



AMHA Hospice

New Patient Handbook and Orientation for Hospice Care

1410 W Guadalupe Rd, Bldg 2, Ste 109, Gilbert, AZ 85233

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www.amhascottsdale.com

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.

AMHA HOSPICE, LLC

Care isn't administered. It's felt.

WELCOME AND PHILOSOPHY

At AMHA Hospice, our goal is to make sure our patients can greet each day with confidence and ease. Our hospice care begins by listening to questions, concerns and needs. It's from these conversations that care is based, so we can better provide outstanding clinical, emotional and spiritual support tailored to our patients and their loved ones.

The hallmark of AMHA Hospice is our interdisciplinary team, who works with patients to develop an advance care plan, including healthcare directives. AMHA Hospice Team guide patients and their loved ones to understand the care goals that matter most. These are then incorporated into a simple, clear plan to provide a level of care and support that truly fit our patient's needs.

Our employees are dedicated to promoting not only the physical well-being but also the emotional and spiritual well-being of our patients and their loved ones. We recognize that physical, emotional, and spiritual support work hand in hand during this difficult time.

AMHA Hospice does not discriminate on the basis of race, color, sex, national origin, age, or disability. We recognize the rights and dignity of all our patients and their loved ones. AMHA Hospice provides respect, comfort, and support for you and your loved ones. We are committed to ensuring your rights and privileges as our patient.

Hospice neither believes in hastening nor postponing the dying process, but providing the highest quality of life possible through compassion, caring and support.

We promise to deliver timely, well-coordinated, family centered end of life care. Our objective is to enable persons with life limiting illness to live comfortably among their loved ones in familiar surroundings.

We are committed to ensuring your rights and privileges as a hospice patient. Many aspects of our services and procedures may be new to you, so we have prepared this booklet to assist you in becoming more quickly acquainted with us. If you have additional questions, please do not hesitate to ask.

Sincerely,

Mai Shannon, CEO

This agency is owned by AMHA HOSPICE, LLC and is in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975. We do not discriminate on the basis of race, color, sex, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

AMHA HOSPICE, LLC

PATIENT ORIENTATION

Welcome & Philosophy.....	Page 2
Section I Consents.....	4
Section II Hospice Agency	
Overview.....	4-15
• Policies	
• Hours of Operation	
• Admissions Criteria	
• Services	
• Levels of Care Provided	
• Charges	
• Patient Satisfaction & Problem Solving Procedure	
• Plan for Care Treatment & Services	
• Medical Records	
• Discharge, Transfer & Referral	
• Ethics	
• Drug Testing Policy	
• Problem Solving Procedure	
• Disclosure of Medical Information	
• Notice of Privacy Practice	
Section III Advance Directives.....	16-17
• Directive to Physicians (Living Will)	
• Medical Power of Attorney for Health Care	
• Out-of-Hospital DNR	
• Pre-hospital Medical Care Directive	
• Preparing & Adding Advance Directives to Medical Records	
• Revoking Directives & Powers of Attorney	
Section IV Pain Management.....	18
Section V Infection Control and Home Safety.....	18-27
Home Safety. Fire Safety. Emergency Planning	

SECTION I: CONSENTS

As part of the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. You or your legal representative must sign this consent before we can admit you.

CONSENT FOR TREATMENT & SERVICES - We require your permission before we can treat you. The treatments that we provide will be prescribed by your doctor and carried out by a professional health care staff; without you or your representative's consent we cannot treat you.

You may refuse treatment at any time. If you decide to refuse treatment, we may ask you for a written statement releasing us from all responsibility resulting from such action.

RELEASE OF INFORMATION - Your medical record is strictly confidential and protected by federal law. We may release protected health information as explained in our Notice of Privacy Practices to carry out treatment, payment or health care operations. Protected health information may be received or released by

various means including telephone, mail, fax, etc.

CONSENT TO PHOTOGRAPH - If we take photographs of you for use in treatment or for other purposes, you allow us to use the pictures.

ADVANCE DIRECTIVES - You must tell us if you have a living will or a durable power of attorney for health care so that we may obtain a copy to allow us to follow your directives. We will provide you care whether you have executed either of these documents but having an advance directive may have an impact on the type of care provided during emergency situations.

SECTION II: AGENCY OVERVIEW POLICIES

This book contains general information regarding your rights and responsibilities as a patient. As State and Federal regulations change, there may be additions or changes to this book as necessary.

HOURS OF OPERATION

OFFICE HOURS: Monday – Friday: 8:00 am – 4:00 pm The Office is closed on holidays.

AFTER HOURS CONTACT: [480-359-3998](tel:480-359-3998). A nurse is available 24 hours a day, 7 days a week. A nurse is available to help you at any time of day. Do not hesitate to call.

ADMISSIONS CRITERIA

Each patient has the right to receive adequate and appropriate treatment in a timely manner and will only be accepted as a patient if the agency has the ability to provide safe professional care at the level of intensity required to meet the patient's needs. Acceptance of patients will be limited to the areas serviced by the hospice. Admission to the hospice program is dependent on patient and family needs and their expressed request for care. Admission to the hospice program with its emphasis on the appropriate use of technology, highly personalized palliative care, and its acceptance of the inevitability of death may be, inappropriate for some patients and their families.

