



Client Orientation For Home Medical Equipment

STATEMENT OF CONFIDENTIALITY

This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.

**Rose City Drug
Home Medical Equipment
2640 N. M-33
Rose City, Mi 48654
Phone: (989) 685-2141
After Hours: (989) 327-7170**

Welcome Statement

Welcome, and thank you for the giving us the opportunity to serve you. The staff at Rose City Drug's Home Medical Equipment is dedicated to providing you with excellent medical care services and equipment in your home, in partnership with your doctor and other caregivers. We are honored that you chose us as your home health provider and we will do everything we can to exceed your expectations.

This booklet contains important information that will help you participate in planning for the care and services we provide. Your home care representative will assist in reviewing and understanding documents and information in this booklet.

Mission

To provide our community with the most reliable home medical equipment services while maintaining the highest standards and quality assurance that our customers should expect.

Vision

We offer the most comprehensive Home Medical Equipment services in the state of Michigan. We have implemented the highest standards in our practices and continuously provide our community with quality assured home medical equipment.

Values

Schaefer Health Enterprises is a community focused organization which strives to maintain the highest standards and quality while continuously improving its services to patient care.

PATIENT OREINTATION FOR HOME MEDICAL EQUIPMENT

I.	Welcome, Mission, and Vision	2
II.	Company Overview	4
	<ul style="list-style-type: none">• Scope of Services• Business Hours/After Hours Coverage• Emergency Preparedness Plan• Emergencies or Disasters• Account Reimbursement• Financial Assistance• Returns And Refunds• Travel Policy• Plan of Care• Medical Records• Discharge, Transfer and Referral• Problem Solving Procedures	
III.	Patient Rights and Responsibilities	10
	A. Notice of Privacy Practices	14
IV.	Advanced Directives	21
V.	Safety	23
VI.	Safety Self-Assessment	28
VII.	Infection Control at Home	44
VIII.	Equipment Rental Agreement	46
IX.	Equipment Warranty	48
X.	Home Medical Equipment Instructions	49
XI.	Medicare Supplier Standards	

SECTION II. Company Overview

SCOPE OF SERVICES

Respiratory Care:

- Nebulizers
- Air Purification systems
- Inhalation Solutions

Home Medical Equipment

- Hospital Beds
- Wheelchairs
- Walking Aids
- Patient Lifts
- Bath Aids
- Daily Living Aids
- Diabetic Supplies
- Orthotics
- Diabetic Shoes

We will notify your physician or other health care professional within five (5) calendar days if we are unable to provide the prescribed equipment, items or services.

BUSINESS HOURS/AFTER HOURS COVERAGE

BUSINESS HOURS: Our business hours are Monday through Friday 9 A.M. To 6 P.M. Except during company holidays.

AFTER HOURS COVERAGE: After hour coverage is available 24 hours a day, 7 days a week. After regular working hours and on weekends and holidays our answering service takes calls and refers them to the technician on call. Please tell the

answering service if your equipment needs are urgent. If a life threatening situation arises, you or a caregiver should call 911 for emergency medical care.

Please contact us at 989-685-2141 if any of the following changes occur so we can update your record and ensure proper billing:

- Need a new set of disposable supplies.
- Need to find out how often your insurance will cover a new set of disposable supplies.
- Have a compliment, question or concern.
- Need to return the rental medical equipment in your home.
- Have a question or concern regarding the medical equipment or supplies provided to you.
- Medical equipment malfunctions.
- Have changes in address and/or phone number.
- Have a change in physician.
- Have a change in prescription or equipment use.
- Have a change in insurance.
- Are hospitalized for more than a week.

SUPPLY DELIVERIES: Routine requests for additional supplies, equipment pick-up, or non-emergency deliveries should be called into the office during regular business hours.

EMERGENCY PREPARDNESS PLAN

In cases of an environmental/natural disaster such as a blizzard, flood, tornado or other emergencies, Rose City Drug's Home Medical Equipment will activate its emergency plan to continue necessary patient services. We will make every effort to ensure that your medical equipment needs are met.

The safety of our staff must be considered. When roads are too dangerous too travel, our staff will make every effort to contact you by phone to let you know your service will be delayed and/or canceled. If you need immediate medical care and cannot reach us, please seek care at the nearest available facility or call 911.

EMERGENCIES OR DIASTERS

Develop a family emergency preparedness plan.

Electrical equipment often has a back-up power source or battery, in the event of a power outage. Our staff will review this with you when setting up your equipment. You may want to consider purchasing or renting a generator depending on the type of electrical equipment in your home.

In the event of an emergency or disaster, please follow these instructions:

- In life threatening situations, go to the emergency room of your local hospital or call the local emergency assistance number, 911.
- If you are unable to exit without assistance and use electronically dependent medical equipment, please notify your local emergency personnel in the event that a natural disaster or an unexpected emergency occurs.
- If you use electronically dependent medical equipment, we recommend that you contact your local fire department and utility company to be placed on a patient priority list.
- We recommend you keep a transistor radio available.
- We recommend you keep a supply of batteries for your flashlight and transistor radio.

ACCOUNT REIMBURSEMENT

Rental equipment is typically rented on a month-to-month basis.

When Rose City Drug's Home Medical Equipment received a verbal order from your physician, we verify your insurance benefits. We will file an insurance claim on your behalf directly to your insurance company. Although we file claims as a courtesy, we cannot guarantee payment by an insurance carrier. Therefore, it remains your

responsibility to ensure that Rose City Drug's Home Medical Equipment receives full payment in a timely manner for the services and equipment provided. If you should have any questions relating to billing and/or payment of your account, please contact our office at 989-685-2141.

FINANCIAL ASSISTANCE

If you are unable to meet your financial obligations, you may be eligible for financial assistance. Only medically necessary equipment prescribed by a physician will be considered. In order to request an application, please contact a billing specialist at 989-685-2141.

RETURNS AND REFUNDS

For the safety of our patients, only unused items that are in their original sealed container can be returned within 30 days of delivery date. We do not accept returns of opened items or unused supplies once delivered to your home.

TRAVEL POLICY

Costs related to equipment rentals while you travel are considered the responsibility of the patient. Please note that if you are moving out of our service area, rental equipment must be returned to our facility before your departure. We can assist you in making arrangements for similar equipment in your new location.

Rose City Drug's Home Medical Equipment will bill you privately for rented equipment that is not returned before your departure.

PLAN OF CARE

Rose City Drug's Home Medical Equipment involves health care professionals and other staff members in developing your individualized plan of care. Your plan of care is based upon identified problems, needs and goals, physician orders, treatments and care, home environment and your personal wishes, when appropriate. The plan of care includes:

- Equipment and supply needs
- Frequency of visits, if applicable
- Goals and actions for client compliance and satisfaction
- Home environment assessment

The plan of care is reviewed and updated as needed, based on your changing needs. We encourage your participation and will provide necessary medical information to assist you.

You have the right to refuse any medication, supplies or services. However, such refusal may require us to obtain a written statement releasing our company from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance.

MEDICAL RECORDS

Your medical record contains physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential and are protected against loss, destruction, tampering or unauthorized use. Our Notice of privacy practices describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information. See the Notice of Privacy Practices in the booklet.

