You should also provide copies of your advance directives to those you have appointed to make health care decisions for you, and you may want to provide copies to your family members.

### Health Care Power of Attorney

The **health care power of attorney** lets you choose someone to make health care decisions for you in the future, if you are no longer able to make these decisions for yourself. You are called the "principal" in the power of attorney form and the person you choose to make decisions is called your "agent." Your agent would make health care decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may give your agent specific directions about the health care you do or do not want. The agent you choose cannot be your health care professional or other health care provider. You should have someone who is not your agent witness your signing of the power of attorney.

The power of your agent to make health care decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the health care power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time,



either by telling someone or by canceling it in writing. You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

You may use a standard health care power of attorney form or write your own.

## Living Will

A **living will** tells your health care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health care professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want. Two people must witness your signing of the living will. Your health care professional cannot be a witness. It is your responsibility to tell your health care professional if you have a living will, if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health care decisions unless he or she is unavailable.

## Mental Health Treatment Preference Declaration

A **mental health treatment preference declaration** lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the "principal", and the person you choose is called an "attorney-in-fact." Neither your health care professional nor any employee of a health care facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people must witness you signing the declaration. The following people may not witness your signing of the declaration: your health care professional; an employee of a health care facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

### [Do-Not-Resuscitate/Practitioner Orders For Life-Sustaining Treatment](#)

You may also ask your health care professional about having a **do-not-resuscitate (DNR)/practitioner orders for life-sustaining treatment (POLST)**(DNR/POLST Order). A DNR/POLST Order is an advanced directive that says that cardiopulmonary resuscitation (CPR) cannot be used if your heart and/or breathing stops; it can also be used to record your desires for life-sustaining treatment. The Department of Public Health has published a Uniform DNR/POLST Order that is available for download at this webpage. This webpage also provides a link to guidance for individuals, health care professionals and health care providers concerning the IDPH Uniform DNR/POLST Order.

The Uniform DNR/POLST Order requires your signature or that of your authorized legal representative (your legal guardian, health care power of attorney, or health care surrogate), as well as the signature of your attending practitioner and a witness who is 18 years of age or older. A DNR/POLST Order will not be entered into your medical record unless it contains all of the required signatures. You can ask your practitioner to work with you to prepare the Uniform DNR/POLST Order.

### [What Happens If You Cannot Make Health Care Decisions For Yourself And You Don't Have an Advance Directive?](#)

If you cannot make health care decisions for yourself, a health care "surrogate" may be chosen for you. Under Illinois law, two doctors must certify that you cannot make health care decisions for yourself before a health care surrogate can be appointed. A health care surrogate can be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.

However, while your health care surrogate can make most health care decisions for you, there are certain decisions that a surrogate cannot make. For example, a health care surrogate cannot tell your health care professional to withdraw or withhold life-sustaining treatment unless you have a "qualifying condition". A qualifying condition can be (1) a "terminal condition" (an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent, and life-sustaining treatment will only prolong the dying process); (2) "permanent unconsciousness" (a condition that, to a high degree of

medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit), or (3) an “incurable or irreversible condition” (an illness or injury for which there is no reasonable prospect for cure or recovery, that ultimately will cause the patient's death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit). Two doctors must certify that you have one of these qualifying conditions.

There are also limitations on the decision-making authority of a health care surrogate that relate to mental health treatment. A health care surrogate, other than a court-appointed guardian, cannot consent for you to have certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility, although the health care surrogate can petition a court to allow these mental health services.

To avoid the decision-making limitations of a health care surrogate, you may want to consider having one or more advance directives.

## Final Notes

You should talk with your family, your health care professional, your attorney, and any agent or attorney-in-fact that you appoint about your decision to make one or more advance directives. If they know what health care you want, they will find it easier to follow your wishes. If you cancel or change an advance directive in the future, remember to tell these same people about the change or cancellation.

No health care facility, health care professional or insurer can make you execute an advance directive as a condition of providing treatment or insurance. It is entirely your decision. If a health care facility, health care professional or insurer objects to following your advance directive, they must tell you or the individual responsible for making your health care decisions. They must continue to provide care until you or your decision maker can transfer you to another health care provider who will follow the orders contained in your advance directive.