Before admitting an individual as a patient, an administrator or designee shall;

- Obtain the name of the individual's physician
- Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less
- And documentation from the individual or the individual's representative acknowledging that hospice service includes palliative care and supportive care and is not curative.
- The individual or individual's representative has received a list of services to be provided by hospice and a list of patient's rights.
- At the time of admission, a physician or registered nurse shall assess a patient's medical, social, nutritional and psychological needs as applicable
- Obtain informed consent for care by the patient and/or family.

A Registered Nurse will perform an initial assessment, gathering data on skilled health care, psychosocial needs and environmental situation. If the patient does not meet the admission criteria, the physician (and referral source, if indicated) will be contacted as soon as possible. Agency staff will make every effort to recommend other appropriate resources for the patient and assist in referral, if requested and appropriate.

DEFINITIONS:

- 1) “**Convalescent and Nursing Home**” means an institution licensed by the Arizona Department of Health Services. “**Hospice**” means a public agency or private organization or subdivision of either of these that is primarily engaged in providing hospice care as defined in this section.
- 2) “**Hospice Care**” means a comprehensive set of services identified and coordinated by a multi-skilled group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as described in a specific patient plan of care.
- 3) “**Palliative Care**” means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

- 4) “**Alternate Care**” means services within an elderly individual’s own home, neighborhood, or community, including:
 - a. day care;
 - b. foster care;
 - c. alternative living plans, including personal care services; and
 - d. supportive living services, including attendant care, residential repair, or emergency response services.
- 5) “**Terminally Ill**” means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course as determined by a physician.
- 6) “**Person Providing Services**” means an individual, corporation, association, partnership, or other private or public entity providing convalescent and nursing home services, home health services, or alternate care services.
- 7) “**Elderly Individual**” means an individual 60 years of age or older

SERVICES

AMHA Hospice is a program of palliative and supportive care services providing physical, psychological, social, and spiritual support for persons with a life limiting illness, their families, and loved ones. Hospice services are available in your home or at inpatient settings. Services available;

- Medical services
- Nursing care
- Medical equipment
- Medical supplies
- Drugs for symptom control or pain relief
- Hospice aide and homemaker services
- Social work services
- Volunteers
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short term respite care
- Bereavement counseling

- Any other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness, as recommended by your hospice team

LEVELS OF CARE PROVIDED UNDER HOSPICE

Routine Level

- Intermittent visits by the interdisciplinary team (nurse, social worker, home health aide, chaplain, hospice medical director and volunteers). In addition, all medications, durable medical equipment, and supplies related to your terminal illness will be provided.
- AMHA Hospice is reimbursed by Medicare, Medicaid, and/or private insurance for those patients who meet the hospice admission criteria.
- This is the most common level of care.

Respite Care – Provided in contracted care centers only

- Respite care is **short-term** inpatient care in a contracted care center. Provided to home patients when necessary to relieve the family members or other persons caring for the patients and to provide them with a rest period.
- Respite care is provided for up to five (5) consecutive days.
- Hospice provides intermittent services of the interdisciplinary team, all medications, durable medical equipment, and supplies related to their terminal illness, plus basic charges for care center room and board.

Continuous Care

- Continuous care is covered when determined appropriate by Medicare guidelines and the interdisciplinary team. The patient must require primary nursing care for palliation or management of actual medical symptoms to be eligible to receive continuous care.

Inpatient Care – Provided in contracted care centers only

- Inpatient care is provided when a patient requires **increased skilled nursing care** for management of acute medical crisis (pain control and/or symptom management). Hospice regulations require that the patient be at the facility's highest level of care with a registered nurse available on site—24-hours a day, seven (7) days a week. The facility is reimbursed by hospice at a per-diem rate for room, board and nursing care.

CHARGES

Hospice will accept patients covered under the following payors:

- Medicare
- Medicare HMO
- Medicaid
- Medicaid HMO
- Commercial Insurance
- Veteran Administration

Hospice will accept private pay patients.

Medicare **won't** cover any of these once you choose hospice care:

- **Treatment intended to cure your terminal illness.** Talk with your doctor if you're thinking about getting treatment to cure your illness. As a hospice patient, you always have the right to stop hospice care at any time.
- **Prescription drugs to cure your illness** (rather than for symptom control or pain relief).
- **Care from any hospice provider that wasn't set up by your AMHA HOSPICE medical team.** You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different provider unless you change your hospice provider. However, you can still see your regular doctor if you've chosen him or her to be the attending medical professional who helps supervise your hospice care.
- **Room and board.** Medicare doesn't cover room and board if you get hospice care in your home or if you live in a nursing home or a hospice inpatient facility. If the hospice team determines that you need short-term inpatient or respite care services that they arrange, Medicare will cover your stay in the facility.
- **Care in an emergency room, inpatient facility care, or ambulance transportation,** unless it's either arranged by your hospice team or is unrelated to your terminal illness.