DISCHARGE, TRANSFER AND REFERRAL

Reasons for discharge, transfer or referral from Rose City Drug's Home Medical Equipment may include but is not limited to:

- Patient goals are met
- Failure of patient and/or caregiver to follow the prescribing physician's orders.
- Home environment issues that may affect the welfare and/or safety of our staff
- Nonpayment of charges
- Failure to meet Medicare and other insurance coverage guidelines
- Failure to follow equipment safety guidelines.

- You move out of our service area.
- Company resources are no longer adequate to meet your needs.

If any of the above circumstance arise, Rose City Drug's Home Medical Equipment will give timely advance notice of a discharge or transfer to another company, except in case of emergency. Should you be transferred or discharged to another organization, we will provide the necessary information pertinent to your continued care to the receiving organization.

PROBLEM SOLVING PROCEDURE

Our goal is to assist you in returning to your maximum level of functioning and to provide all services possible to help you stay in your usual and customary surroundings. We are committed to assuring that your rights are protected. If you feel that our staff has failed to follow our policies or have in anyway denied your rights, please follow these steps without fear of discrimination or reprisal.

How to process a complaint:

1. Notify Rose City Drug's Home Medical Equipment's compliance officer at: 989-685-214, (Monday through Friday from 9:00 A.M. to 6:00 P.M). You may also submit your complaint in writing to DME Compliance, P.O. BOX 448, Rose City, Mi 48654
2. Call HQAA 1-866-909-4722
3. Call Medicare Hot line Number: 1-800-647-8089

Our problem solving procedure is as follows:

1. Within 5 calendar days of receiving a complaint, we will notify you, using either oral, telephone, email, fax or letter format, that we have received and are investigating your complaint.
2. Within 14 calendar days, we shall provide written notification with the results of our investigation and our response.

SECTION III. Patient Rights and Responsibilities

Patients have the right to:

- **Ethical standards and conduct** - to have a relationship with our staff that is based on honesty and ethical standards of conduct. To have ethical issues addressed, and inform you of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- **Be free from abuse** - to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- **Respect** – both patient and caregiver have a right to mutual respect and personal dignity and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap. Our staff is prohibited from accepting gifts or borrowing from you.
- **Have your communication needs met** – to receive information in a manner that you can understand.
- **Lodge Complaints** – to have your complaints as well as your family's complaint heard, reviewed, and if possible resolved concerning care that is or should have been furnished. You, your family and staff have the right to know about results of such complaints. Our complaint resolution process regarding care, services or lack of respect for property is explained in our problem solving procedure.
- **No reprisals** – to voice grievances without fear or coercion, discrimination or reprisal for doing so. To expect no unreasonable interruption of care, treatment or services for voicing grievances.
- **Interpreter** - to be offered a qualified sign/language interpreter to assist in communicating with us.
- **Medicare Supplier Standards** – to be furnished with these standards located in

section 5 of this booklet.

- **Disclosure** – be provided with information regarding ownership, available services and charges.
- **Informed** – be informed about his/her illness and treatment, when and how service will be provided, the name and function of any person and agency providing care and service, and the name of person responsible for coordination of care.

DECISION MAKING

- **Chose your health care providers** and communicate with those providers.
- **Information about your care** – to be informed about the care that is to be furnished, names and responsibilities of staff members who are responsible for providing care, treatment and services.
- **Be notified of changes to your care** - to be advised of any changes in your plan of care before the change is made.
- **Have family involved in decision making** – as appropriate, concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- **Participate or refuse to participate in research** – investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.

PRIVACY AND SECURITY

- **Privacy and security** – to have your property, personal privacy and security respected during home care visits.
- **Confidentiality** – to 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.

- **Refuse filming or recording** – or revoke consent for filming or recording of care, treatment and services for purpose other than identification, diagnosis or treatment.
- **Health information** – to access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law.
- **Release of information** – to request that we release information written about you only as required by law or with your written authorization. Our Notice of Privacy Practices in this packet describes this in detail.

FINANCIAL INFORMATION

- **Payment information** – before care is initiated, we will advise you orally and in writing of the extent to which payment may be expected from Medicare, Medicaid and other insurance sources known to us; charges for services that will not be covered by Medicare and the charges that you can expect to pay.
- **Receive changes in information within 30 days** – we will advise you of any changes in payment, charges and patient payment liability when they occur. We will advise you of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that we become aware of the charge.
- **Have Access to all bills** – upon request for service you have received regardless of whether bills are paid out of pocket or by another party.

QUALITY OF CARE

- **Receive high quality care** – to receive the highest quality of care.
- **Pain Management** – to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- **Be admitted only if we can provide the care you need** – a qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and

the lack of suitable alternative.

- **Receive emergency instructions** – to be told what to do in case of an emergency.

PATIENT RESPONSIBILITIES

- **To provide information** – We ask that you provide our staff with complete and accurate information about your current condition, past health history and advance directives. While on service, please notify us of any changes in your condition, changes in your home environment or when a piece of rental equipment is no longer needed.
- **Participate in your plan of care and follow instructions.** We ask that you take an active role in your home care. We will adapt the plan to meet your needs whenever possible. Please notify us of any concerns you have about the following of care so we may explain the consequences of not complying with the plan of care. Patients and families are responsible for the outcome when the plan of care is not followed.
- **Comply with your plan of care.** Rose City Drug's Home Medical Equipment exercises the right to refer a patient to another home health care provider when the patient's refusal to comply with the plan of care threatens to compromise our commitment to safety and quality care.
- **Ask questions.** Please ask questions if you do not understand your care, treatment or service.
- **Follow rules and regulations.** We will review important information about our services with you. Read this orientation packet to become more familiar with home health services and safety recommendations.
- **Show respect and consideration for our staff.** If you are unable to keep a scheduled appointment, please notify the office so it can be rescheduled/ We ask that you provide a safe environment for the delivery of care and services by our home health staff.
- **Meet financial commitments.** Notify us if there are any changes to your insurance coverage.

- **Provide feedback on the services you receive.** Advise us if you have any problems or complaints so we may resolve them to your satisfaction

A. Notice of Health Information Practices

Effective Date: April 14,2003

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.

❖ Understanding Your Health Record/ Information

Each time you visit our Pharmacy and purchase a product, or one of your physicians contacts us concerning your prescription needs or history, a record is made of this encounter. Typically, this record contains medical information from your referring physician, a prescription history, as well as other information you provide to us. In this “Notice of Health Information Practices,” we shall refer to the information contained in your record as your “health information,” which term shall have the same meaning as “protected health information,” defined in the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”).

❖ Your Health Information Rights

Within the limits provided by federal and state law, you have the right to:

- Request restrictions on certain uses and disclosures of your health information.
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location.
- Inspect and obtain a copy of your health information, except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings.
- Request an amendment to your health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above

- Obtain an accounting of certain disclosures of your health information.
- Receive a paper copy of this Notice in addition to any electronic copy you may receive.

You may exercise any of the above rights by submitting a written signed letter, detailing your request and mailing or delivering the letter to our Pharmacy. However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms that need to be completed to process your request.

◆ Our Responsibilities

This Pharmacy is required by law to:

- Maintain the privacy of your health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Abide by the terms of this Notice, currently in effect, and as amended from time to time;
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information; and
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make the new provisions effective for all of your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised Notice in our Pharmacy, which indicates the effective date of the amended Notice. You may request and obtain a copy of our Notice of Privacy Practices anytime you visit our office. If a use or disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without that written authorization. You may at any time revoke a written authorization in writing, except to the extent that we have already taken action in reliance of your authorization.