# Patient Self-Determination Act:

## Advance Directives

### *Procedure*

1. Prior to coming under Agency care, the patient will be provided with written information concerning the patient's rights under state law (both statutory and case law) to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
  - This information will be provided by Agency employees at time of first home visit before care is provided and documented in the medical record.
  - Each patient will also be informed of Agency's written policies regarding respecting the implementation of the patient's advance directive.
  - If an adult patient is incapacitated at the time of admission or at the start of care and is unable to receive information (due to a mental disorder or incapacitating condition) or articulate whether or not he/she has executed an advance directive, Agency staff may give the information to the patient's family or surrogate in accordance with state law. Agency is not relieved of the responsibility to provide this information to the patient once he/she is no longer incapacitated and able to receive such information. Staff will provide advance directives information to patient at this time.
2. Agency staff will document in the patient's medical record whether the adult patient has executed any advance directives. Copies will become a permanent part of the patient's medical record. If copies cannot be obtained during the admission visit, the admitting staff member will document the patient's wishes. All staff involved in the patient's care will be informed of the patient's advance directive.
3. No individual will be discriminated against or have care conditioned upon whether an advance directive has been executed.
4. Advance directives include:
  - Living wills.
  - Durable power of attorney for health care.
  - Any written, signed and dated document executed by the patient, which expresses the patient's health care treatment decisions.
  - Any statement (verbal or written) that revokes or modifies a previous directive becomes the current directive to be honored. Such revocation is to be noted in the patient's medical record.
  - State law authorizing a written declaration directing the withholding or withdrawing of death-prolonging procedures does not also authorize withholding or withdrawing of nutrition and hydration (food and water).

- State law authorizing durable powers of attorney for health care does not authorize the intent to cause death by withholding or withdrawing of nutrition and hydration (food and water) which are able to be ingested through natural means.
5. In the event that the patient does not have any advance directives but would like additional information, such information will be provided by Agency employees. The patient will inform the Agency of any updates to advance directives.
  6. If the patient has been determined to have the capacity (whether verbally or non) to make a decision, the patient may state any advance directives to Agency professional staff.
    - Any oral advance directive will be documented in the patient's medical record.
    - The patient's attending physician will be notified of any advance directives by Agency professional staff within 24 hours.
    - If the patient's attending physician cannot be reached, the physician on-call will be contacted. This contact will be documented in the patient's medical record.
  7. If the patient is returning to the care of the Agency and has previously provided copies of advance directives, the advance directives will be verified as being current to this admission.
    - Verification of the current validity of the advance directives will be documented in the patient's medical record.
    - The patient's attending physician will be notified within 24 hours of the preexisting advance directives and will be requested to write appropriate orders.
  8. Staff will be educated about advance directives during orientation and ongoing.
  9. The Agency will provide education to the community served about advance directives.
    - Education may be provided during health fairs or community forums. Such education will be provided at least annually and documented.
    - The educational materials provided will define what constitutes an advance directive, emphasize an incapacitated individual's control over medical treatment and describe applicable state law concerning advance directives.

## YOUR RIGHTS and RESPONSIBILITIES

Our agency complies with applicable Federal civil rights laws and does not discriminate on the basis of sex, race, color, religion, ancestry, national origin, disability, sexual orientation, medical condition, marital status, or registered domestic partner status.

Patients and their representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. We protect and promote the exercise of these rights; therefore we list your rights in a clear, step-by-step manner. If you need any clarification on your rights, our agency representative will be available to discuss any of them.

### **As a patient you have the rights:**

- To be advised of the telephone number and hours of operation of the state's Home Health Agency hotline, that receives complaints or questions about local home care agencies. The hours are 24 hours a day, seven (7) days a week and the telephone number is 224-578-4555. The hotline also receives complaints about advance directives.
- To refuse to participate in investigational, experimental, research or clinical trials.
- To be informed of rights under state law to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate advance directives.
- To be informed of policies and procedures for implementing advance directives, including any limitations if the Agency cannot implement an advance directive on the basis of conscience.
- To receive care without condition on, or discrimination based on, the execution of advance directives.
- To have access upon request to all bills for service the patient has received, regardless of whether the bills are paid out-of-pocket or by another party.
- To be admitted by the Agency only if it has the resources needed to provide the care safely and at the required level of intensity, as determined by a professional assessment. The Agency with less than optimal resources may nevertheless admit the patient if a more appropriate provider is not available, but only after fully informing the patient of the Agency's limitations and the lack of suitable alternative arrangements.
- To effective pain management.
- Voice concerns related to care, treatment or services and patient safety issues: Please call Agency Director of Clinical Services. We also encourage you to contact The Joint Commission, Office of Quality Monitoring at 1-800-994-6610 or e-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org) (we are Joint Commission accredited organization).
- Be informed of your rights and exercise them at any time.
- Receive information about organization ownership and control.
- Have your property and person treated with respect.
- Be free from neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the Agency.