◆ For More Information or to Report a Problem

If you have questions and would like additional information concerning this Notice, please call any of our Pharmacists at 989-685-2141.

If you believe that we have violated any of your privacy rights, you may file a written complaint with any of our Pharmacists, or mail your written complaint to Rose City Drugs PO Box 448 Rose City, Mi 48654.

You may also file your complaint with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

◆ Examples of Uses and Disclosures for Treatment, Payment and Health Operations

The following are examples of uses and disclosures of your health information which are permitted by law:

We will use your health information for treatment. Health information obtained by our staff from you or one of your health care providers, may be recorded in our medical records. We may use this information for many treatment reasons, including, but not limited to, verifying the accuracy of prescriptions being filled, and to help you avoid known drug allergies and adverse drug interactions. Any of your prescriptions filled in our Pharmacy, or purchases made at our Pharmacy, will be recorded. We may also provide your health information to other health care providers involved in your care to assist them on providing services to you.

We will use your health information for payment. Your health plan or health insurer may require certain information about your condition and/or the prescriptions you fill with us, before payment will be made, or for pre-authorization purposes. Accordingly, for billing purposes, we may disclose your health information to your health plan or health insurer.

We will use your health information for regular health care operations. Members of our staff may review health information in your record in order to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of our services.

Additional Uses and Disclosures

Business Associates: Certain of our business operations may be performed by other businesses. We refer to these companies as “business associates.” In order for these business associates to perform the required service (billing, accounting services, etc.), we may need to disclose your health information to them so that they can perform the job we've asked them to do. To protect you, we require our business associates to appropriately safeguard your health information.

Communication with Persons Involved in Your Care: We may disclose your health information that is directly relevant to your care to individuals you wish to receive such information, including family members, relatives, close personal friends, or other persons you identify. Before we do so, we will ask you, and follow your instructions, as to whether or not to make such disclosures. If you are incapacitated, or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients' involvement in your care.

Required by Law: We may use or disclose your health information to the extent such use or disclosure is required by law and is limited to the relevant requirements of such law.

Public Health, Health Oversight and the Food and Drug Administration (FDA): As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also be required by law to disclose your health information to health oversight agencies responsible for regulating the health care system, government benefit programs, and civil rights laws so that they may conduct, among other things, audits, investigations, and inspections. For the purpose of activities relating to the quality, safety or effectiveness of a FDA-regulated product or activity, we may disclose to the FDA your health information relating to adverse events with drugs, supplements, and other products, as well as information needed to enable product recalls, repairs, or

replacements.

Victims of Abuse, Neglect or Domestic Violence: If we reasonably believe that you are the victim of abuse, neglect or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent the disclosure is required by law, or you agree to the disclosure. If the disclosure is authorized by law, but not required, we may disclose your information if we determine that disclosure is necessary to prevent serious harm to you or others.

Judicial and Administrative Proceedings: If you are involved in a judicial or administrative proceeding, we may, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, disclose the specific portions of your health information that are requested. If the subpoena, discovery request or other lawful process is not accompanied by a court or administrative tribunal order, we may disclose your health information only after we are assured that reasonable efforts have been made to notify you of the request, and the time for you to raise objections to the request has expired, or reasonable efforts have been made by the requestor to seek a protective order concerning the requested health information.

Law Enforcement: We may disclose your health information to a law enforcement official for law enforcement purposes as required by law, a court ordered subpoena or summons, a grand jury subpoena or summons, or an administrative subpoena or summons, under certain circumstances.

In specific situations, the law also permits us to disclose limited pieces of your health information, when the information is needed by law enforcement officials to: 1) identify a suspect, fugitive, material witness, or missing person; 2) identify a victim of a crime; 3) alert law enforcement officials concerning your death; 4) notify law enforcement officials when a crime has been committed on our premises; or 5) in an emergency, when necessary to alert law enforcement officials about a crime, its location, or the identity of a perpetrator.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to a coroner or medical examiner for the purpose of identifying you upon your passing, or to determine a cause of death. We may also disclose your health information to your funeral director if needed to complete his or her authorized duties.

Organ, Eye or Tissue Donation: If you are an organ, eye or tissue donor, we may release your health information to organizations that procure, bank or transplant organs for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research: We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, thereby meeting the requirements under HIPAA. We may also disclose your health information for the purposes of research, public health or health care operations pursuant to a Data Use Agreement protecting that information as specified by HIPAA.

Avert a Serious Threat to Health or Safety: Consistent with applicable law and standards of ethical conduct, we may, in limited circumstances, use or disclose your health information if we, in good faith, believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.

Military Personnel: If you are a member of the United States Armed Services, we may disclose your health information to the appropriate military command authority when such information is deemed necessary to assure the proper execution of the military mission. **[Note – Additional disclosures are required if you are a part of the Departments of Defense, Transportation, Veterans Affairs, or State.]**

National Security and Presidential Protective Services: We may disclose your health information to authorized federal officials for the conduct of lawful intelligence and national security activities, as well as the provision of protective services to the President and other protected individuals.

Inmates and Individuals in Custody: If you are an inmate or otherwise in custody, we may disclose your health information to the correctional facility or law enforcement official having lawful custody of you.

Workers' Compensation: We may disclose your health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Appointment Reminders and Information on Treatment Alternatives: We may contact you to provide appointment reminders or information about prescription alternatives or other health-related benefits, alternatives and services that may be of interest to you.

Fund Raising: We may conduct fund raising for our office unless you instruct us otherwise, we may use your contact and demographic information, as well as dates of service, for this purpose.

Our Pledge

We will endeavor to protect the privacy of your health information. If you have any questions, comments, or concerns regarding the policies set forth above, please do not hesitate to discuss such matters with one of our Pharmacists.

INSTRUCTION: The terms contained in this Notice are intended to promote compliance with the privacy provisions set forth in HIPAA. Individual State and/or other applicable laws may prohibit or materially limit certain of the uses and disclosures set forth above. It is imperative that you review these disclosures with an attorney who is familiar with your State's health care and other laws and rules governing privacy, and amend this Notice accordingly. This Notice must not be considered complete until such review and any necessary revisions have been made.

SECTION IV. Advanced Directives

It is your right to decide about the medical care you will receive. You have the right to be informed of treatment options available before giving consent for medical treatment. You also have the right to accept, refuse or discontinue any treatment at any time.

All of us who provide you with health care services are responsible for following your wishes. However, there may be times when you may not be able to decide, or make your wishes known.

Many people want to decide ahead of time what kinds of treatment they want to keep them alive. **Advanced Directives let you make your wishes for treatment known in advance.**

Our company complies with the Patient Self-Determination Act of 1990 which requires us to:

- Provide you with written information describing your rights to make decisions about your medical care;
- document advance directives prominently in your medical record and inform all staff.
- Comply with requirements of state law and court decisions with respect to advanced directives; and
- Provide care to you regardless of whether or not you have executed an advanced directive.

An Advanced Directive is a document written before a disabling illness. The Advanced Directive states your choice about treatment and may name someone to make treatment choices if you cannot.

There are generally two types of advanced directives. They are a living will and a durable power of attorney for health care (DPAHC).

A Living Will is a legal document that allows you to make your wishes known

concerning artificially, life-supporting treatment. This is executed in advance of the time when you may not be able to participate in those decisions due to your medical condition. It only goes into effect when you can no longer make decisions and can be canceled at any time, in writing or by telling someone.

A Durable Power of Attorney for Health Care (DPAHC) is a legal document which allows you to designate a particular person to make decisions regarding your medical care when you are not able to do so. This person should be someone you trust to carry out your wishes. It may also be canceled or changed at anytime.

There are several types of durable powers of attorney. Only a durable power of attorney for health care (DPAHC) gives someone the authority to make health care decisions for you.

Both of these documents must be signed by two witnesses. Witnesses may not be relatives, or anyone entitled to any part of your estate upon your death, or your health care providers. It is also recommended that your living will be notarized, but the law does not require this (a DPAHC must be notarized) You should give a copy of your living will and/or DPAHC to your doctor, family or friends and health care providers. Keep the originals with other important papers in a safe place that is easy to find. **Please inform us if you execute or change either of these documents during the course of your care.**

If you executed a living will or durable power of attorney for health care before July 1, 1991, you may want to review it, since a new law has gone into effect which gives you more options and information. Even if you decide not to update it, the old documents are still legal.

We must document in your medical record whether or not you have executed a living will and /or DPAHC. **We will abide by your advanced directives.** Care will be provided to you regardless of whether or not you have executed a living will or DPAHC. It is our policy to honor advanced directives to the extent permitted by law and to support a client's right to actively participate in making health care decisions.

An ethics committee is available to serve in an advisory capacity when ethical issues, such as the withdrawal or withholding of life sustaining treatments arise during the care of clients with or without advanced directive. Discussion shall involve the client and/or designated representatives, the home care staff involved in the clients care and the client's physician.

Unless the physician has written the specific order **“DO NOT RESUSCITATE,”** it is our policy that every client will receive Cardiopulmonary Resuscitation (CPR). If you do not wish to be resuscitated, you, your family or your DPAHC must request “Do Not Resuscitate” (DNR) orders from your physician. These orders are documented in

your medical record and routinely reviewed; however, **you may revoke you consent to such order at any time.**

SECTION V. Safety

All Rose City Drug's Home Medical Equipment staff wears a Rose City Drug identification badge. However, some services could be provided through contracts with other companies. If you are ever concerned about the identity of any employee who wants to enter your home on our behalf, contact our office for validation. We will be happy to confirm that we have sent someone to your home. Our office phone number is located on the cover of this booklet.

YOUR ROLE IN SAFETY

Everyone has a role in making health care safe – family members, caregivers, physicians and health care professionals. You, as the patient, also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. Research shows that patients who take part in decisions about their health care are more likely to have better outcomes.

The following steps are suggested to help make your home health care experience safer:

- Speak up if you have questions or concerns. If you don't understand something your home care professional tells you ask again.
- Keep track of your history by writing down any medical conditions, illnesses, allergies, hospitalizations, all medications and supplements you are taking, even if you take them only occasionally.
- Write down the names and phone numbers of your doctors, clinics and pharmacies for quick references.
- Work with your doctor and other health care professionals as a team by sharing up to date information with everyone who is treating you – don't assume anything.

- Pay attention. If something doesn't seem right, bring it to the attention of your health care professional.
- Involve a family member or friend in your care, to accompany you on appointments or stay with you, help you ask questions, understand instructions and suggest your preferences.
- Report anything unusual to your health care professional.
- Educate yourself about your diagnosis, the services you will be receiving during home care and your care plan.
- Make sure you get the results of all test and procedures completed. Ask what the results mean.
- Some types of equipment have alarms to alert you of potential problems or concerns. Equipment that alarms frequently should be reported to Rose City Drug's Home Medical Equipment. Alarms should never be disabled and should be able to be heard by the responsible party.
- Depending on the location of the equipment in the home, it may be recommended that you utilize monitors to make sure if the equipment alarms someone can respond quickly to the alarm.

MEDICATION SAFETY

- To avoid mixing up medications or missing dosage, be sure all containers are clearly marked with contents, doctor's instructions, expiration date and patient name.

Federal Disposal guidelines for medications:

1. Remove drugs from their original containers.
2. Mix drugs with an undesirable substance like coffee grounds or kitty litter.
3. Put the mix in an empty can or sealed bag and throw it in the trash.
4. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal.

POISON CONTROL

- Poison Control Telephone Number: 1-800-222-1222
- Keep all substances in their original containers.
- Clearly label all poisons.
- Have syrup of ipecac on hand for use with doctor's or Poison Control Center's direction only.
- Store cleaning agents separate from foods and medicines.

FALL PREVENTION

- Check to ensure that lamp, extension and telephone cords are out of the flow of traffic.
- Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords.
- If you must use an extension cord, place it on the floor against a wall where people won't trip over it.
- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to the back of rugs and runners.
- Check rugs and mats periodically to see if backing needs to be replaced.
- If you do not have a step stool, consider buying one. Choose one with a handrail that you can hold on to while standing on the top step.
- Install night-lights in key areas (bathroom, bedroom, top and bottom of stairs).
- Consider using switches that can be seen in the dark.

- Use non-skid mats in the tub or shower and on the bathroom floor.
- Consider installing grab bars in the bathroom for increased stability.

ELECTRICAL SAFETY

Electrical Fire Prevention

- Remove cords from under furniture or carpeting.
- Replace damaged or frayed cords.
- Do not overload extension cords.
- Replace bulbs with the correct wattage.
- If you do not have a 3-hole outlet, use an adapter to connect the appliance's 3-prong plug. Make sure the adapter ground wire or tab is attached to the outlet.
- If extension cords must be used, install wiring guides so that cords will not hang near the sink, range or working areas.
- Extension cords may not be used with medical equipment.
- Consider installing a ground fault circuit interrupter (GFCI) in your bathroom outlet to protect from electrical shock.

WHEN TO CALL YOUR DOCTOR

If you notice these or any other symptoms that cause your concern, please call your doctor. They may indicate you need medical attention.

Circulatory

- Weight gain of two (2) pounds in one (1) day.

- Dizziness
- Swelling to lower extremities
- Discoloration to lower extremities
- Pain behind knee or calf area

Respiratory

- Shortness of breath
- Congestion
- Increased fatigue
- Change in equipment setting.

SECTION VI. Safety Self Assessment

All Clients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by eliminating hazards. This checklist will help you find potential hazards in your home. Check each statement that you need to work on to make your home a safer place. **Please speak with our staff or call our office at any time if you have any concerns or questions about client safety. Please report any injury related to the use of equipment or device immediately.**

PREVENTING FALLS

At least half of all falls happen at home. Each year, thousands of older Americans experience falls that result in serious injuries, disability and yes, even death. Falls are often due to hazards that are easily overlooked but easy to fix. Use the following **SELF-ASSESSMENT**. Check all of the risk factors below that apply to you and your home. The more factors checked, the higher your risk for falling.