- Make complaints to the Agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the Agency. Voice and report grievances or complaints regarding treatment or care that are (or fail to be) delivered, the lack of respect for property and/or person, or the violation of any rights to the Agency, The Joint Commission (if applicable) and state of local agencies.
- Receive all services in the plan of care.
- Have a confidential patient record and access to or release of patient information and records in accordance with Health Insurance Portability and Accountability Act (HIPAA) law and regulation.
- Be advised of the extent to which payment for services may be expected from Medicare, Medicaid or any other federally funded or federal aid program known to the Agency.
- Be advised of the charges for services that may not be covered by Medicare, Medicaid or any other federally funded or federal aid program known to the Agency.
- Be advised of the charges the individual may have to pay before care is initiated.
- Be advised of any changes in the information provided with respect to payment and charges, if they occur. The patient and representative (if any) are advised of these changes as soon as possible, in advance of the next home visit.
- Receive proper written notice, in advance of a specific service being furnished, if the Agency believes that the service may be non-covered care or in advance of the Agency reducing or terminating on-going care. Agency will also comply with the federal requirements.
- Be advised of the names, addresses and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides:

- **Agency on Aging:**

Marla Fronczak, Executive Director.  
 Kankakee Community College River Road,  
 West Campus Building 5 Kankakee Illinois 60901.  
 800-528-2000 or 815-939-0727  
 e-mail: mfonszak@ageguide@org

- **Center for Independent Living:**

Laura Dietz, Director  
 377 Seymour Avenue  
 Mundelein Illinois 60060  
 847-949-4440

- **Aging and Disability Resource Center:**

Elaine M. Sharpe, Board President  
 1111 South Alpine Road, Suite 600  
 Rockford Illinois 61108

815-226-4901 or 800-542-8402

- Be free from any discrimination or reprisal for exercising his/her rights or for voicing grievances to the Agency or an outside entity.
- Be informed of the right to access auxiliary aids and language services and how to access these services.
- Participate in, be informed about and consent or refuse care in advance of and during treatment, where appropriate, with respect to:
  - Completion of all assessments.
  - The care to be furnished based on the comprehensive assessment.
  - Establishing and revising the plan of care.
  - The disciplines that will furnish the care.
  - The frequency of visits.
  - Expected outcomes of care, including patient-identified goals and anticipated risks and benefits.
  - Any factors that could impact treatment effectiveness.
  - Any changes in the care to be furnished.
- To be informed of the patient's rights in a language and manner the individual understands. The Agency must protect and promote the exercise of these rights. The Agency will provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter, if necessary, no later than the completion of the second visit from a skilled professional.
- The following information during the initial evaluation visit, in advance of furnishing care to the patient ;
  - Written notice of the patient's rights and responsibilities and Agency's transfer and discharge policies. Written notice will be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
  - Contact information for the Agency Administrator, including the Administrator's name, business address and business phone number in order to receive complaints.
  - An OASIS privacy notice to all patients for whom the OASIS data is collected.
- Receive written notice of the patient's rights and responsibilities and the Agency's discharge policies to a patient-selected representative within 4 business days of the initial evaluation visit.
- If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf.
- If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient's representative may exercise the patient's rights.
- If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his/her rights to the extent allowed by court order.
- To have complaints investigated. The Agency will investigate complaints made by a patient, the patient's representative (if any) and the patient's caregivers and family,



including, but not limited to, the following topics:

- Treatment or care that is (or fails to be) furnished inconsistently, or is furnished inappropriately.
- Mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source and/or misappropriation of patient's property by anyone furnishing services on behalf of the Agency.
- Document both the existence of the complaint and the resolution of the complaint.
- Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.
- To know that any Agency staff (whether employed directly or under arrangement) in the course of providing services to patient, who identifies, notices or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual and/or physical abuse, including injuries of unknown source or misappropriation of patient property, must report these findings immediately to the Agency and other appropriate authorities in accordance with state law.
- To be informed of:
  - Visit schedule and frequency.
  - Patient medication schedule/instructions.
  - Treatments to be administered by Agency staff.
  - Other pertinent instructions related to care.
  - Name of Clinical Manager \_\_\_\_\_ and contact information \_\_\_\_\_.
- Have the patient's or legal representative's sign confirming that he/she has received a copy of the notice of rights and responsibilities.