- History of Falling** – 2 or more falls in last 6 months
- Vision Loss** – changes in ability to detect and discriminate objects; decline in depth perception; decrease ability to recover from sudden exposure to bright light or glare.
- Hearing Loss** – may not be as quickly aware of a potentially hazardous situation.
- Foot Pain/Shoe Problems** – foot pain; decrease sensation/feeling; skin breakdown; ill-fitting or badly worn footwear.
- Medications** – taking four or more medications; single or multiple medications that may cause drowsiness, dizziness or low blood pressure.
- Balance and Gait Problems** – Decline in balance; decline in speed of walking; weakness of lower extremities.

- **High or low blood pressure** that causes unsteadiness
- **Hazards Inside Your Home** – tripping and slipping hazards, poor lighting, bathroom safety, spills, stairs, reaching, pets that get under food.
- **Hazards Outside Your Home** – uneven walkways, poor lighting, gravel or debris on sidewalks, no handrails, pets that get under the foot, hazardous materials (snow, ice, water, oil) that need periodic removal and clean up.

Review each of the following safety tips. Check the ones you need to work on:

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and cant get up.
- Wear shoes that give good support and have thin, non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.
- Remove things you can trip over (such as papers, books, clothes and shoes) from stairs and places where you walk.
- Keep outside walks and steps clear of snow and ice in the winter.
- Remove small throw rugs or use double-sided tape to keep them from slipping.
- Ask someone to move any furniture so your path around the house is clear.
- Clean up spills immediately.
- Be aware of where your pets are at all times.
- Do not walk over or around cords or wires, i.e., cords from lamps, extension cords or telephone cords. Coil or tape cords and wires next to the wall so you can't trip over them. Have an electrician add more outlets if needed.
- Keep items used often within easy reach (about waist high) in cabinets.
- Use a steady step stool with a hand bar. Never use a chair as a step stool.
- Improve the lighting in your home. Replace burned out bulbs. Lamp shades or frosted bulbs can reduce glare.

- Make sure stairways, halls, entrances and outside steps are well lit. Have a light switch at the top and bottom of the stairs.
- Place a lamp, flashlight and extra batteries within easy reach of your bed.
- Place night-lights in bathrooms, halls and passageways so you can see where you are walking at night.
- Make sure the carpet is firmly attached to every step. If not, remove the carpet and attach non-slip rubber treads on the stairs. Fix loose or uneven steps.
- Install grab bars next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- used an elevated toilet seat and/or shower stool, if needed.
- Exercise regularly. Exercise makes you stronger and improves your balance and coordination. Talk to your doctor about what exercise is right for you.
- Have your nurse, doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Use a cane or assistive device for extra stability, if needed.
- Think about wearing an alarm device that will bring help in case you call and can't get up.

FIRE SAFETY/BURN PRECAUTIONS

- The fire department number is posted on every telephone. All family members and caregivers are familiar with emergency 911 procedures.

- Notify the fire department if a disabled person is in the home.
- Do not smoke in bed or where oxygen is being used. Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke alarms near rooms where people sleep. Test smoke alarms every month to make sure they are working properly.
- Install new smoke alarm batteries twice a year or when you change your clocks for daylight savings time in the spring and fall.
- Fire extinguishers are checked frequently for stability.
- Make a family fire escape plan and practice it every six months. At least two different escape routes are planned from each room for each family member. If your exit is through a ground floor window, make sure it opens easily.
- If you live in an apartment building, know where the exit stairs are located. Do not use an elevator during a fire emergency.
- Designate a safe place in front of the house or apartment building for family members to meet after escaping.
- 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.
- A bed bound client can be evacuated to a safe area by placing him/her on a sturdy blanket and pulling/dragging them out of the home.
- 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.
- Have your heating system checked and cleaned regularly by someone qualified to do maintenance.
- Wood burning stoves are properly installed, chimney is inspected and cleaned by a professional chimney sweep and trash is not burned in stove because this could over heat the stove. Gasoline or other flammable liquids should never be used to start wood stove fires.

- Portable heaters (electric or kerosene) are placed out of the path of traffic areas. The heater is operated at least three feet away from upholstered furniture, drapes, bedding and other combustible materials. The heater is used on the floor and is turned off when family members leave the house or are sleeping. A kerosene heater is only used in a well ventilated room. Kerosene is stored outdoors in a tightly sealed, labeled container.
- Make sure electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical outlets are grounded. “Octopus” outlets with several plugs are not used.
- Keep cooking areas free of flammable objects (potholders, towels, etc.)
- Keep storage area above the stove free of flammable/combustible items.
- Wear short or tight fitting sleeves while cooking; don't reach over the stove burner.
- Do not leave the stove unattended when cooking, especially when the burner is turned to the high setting.
- Turn pan handles away from burners and the edge of the stove.
- Avoid cooking on high heat with oils and fat.
- Puncture plastic wrap before heating foods in the microwave.
- Never place hot liquids/solids at the edge of counter.
- Place layered protection between skin and heating pad.
- Keep electrical appliances away from the bathtub or shower area.
- Never leave client alone in the shower or tub.
- Set water heater thermostat below 120°F to prevent accidental scalding.
- Store flammable liquids in properly labeled, tightly closed, non-glass containers. Store away from heaters, furnaces, water heaters, ranges and other

gas appliances. Make sure the garage is adequately ventilated.

MEDICATION SAFETY

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription, over-the-counter, vitamins, and herbals). Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medicines; why you take it; how to take it; potential side effects; and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your health care provider.
- Take medications exactly as instructed. If the medication looks different than expected, ask your health care provider or pharmacist about it.
- Drug names can look alike or sound alike. To avoid errors, check with your health care provider if you have questions.
- Do NOT use alcohol when you are taking medicine.
- Do not stop or change your medicines without your doctor's approval, even if you are feeling better. If you miss a dose, do not double the next dose later.
- Use a chart or container system (wash egg carton or med-planner) to help you remember what kind, how much and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.

- **Federal disposal guidelines for medications:** Remove drugs from their original containers. Mix drugs with an undesirable substance like coffee grounds or kitty litter. Put the mix in an empty can or seal able bag and throw it in the trash. Some medications can be flushed down the toilet, but check the prescription label or client information before doing so. If your community has a pharmaceutical take-back program, take your unused drugs to them for proper disposal.

HAZARDOUS ITEMS AND POISONS

- Know how to contact your poison control team.
- Carefully store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Insecticides are only bought for immediate need and excess is stored or disposed properly.
- Keep hazardous items, cleaners and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

MEDICAL EQUIPMENT

- Keep manufacturer's instructions for specialized medical equipment with or near the equipment.
- Perform routine and preventative maintenance according to the manufacturer's instructions.
- Keep phone numbers available in the home to obtain service in case of equipment problems or failure.
- Have backup equipment available, if indicated.

- Provide adequate electrical power for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Test equipment alarms periodically to make sure that you can hear them.
- Have equipment batteries checked regularly by a qualified service person.
- Bed side rails are properly installed and used only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- If bed rails are split, remove or leave the foot-end down so the client is not trapped between the rails.
- Mattress must fit the bed. Add stuffers in gaps between the rail and mattress or between the head and foot board and mattress to reduce gaps.
- Register with your local utility company if you have electrically powered equipment such as oxygen or ventilator.

OXYGEN SAFETY

- Use oxygen only as directed.
- No smoking around oxygen. Post “No Smoking” signs in the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline, oily lotions, face creams or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stoves and lighted candles) at least 10 feet away from the oxygen source.

- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment that may spark at least 10 feet from oxygen system.
- Use 100% cotton bed linens and clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a back-up portable oxygen cylinder in case of a power or oxygen concentrator failure.

POWER OUTAGE

If you require assistance during a power outage and our company phone lines are down:

- Call 911 or go to the nearest hospital emergency room if you are in a crisis or have an emergency situation.
- Call your closest relative or neighbor if it's not an emergency.

FLOODS

Floods are the most common and widespread of all natural hazards. Some floods can develop over a period of days, but flash floods can result in raging waters in just a few minutes. Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam.

Assemble a disaster supplies kit. Include a battery-operated radio, flashlights and extra batteries, first aid supplies, sleeping supplies and clothing. Keep a stock of food and extra drinking water.

If local authorities issue a flood watch, prepare to evacuate:

- Secure your home. Move essential items to the upper floors of your house.

- If instructed, turn off utilities at the main switches or valves. Do not touch electrical equipment if you are wet or standing in water.
- Fill a clean bathtub with water in case water becomes contaminated or services are cut off.
- Six inches of moving water can knock you off your feet. If you must walk in a flooded area, do not walk through moving water.
- Use a stick to check the firmness of the ground in front of you.

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 client is bed bound,** move the client's bed as far away from windows as possible. Cover the client with heavy blankets or pillows being sure to protect the head and face. Then go to a safe area.
- **If a school, nursing home, hospital, factory or shopping center:** Go to predestinated shelter areas. Interior hallways on the lowest floor are usually safest. Stay away from windows and open spaces.
- **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 go 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 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.

WINTER STORMS

Heavy snowfall and extreme cold can immobilize an entire region. Even areas which normally experience mild winters can be hit with a major snow storm or extreme cold. The results can range from isolation due to blocked roads and downed power lines to the havoc of cars and trucks sliding on icy highways.

Gather emergency supplies:

- Battery powered radio, flashlights, battery powered lamps, extra batteries.
- Food that doesn't require cooking and a manual can opener.
- Your medications.
- Extra blankets.
- Extra water in clean soda bottles or milk containers.

- Rock salt to melt ice on walkways and sand to remove traction.
- Make sure you have enough heating fuel as regular fuel sources may be cut off.

Dress for the season:

- Wear several layers of loose-fitting, light-weight, warm clothing rather than one layer of heavy clothing.
- Outer garments should be tightly woven and water repellent.
- Mittens are warmer than gloves.
- Wear a hat since most body heat is lost through the top of the head.

HURRICANE

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:

- Battery powered radio, flashlights. Battery-powered lamps, extra batteries.
- Food that doesn't require cooking and a can opener, utensils, cup and plate.
- Extra water in clean milk gallon containers; fill a clean bathtub with water.

Secure your home:

- Cover windows with plywood, shutters or masking tape.
- Move lawn furniture and other outdoor items inside.
- Move essential personal items to an interior, waterproof location.

Evacuate to a shelter (if indicated) bringing:

- A two week supply of medications/supplies.
- Non-perishable special dietary foods and a manual can opener.
- Air mattress, cot, lightweight folding chair, sleeping bag, blankets, pillow.
- Extra clothing personal hygiene items, glasses.
- Important papers and valid ID with your name and current address.
- Home Health Folder.
- Assistive devices such as wheelchair, walker, cane and portable oxygen.
- If you are electrically dependent and have been assigned to a special needs shelter: **you must bring your electrical device** (such as oxygen concentrator) with you. Special needs shelters have electrical power from a generator. **NOTE:** In most cases, pets are not allowed in shelters.

HOT WEATHER PRECAUTIONS

During the summer season there is an increased risk for heat related illness. If you are experiencing hot weather or it is predicted, follow these guidelines:

- Never leave anyone in a closed, parked vehicle during hot weather.
- Drink plenty of water on a regular basis, even if you do not feel thirsty. Avoid drinks with alcohol or caffeine. Eat small, frequent meals.
- Stay indoors as much as possible. If air conditioning is not available, stay on the lowest floor and out of the sun, pull shades over the window and use fans for cross-ventilation.
- Sponge off frequently with cool water.
- Wear sun block, hats and loose, lightweight, light-colored clothing. Light colors

will reflect away some of the sun's energy.

- Consult with a physician about the effects of sun and heat exposure while taking prescription drugs such as diuretics, antihistamines, or other drugs.
- At the first sign of heat illness (dizziness, nausea, headaches, muscle cramps), move to a cooler place. Rest for a few minutes and slowly drink a cool beverage. Seek medical attention immediately if conditions do not improve.

EARTHQUAKE

Protect yourself from falls, falling objects and crumbling buildings. It is best to stay where you are. Stay away from the outside of buildings, walls, power lines, trees, street lights and signs.

If you are inside, stay there and:

- Get under a sturdy table, protect your head.
- If you are in a wheelchair, move to a doorway, lock the wheels and cover your head with your arms.
- If you are bed, stay there, pull covers up, cover your head.

If you are outside, stay there and stay away from outside of buildings.

If you are in a car, stop, park away from dangerous items and stay there until the quaking stops.

After the earthquake, wait a few minutes before moving. Make any noise you can if you are trapped or shine a flashlight. Be prepared for aftershocks.

PEDOATRIC SAFETY

- There are no small loose objects and toys that can fit into the toddler's mouth. Hanging crib toys and mobiles are kept out of the infant's reach. Only one-piece approved pacifiers are used.
- The infant is restrained while in highchair, walker, etc. Crib rails and playpen rails are raised to full height.
- Safety gates are placed on top and bottom of staircases and elevated areas such as porches or fire escapes. Guardrails are placed on upstairs windows and all windows have locks that limit size of opening.
- Toilet seats, bathroom doors, oven doors, trunks, dishwashers, refrigerators and front-loading clothes washers and dryers doors are kept closed at all times.
- Plastic bags are stored away from a young child's reach. Large plastic garment bags are tied and discarded.
- Pails, buckets and wading pools are kept empty when not in use. Swings, slides and play equipment are kept in safe condition.
- Medicines/chemicals/batteries/cleaning fluids and supplies are kept out of the child's reach. Cabinets and drawers have safety locks.
- Knives, power tools and firearms are stored safely out of the reach of the child and/or placed in a locked cabinet.
- Infants/toddlers are not left alone in the home, car and/or while bathing.
- Infants are not left unattended with bottles propped. Soft pillows or bean bags are not used to prop the infant.
- The infant's head is elevated during feeding and the infant is burped frequently. The infant is not placed flat on back or stomach during or immediately after feeding.
- Formula temperature is always tested prior to feeding the infant. The child's food is served in appropriate bite sized pieces.

- Pot handles face inward on the stove while cooking.
- Electrical outlets have outlet covers over them when not in use. Electric cords are kept out of the child's reach.
- Children under the age of 5 or 40 pounds (or as required by law) are placed in approved car seats. The car seat is not placed in the front seat of the vehicle.
- Emergency phone numbers (e.c., Poison Control, pediatrician, police, fire and nearest relative) and the address of your home and the nearest cross street are kept handy and by the telephone for easy access.

SECTION VII. Infection Control at Home

HANDWASHING

- Wash hands and wrists, up to 2 – 3 inches above the wrists, for 15 seconds with cleansing agent and friction to prevent the spread of infections.
- Dry hands using a freshly laundered clean towel. Use a towel to turn off the faucet if it is hand controlled.