## **Agency Transfer Criteria**

Patients will be transferred from Agency based on Agency Transfer Criteria Policy:

- Transfer is necessary for the patient's welfare because the Agency and the physician who is responsible for the home health plan of care agree the Agency can no longer meet the patient's needs, based on the patient's acuity. The Agency will arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the Agency's capabilities.
- The patient or payer will no longer pay for the services provided by the Agency.
- The transfer is appropriate because the physician who is responsible for the home health plan of care and the Agency agree that measurable outcomes and goals set forth in the plan of care have been achieved and the Agency and physician responsible for the home health plan of care agree the patient no longer needs the Agency's services.
- Patient refuses services or elects to be transferred.
- Agency ceases operation.
- Patient/family requests transfer.
- Patient has moved out of service area.

## Agency Discharge Criteria

Patient will be discharged from Agency based on Agency Discharge Criteria Policy:

- Discharge is necessary for the patient's welfare because the Agency and the physician who is responsible for the home health plan of care agree that the Agency can no longer meet the patient's needs, based on the patient's acuity. The Agency will arrange a safe and appropriate discharge to other care entities when the needs of the patient exceed the Agency's capabilities.
- The patient or payer will no longer pay for the services provided by the Agency.
- The discharge is appropriate because the physician who is responsible for the home health plan of care and the Agency agree that measurable outcomes and goals set forth in the plan of care have been achieved and the Agency and physician responsible for the home health plan of care agree that the patient no longer needs the Agency's services.
- Patient refuses services or elects to be discharged.
- Agency ceases operation.
- Patient/family requests discharge.
- The patient's (or other persons in the patient's home) behavior is disruptive, abusive or uncooperative to the extent that delivery of care to the patient or the ability of the Agency to operate effectively is seriously impaired. The Agency will do the following before it discharges a patient for cause:
  - Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the Agency (if any) that a discharge for cause is being considered.
  - Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home or situation. Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care.
  - Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into its clinical record.
- Patient dies.
- Patient moves out of service area.
- Services can no longer be provided safely and/or effectively in the patient's place of residence (patient's physician will be consulted for alternative follow up care and/or referral).
- Patient refuses to follow physician's prescribed plan of care/treatment (physician will be notified).
- Physician orders discharge of patient from service.
- Patient is no longer homebound.

## **As a patient, you have the responsibility to:**

- Notify the Agency of any perceived risks in your care or unexpected changes in your condition, e.g., hospitalization, changes in the plan of care, symptoms to be reported, etc.
- Notify the Agency if the visit schedule needs to be changed.
- Notify the Agency of the existence of, and any changes made to, advance directives.
- Notify the Agency of any problems or dissatisfactions with the services provided.
- Provide a safe environment for care.
- Follow instructions and express any concerns you have about your ability to follow and comply with proposed plan or course of treatment. The Agency will make every effort to adapt the plan to your specific needs and limitations. If such changes are not recommended, the Agency will inform you of the consequences of care alternatives.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters related to the patient's health.
- Know that in the event of an emergency that disrupts Agency's services to patient, that Agency will make every effort to visit or telephone patient. However, if patient has a medical emergency and is not able to contact the Agency, the patient should access the nearest emergency medical facility.
- Ask questions about care or services when you do not understand your care or what you are expected to do.
- Provide feedback about service needs or expectations.
- Follow Agency rules and regulations concerning patient care and conduct.
- Show respect and consideration for Agency's personnel and property.
- Meet financial commitments agreed upon with the Agency promptly.
- Understand and accept consequences for the outcomes if the care and services or treatment plans are not followed.

## HOME SAFETY

Your home, the place where you feel the most comfortable, can also be dangerous in terms of accidents and injuries. Here are some helpful hints to help you stay safe in your home.

### The Home:

- Secure loose carpet
- Remove throw rugs
- Keep phone accessible at all times
- Consider using a telephone emergency alert system such as Lifeline®
- Check and install smoke detectors, if needed
- Use extreme caution with space heaters and kerosene heaters
- Know your fire escape route
- Do not use frayed electrical cords
- If on oxygen, do not smoke or allow smoking in your home
- Emergency phone numbers posted by each phone
- Lightning throughout the house is adequate
- No “octopus” electrical outlet with several plugs being used
- Electrical outlets are grounded
- A carbon dioxide detector is in place near the furnace
- Outside doors are kept locked at all times. Do not open the door to unfamiliar face. When a stranger comes to your door, ask for identification and call someone who can verify the person’s identity
- Know your fire escape routes and plan two exists
- A key is near doors that are deadbolt locked
- Keep hallways clean and do not use elevators in a fire emergency