DISPOSAL OF DISPOSABLE ITEMS & EQUIPMENT

- Double bag all paper, plastic, suction containers and non-reusable items in a water proof bag and fasten the bag securely.
- Dispose of the bag in a trash receptacle.
- Wash your hands after handling any type of cannula (nasal tubing), disposable items or equipment.

SOILED LAUNDRY

- Wash soiled (any items that have or may have come in contact with body fluids) laundry apart from other household laundry in hot, soapy water.
- Add household bleach if contamination is present.
- Wash your hands after handling soiled laundry.

SOILED EQUIPMENT

- Equipment used by a patient should be cleaned as instructed.

- Small items (except thermometers) should be washed in hot, soapy water and dried with freshly laundered towels.
- Wipe thermometers with alcohol after each use.
- Use a disinfectant or diluted bleach (1 part bleach to 9 parts water) to wipe off equipment.
- Discard liquids used for cleaning in the toilet; clean container with hot, soapy water, rinse with boiling water and allow it to air dry.

SHARP OBJECT DISPOSAL/NEEDLE SAFETY

- Place used needles, syringes or lancets directly into clean, puncture-proof container with a reusable lid (Laundry Bottle or Sharps Container).
- Never overfill the container.
- Never recap needles once used.
- Seal the container with the lid; secure the lid with tape. Label the container “Needles” and discard into regular garbage, not recyclables.
- Wash your hands after handling needles and the container.

BLOOD AND BODY SUBSTANCE CLEANUP

- Clean spills using gloves and wipe fluid with paper towels.
- Using a cleaning solution of bleach (1 cup bleach in 9 cups water) to wipe a second time.
- Double bag the paper towels and dispose of them in the trash receptacle.
- Wash your hands after blood and body substance clean up.

SECTION VIII. Equipment Rental Agreement

In order for Rose City Drug's Home Medical Equipment to rent medical equipment to you the following terms and conditions must be accepted.

Insurance claims – Rose City Drug's Home Medical Equipment will submit the proper claim forms to your health insurance carriers for all rental fees under this agreement. If your insurance carrier(s) does not pay all charges due, you will be personally responsible for any balance within 30 days of receipt of invoice\delivery.

Ownership and Use of Equipment

1. Rose City Drug's Home Medical Equipment retains the ownership of any equipment rented to you. You have the right to use our equipment for its normal use during the term of the rental.
2. Equipment is marked with labels, plaques or stencils (depending on the equipment) being rented. Our identification must not be removed.
3. You may not allow anyone to place a lien, claim, levy or encumbrance on our equipment, you must notify us immediately.
4. Our equipment cannot be used by anyone else or removed from your possession without our written permission.
5. Equipment cannot be moved out of our service area without our written permission.
6. Equipment must be operated in accordance with the vendor or manufacturer's instructions. Equipment must be operated by competent and qualified persons.

Repairs and replacements – Equipment must be kept in good condition and returned at the end of the rental period in the same condition that it was received except for reasonable wear and tear. All repairs will be made by Rose City Drug's Home Medical Equipment during the rental period. Family members or friends are not allowed to repair or attempt to repair the equipment. You may be billed for equipment repairs due to abuse or neglect of equipment.

Maintenance – We will provide you with a schedule for preventive maintenance, repairs and testing of equipment and/or devices as recommended by the manufacturer and will provide a replacement when maintenance requires removal of the item from the home.

Insurance – We will be responsible for maintaining hazard insurance on our equipment at our expense and shall bear the risk of loss.

Indemnity – You must assume the liability for and shall indemnify us against all losses, damages, penalties or legal action in any way relating to the rental use of our equipment. This shall continue to be in force and effect even if this rental terminates.

Inspection – We may inspect our equipment at your premises at a reasonable time to verify the manner in which it is being used. You agree to allow us or our agent access to perform these inspections.

Breach -

1. If you default on paying the rental fee or any of the other terms of this agreement, we will have the right to immediately terminate this rental and take possession of our equipment.
2. If you declare bankruptcy or insolvency proceedings are begun against you, we will have the right to immediately terminate this rental without prior notice, but this will not release you from any prior non-payment, damages or costs.
3. If upon termination, you refuse to deliver the equipment to us, we shall have the right to enter your premises, or any other premises where our equipment may be found and remove it without a court order. You release us from a claim or action for trespass or damages as a result of recovering our equipment.
4. If we must take legal action against you due to a breach of this agreement, you agree to pay our attorney's fees and other costs associated with the breach.

Invalidity – Any provision of this agreement which is found to be invalid or prohibited by law shall be ineffective to the extent of such prohibition without invalidating the rest of this agreement.

This Agreement will be construed under the laws of the State of Michigan and will be binding upon the heirs and assigns of the parties. This agreement represents the entire agreement between the parties with respect to its subject matter and may not be modified or terminated except in writing, signed by the parties and by any proper sub lessee or assignee. By signing the attached admission consent form, you agree to the terms above stated.

SECTION IX. Equipment Warranty

Rose City Drug's Home Medical Equipment extends the same warranty as the equipment manufacturer on all new equipment. Rose City Drug's Home Medical Equipment extends no warranty on used equipment unless it is specifically given in writing at the time of purchase. Used equipment rented under Medicare will be warranted for the 13-month capped rental period. Used equipment purchased under Medicare will be warranted for 12 months. Rose City Drug's Home Medical Equipment maintains a staff of qualified technicians to assist with equipment repair needs.

If repairs must be done by the manufacturer, our technicians will assist you in shipping the item back to the manufacturer for repair or replacement. Equipment that is not under warranty will be the financial responsibility of the patient. Rose City Drug's Home Medical Equipment reserves the right to refuse to repair items not purchased from our facility. An owner's manual with manufacturer warranty information will be provided to beneficiaries for all durable medical equipment if this manual is available for the equipment provided.

SECTION X. Home Medical Equipment Instructions

Do not perform repairs yourself. If service is needed or you have any questions regarding this equipment, please call our office at 989-685-2141.

WALKERS

- To measure for the proper height, the patient should stand in the walker with the crossbar in front.
- The hand grip should be level with the patient's wrist when the arm is relaxed at the side.
- To adjust the walker legs, push the pin in on each leg and move the tip end until the pin “clicks” into the proper holes.
- To open the walker, pull outward on each side until the locking pin catches on the cross bar.
- To close the walker, push down on the locking pin and fold each side inward.
- To ambulate, advance the walker one (1) step forward.
- Always follow specific weight bearing and walking instructions as instructed by your physical therapist or doctor.
- Advance the weaker leg into the walker – **never beyond the cross bar** – using the walker to bear the patient's weight and for stability.
- Advance the stronger leg up to, or slightly beyond, the other foot. Equal step lengths are important for stability.
- Walkers should not be used on stairs. A cane and stair rail are the safe choice as instructed by your health care professional.
- Repeat the sequence to continue movement.