### The Kitchen:

- Do not overreach for items
- Only use footstools that have handrails attached
- Use a long handled mop to clean spills (avoid bending over)
- Place commonly used items within easy reach
- Keep fire extinguisher in the kitchen
- Keep small appliances unplugged when not in use
- Curtains are kept away from the stove and other open flame areas
- Do not leave food cooking unattended
- Clothing with long sleeves is not worn when cooking

### The Bathroom:

- Have non-skid surface in shower/tub area
- Equipment, such as elevated toilet seat, grab bars, shower chair, and shower head extender are available as needed
- Set hot water heater below 110 degrees F

### **Stairs and Hallways:**

- Ensure all hallways and stairways have adequate lighting
- Use handrails when negotiating stairs
- Keep stairs clear of all objects
- Tack down any loose carpet

### **The Bedroom:**

- Keep pathway to bathroom clear
- If necessary, have bedside commode or urinal available
- Never sleep with a heating pad if it is turned on
- Keep flashlight at bedside
- Do not smoke in bed
- Wear non-flammable bed clothing

### **Oxygen Safety Assessment for Patients Receiving Oxygen Therapy:**

- Working smoke detector. Staff may test the detector, if it is accessible and if testing does not pose any safety risk. Staff may also verify the functioning of the alarm with patient/family.
- Functioning fire extinguisher.
- Presence of smoking materials in the home.
- Whether there are other fire safety risks in the home, e.g., potential for open flames.
- Fire safety plan, e.g., emergency escape route from the home.
- Document the performance of the risk assessment.

Patient and family will be educated regarding:

- The findings of the fire safety risk assessment.
- The causes of fire.
- Fire risks for neighboring buildings and residences.
- Precautions to prevent fire-related injuries and death.
- Comprehension and compliance with education provided regarding safety risks with oxygen therapy, e.g., home fires.

## **MEDICATION SAFETY and DISPOSAL GUIDELINES**

### **Medication Safety**

- Keep a list of all medication with you at all times. This includes over-the-counter drugs, vitamins and herbs
- Take the medication list to physician appointments and clinical/hospital visits
- Take all medications exactly as prescribed by your physician/pharmacist
- Never guess the contents or dating of medication. If you have trouble with small print, ask your pharmacist for assistance
- Take medication in well-lit room so you can clearly see that you are taking the correct pill
- Store medications as indicated on the label and out of reach of children
- Dispose of all medications that you no longer use or that are no longer effective
- Have your prescriptions refilled before you take the last dose to prevent running out of medication when the pharmacy is closed

### **Disposal Guidelines**

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, nondescript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted
- Only flush prescription drugs down the toilet if the label or accompanying patient information specifically instructs doing so
- Before throwing out a medical container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else
- When in doubt about proper disposal, talk to your pharmacist
- The same disposal methods for prescription drugs could apply to over-the-counter drugs as well

## **UNIVERSAL PRECAUTIONS**

Per CDC publication (Aug. 1987), the Universal Precautions is protective barriers reduce the risk of exposure of the health-care worker. Examples:

- Handwashing
- Gloves
- Gowns
- Masks
- Protective eyewear

## **PAIN MANAGEMENT**

Our agency is committed to pain prevention and management. Pain is unique to each person and can make it difficult to eat, sleep, be active and relax. It can cause you to feel tired, anxious and sad. It is important to tell your physician, nurse or therapist about any pain you may be having. To help manage pain, follow these guidelines:

- Take your medication as prescribed by your physician including taking your pain medication on schedule. Not taking your medication may aggravate your medical condition and cause further discomfort.
- Keep track of your pain medication(s), how you feel and the effectiveness of your treatment.
- Report side effects such as constipation, dry mouth, etc. so they can be managed.
- Ask if you have any questions about your medications or side effects.