CANES AND QUAD CANES

- When a cane is used to release weight bearing, it is first placed on the side opposite the involved leg. This allows the weight to be shifted to the stronger side by increasing the support on the stronger side.
- To fit, place the cane tip beside the patients toes. The top of the cane should be even with the wrist when the arm is in a relaxed position. When used correctly, the pressure on the cane should be exerted directly downward.
- When using a quad cane, the longer legs on the base are positioned away from the patient to reduce the risk of catching the foot and tripping.
- To walk, start with the cane next to the small toe. The can is moved first, approximately one stride length ahead.
- Next, advance the foot opposite to the cane up to the cane. Then advance the other foot.
- At first the patient may only be able to step to the other foot and cane. With improvement, the patient should be able to step beyond the other foot and cane. This will allow a more normal walking pattern.

COMMUNE

- The commode chair should be placed close to the patient's bed to minimize the distance the patient must walk. If possible, have the back of the commode against a wall or support to minimize the possibility of tipping backwards or over.
- A “drop in” type pail with lid is provided with the commode chair. We Recommend that you keep about 1-2 inches of water in the pail to help with cleaning.
- Empty and rinse out the pail after each use.
- The height of the commode may be adjusted by pushing in the pins in each leg.

- The height should provide a safe, comfortable transfer and secure footing.
- The commode chair may be cleaned with a mild soap and warm water.

CRUTCHES

- To Fit, the patient should be standing
- The crutches are positioned so the crutch tips rest on the floor approximately six (6) inches away from the toes at a 45 degree angle.
- The height should then be adjusted so that you are able to put 2-3 fingers between the patient's underarm and the top of the crutch.
- The hand grip height should be adjusted level with the wrist when the arm is relaxed at the patients side.
- The patient **should not** rest on the top of the crutches because this will injure the nerves and block blood flow to the arms and hands.

NEBULIZERS

The nebulizer is a device that turns liquid medication into a fine mist which the patient can breath into lungs. Nebulizers deliver large amounts of medicine to the lungs quickly, much more rapidly than medicines taken by mouth. Here are some steps to follow when using a hand held nebulizer.

- Wash hands.
- Select a location where you can take your treatment comfortably while sitting upright and place machine on a level, non-carpet surface.
- Assemble your device for use.
- Attach nebulizer to compressor.
- Plug compressor power cord into a grounded electrical outlet.
- Open nebulizer cup and pour medication and diluents into it. Make sure the exact amount of medicine the doctor prescribed is used.

- Close nebulizer cup and keep cup upright.
- Turn on compressor; a fine mist should be visible.
- Empty lungs by breathing out slowly through pursed lips.
- Put the end of the nebulizer into your mouth, just past your front teeth. Close lips tightly over it to keep it firmly in position.
- Take a slow deep breath, pause, and then exhale slowly and completely through the mouth piece.
- Continue taking treatment until all the medicine is gone and there is no more mist coming out. Usually the process takes about 10 to 15 minutes.
- Feel free to stop treatment to cough. Note thickness and color of sputum if produced.
- Turn off the compressor and disconnect tubing from the nebulizer.
- Rinse the nebulizer thoroughly under running water and allow to air dry. Tell your doctor if you think you need to take your nebulizer treatments more frequently than currently ordered. Also do the following:
 1. Keep all equipment together in a convenient place.
 2. If possible, keep equipment close to the kitchen or bathroom so it will be easy to clean after use.
 3. Be sure there are no bubbles in the eye dropper or syringe used for measuring medication.
 4. All equipment will need to be cleaned after use as directed.

Safety Guidelines:

If you feel “light-headed” or dizzy while you taking your treatment, stop the treatment and relax. You probably have been over-breathing. If there is any part of this procedure you do not understand, contact your home care nurse/ therapist and they will assist you.

Cleaning, Disinfecting and Troubleshooting:

After Every Treatment:

1. Take cap off of the nebulizer and rinse the inside of the cup with warm water.

Each Day:

1. Take nebulizer cup completely apart.
2. Rinse all parts of nebulizer with warm water,
3. Wash all parts of nebulizer with soap and water.
4. Rinse with warm water.
5. Allow to air dry, laying all parts on a paper towel
6. Assemble unit and place in a zip-lock bag until next use.

Weekly:

1. Take nebulizer cup completely apart.
2. Rinse all parts of nebulizer with warm water.
3. Wash all parts of nebulizer with soap and water.
4. Rinse with warm water.
5. Soak all pieces of nebulizer in a solution of one (1) cup white distilled vinegar and one (1) cup water for 30 minutes.
6. Rinse thoroughly.
7. Allow to air dry, laying all parts on a paper towel.
8. Assemble unit and place in a zip-lock bag until next use.
Filter should be changed according to manufacturer's guidelines. If nebulizer cup does not seem to be misting properly please follow the above cleaning instructions. If the problem continues, please call our office for a new replacement.

TENS UNITS

Setting up you Equipment:

- Install the battery
- Connect one pair of electrodes to each output channel using the lead wires Supplied.

Using your Equipment:

1. Clean the skin where the electrodes are to be placed.
2. If the electrodes do not contain gel, then gel should be applied to the skin where the electrodes will be applied.
3. Place the electrodes on the desired area according to your physician's instructions.
4. Turn the unit on.
5. Adjust the intensity, duration, and number of pulses as directed by your physician.
6. Turn unit off before removing the electrodes from your skin.

Frequently Replaced Items:

- Lead wires (every 6 months or as needed)
- Electrodes (every month)
- Disposable batteries

Maintenance:

- Clean the case with isopropyl alcohol or cleaning agent.
- Do not submerge the device in liquid or use excessive liquid to clean the unit.

Safety Issues:

- TENS devices can adversely affect the operation of demand-type cardiac pacemakers.
- TENS is not recommended for patients with known heart diseases without a physician's evaluation of risk.
- Do not stimulate over the eyes or carotid sinus nerves,
- Do not place electrodes in a manner that causes current to flow through the head.
- Electronic equipment such as ECG monitors and ECG alarms may not operate properly when TENS is in use.
- Avoid adjusting controls while operating machinery or vehicles.

Blood Sugar Test Records

	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Tues.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Wed.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Thurs.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Fri								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sat.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								

Avg. _____

Week of: _____

Name: _____

Blood Sugar Test Records

	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Tues.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Wed.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Thurs.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Fri								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sat.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								

Avg. _____

Week of: _____

Name: _____

Blood Sugar Test Records

	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Tues.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Wed.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Thurs.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Fri								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sat.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								

Avg. _____

Week of: _____

Name: _____

Blood Sugar Test Records

	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Tues.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Wed.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Thurs.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Fri								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sat.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								

Avg. _____

Week of: _____

Name: _____

Blood Sugar Test Records

	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Tues.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Wed.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Thurs.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Fri								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sat.								
Comments:								
	Time	Result	Time	Result	Time	Result	Time	Result
Sun:								
Comments:								

Avg. _____

Week of: _____

Name: _____

PLEASE ADDRESS QUESTIONS OR CONCERNS TO:

BY PHONE:

PHONE: (989) 685-2141

TOLL FREE: (866) 444-2141

EMERGENCY CONTACT: (989) 327-7170

FAX: (989) 685 – 3172

BY MAIL:

ROSE CITY DRUG
HOME MEDICAL EQUIPMENT
P.O. BOX 448
ROSE CITY, MI 48654

OFFICE HOURS:

MONDAY – FRIDAY : 9:00 AM – 6:00 PM

SATURDAY : 9:00 AM – 4:00 PM

ADDRESS:

2640 N. M-33
ROSE CITY, MI 48654

MEDICARE CONTACT NUMBER:

MI: 1-800-633-4227