## **INFECTION CONTROL in the HOME**

### **Common signs of infection**

- Pain/tenderness/swelling of skin
- Rash/sores
- Nausea/vomiting/diarrhea
- Fever/chills/headaches
- Coughing
- Fatigue/lethargy/confusion
- Redness or yellow/green foul smelling drainage from wound or body opening

**If you develop any of these symptoms, notify your physician or nurse.**

### **Prevention**

You can help control infection by following these guidelines:

- Cover your mouth and nose when coughing
- Practice good personal hygiene
- Prepare and store food properly
- Maintain a clean environment
- Ask friends and family who have colds, flu, or other infectious diseases not to visit while they are sick
- Never share toothbrushes, combs, or other personal hygiene items

### **Hand Washing Guidelines**

Washing your hands is the most effective way to prevent the spread of infection. Hands should be cleansed:

- Before and after contact with another person
- Before and after all procedures and dressing changes
- Following bathroom use
- After coughing, sneezing or blowing
- Whenever hands are soiled
- After handling soiled equipment or dressings
- After removal of gloves
- Before and after handling or preparing food
- Before and after eating

## **Hand washing procedures**

**Soap and water procedure:** Use when hands are visibly soiled, contaminated, or soiled with blood or other bodily fluids

- Remove all jewelry
- Use warm water and soap (preferably liquid soap)
- Wash full surface of hands for at least 20 seconds
- Dry hands with clean towel

**Alcohol-Based Hand Rub:** Can be used if hands are not visibly soiled or contaminated for routine decontamination of hands. Follow directions for specific product use.

## MEDICAL SUPPLIES and DISPOSAL GUIDELINES

### Medical Supplies:

Store disposable medical supplies in their original packages in a dry, clean place. If a package becomes contaminated or wet, dispose of immediately. Wash hands with soap and water prior to touching clean supplies.



### Disposal Guidelines:

- Contaminated disposable items such as tissues, bandages, plastic equipment, urinary catheters, disposable diapers, paper cups, medical gloves, etc. should be disposed of in a securely fastened plastic bag prior to putting them in your household garbage container for regular trash pickup.
- Contaminated sharps such as needles, syringes, lancets or other sharp objects must be put into a rigid, puncture-resistant container such as metal or hard plastic with a reinforced lid that can be tightly secured. Do not use glass or clean plastic containers. Label container "do not recycle".

## **EMERGENCY and DISASTER PREPAREDNESS**

Our agency will help to assist you in preparing a personal emergency/disaster plan and, based on your residency, it will include personalized evacuation plan and the safe passage to a secure place. Emergencies may include:

### **Natural Disasters**

- Ice/Snow
- Flooding
- Earthquake
- Hurricane
- Tornado
- Volcano
- Tsunami
- Avalanche

### **Man-Made Disasters**

- Hazardous Material Spills
- Fire
- Pandemic/Infectious Disease
- Electric Failure
- Acts of Terrorism
- Civil Unrest
- IS System Failure (phone, internet, TV, other means of communication)

Along with preparing a personal emergency/disaster plan, it is important to be prepared prior to a disaster occurring. General guidelines include:

### **Keep an Emergency Contact List**

You can use the Emergency contact list included in this handbook on page 4

### **Make a list which includes:**

- Medications
- Medical Information
- Allergies
- Copies of Health Insurance Cards

### **Have on Hand:**

- A 7-day supply of essential medications
- Cell phone

- Flashlights and small battery-operated radio with extra batteries
- Emergency food and water
- Manual can opener
- Assorted sizes of resealable plastic bags for storage, food, waste, etc.
- First aid kit

### **Evacuation Plan:**

- Know where the shelter is that meets your special needs
- Plan for alternative locations
- Plan for transportation to shelter or other location
- Arrange for assistance if you are unable to evacuate yourself

In the event of a disaster or emergency, our agency will utilize a patient priority system. This system is used to identify those patients at highest risk for injury or adverse effect if their care is interrupted. Each patient is assigned a priority level and updated as needed. Priority level definitions:

### **High Risk Patients**

- No available caregiver or family present – patient cannot be left alone for extended periods
- Bedbound or chair bound patients with physical assistance needs • Unable to administer meds – self-injections of daily meds
- Wound care patients who are unable to perform dressing changes
- Infusion patients – IV therapy or feedings

### **Moderate Risk Patients**

- Patients with assistive devices or stable in the use of medical equipment – able to manage for a short period of time
- Stable with administration of meds
- Patients with reasonably managed chronic disease
- Patients for whom a visit can be postponed for up to 3 days without jeopardizing safety

### **Low Risk Patients**

- Patients with family and/or caregiver support systems in place who can manage for longer than three days
- Patients with less complicated wound care or other care needs
- Patients for whom the patient or a caregiver is already managing and administering medications.

# MY PERSONAL HEALTH CALENDAR

<b>WEEK 1</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 2</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 3</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 4</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 5</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 6</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 7</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 8</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day
<b>WEEK 9</b>	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day	Month / Day

**Things to Remember**

- Start of Care
- Doctor’s visits
- Doctor’s name
- Prescription refills
- Caregiver name
- Hospital stay