* Contact your hospice team at 480-359-3998 **before** you get any of these services or you might have to pay the entire cost.

PATIENT SATISFACTION

You, our customers, are very important to us. Please ask questions if something is unclear regarding our services, the care you receive, or fail to receive. Please fill out the Home Care Survey (last page of this book). Your answers help us to improve our services and ensure that we meet your needs and expectations.

PLAN FOR CARE, TREATMENTS, AND SERVICES

AMHA Hospice's goal is to help you feel better with the serious illness you've been diagnosed with. Hospice care prevents or treats symptoms and side effects of disease and treatments. It also treats emotional, social, practical, and spiritual problems that illness brings up. When you feel better in these areas, you have an improved quality of life.

Hospice care may be offered for people with illnesses such as cancer, heart disease, lung diseases, kidney failure, dementia, HIV/AIDS, and ALS (amyotrophic lateral sclerosis). You do not need to give up your doctor to receive hospice care.

A serious illness affects more than just the body. It touches all areas of life, and the family's life. Hospice can address these:

Physical problems. Some symptoms or side effects include pain, trouble sleeping, shortness of breath, loss of appetite, and feeling sick to the stomach. Treatments may include medicine, nutrition, physical therapy, or integrative therapies.

Emotional, social, and coping problems. You and your family face stress during an illness that can lead to fear, anxiety, hopelessness, or depression.

- Family members may take on care giving too. Many family members also have jobs and other duties.
- Treatments may include counseling, support groups, family meetings, or referrals to mental health providers.

Practical problems. Some of the problems brought up by an illness are practical, such as money or job problems, insurance questions, and legal issues. The hospice care team may:

- Explain complex medical forms or help families understand treatment choices
- Provide or refer families to financial counseling
- Help connect you to resources for transportation or housing

Spiritual issues. When people are challenged by illness, they may look for meaning or question their faith. The palliative care team may help patients and families explore their beliefs and values so they can move toward acceptance and peace.

The plan for care is reviewed and updated as needed, based on your changing needs. We encourage you, your caregiver or your designee to participate in the planning and revising of your plan of care. Medical information will be provided so that you, your caregiver or guardian can participate in developing your plan of care. You, your caregiver or guardian may have a copy of the plan of care, upon request.

You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing the agency 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.

We fully recognize your rights to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual needs to be present for your visit for reasons of safety, education, or supervision.

We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent.

MEDICAL RECORDS

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff 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.

DISCHARGE, TRANSFER, AND REFERRAL

Discharge, transfer, or referral from this agency may occur only where appropriate and with the needed planning activities. This may result in several types of situations including the following:

Reasons for Discharge. AMHA HOSPICE may discharge a patient if:

- If you move out of the agency's service area or transfer to another hospice agency;
- AMHA HOSPICE, per physician's order, determines that you no longer meet the requirements; or
- AMHA HOSPICE determines that your (or other persons in your home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to you or the ability of the agency to operate effectively is seriously impaired

Effect of discharge. An individual, upon discharge from hospice during a particular election period for reasons other than immediate transfer to another hospice:

- No longer has Hospice coverage under Medicare;
- Resume Medicare coverage of the benefits previously waived; and
- May at any time elect to receive hospice care if he or she is again eligible to receive the benefit.

Transfers. AMHA HOSPICE will make available short-term inpatient care for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility. A need for specific symptom control must be present in order to transfer you to an inpatient facility unless it is for respite care. AMHA Hospice assures the continuity of patient/family care via the provision of adequate and appropriate patient/family information at transfer. The agency ensures that inpatient care is furnished only in a facility which meets the requirements.

The 48 hour notification shall NOT be required upon request of the patient and per physician's orders.

If you elected to transfer from another agency and were under an established plan of care, Medicare requires us to coordinate the transfer. The hospice agency will no longer receive Medicare payment on your behalf and will no longer provide you with Medicare covered services after the date of your elected transfer to our agency.

ETHICS

This agency requires that its employees provide patient care within an ethical framework established by the profession, the health care organization, and the law. The agency affords patients, legally responsible parties, and attending physicians the right to participate in considerations of ethical issues regarding patient care

concerns. Ethical issues may be brought to the attention of any employee, who will then inform the appropriate agency personnel to arrange for conferencing as appropriate.

DRUG TESTING POLICY

The agency requires all employees to display high standards of professional conduct when representing the agency, including being free from the use of illegal drugs. AMHA HOSPICE, LLC will perform random drug testing on employees. Non-compliance will be documented and investigated by the immediate supervisor and may result in disciplinary action, termination or reporting to the regulatory authorities. All employees will be informed of the policy related to illegal drug use during the orientation period, and as often as necessary.

Agency employees may not possess, distribute, or use alcoholic beverage or controlled substances, including inhalants while on premises of property controlled by the agency or while in the course of conducting company business or engaged in any company sponsored activity. Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately. Based on reasonable cause, the agency may conduct searches or inspections of an employee's personal belongings and may be asked to take a drug test. Refusal to consent may result in termination.

PROBLEM SOLVING PROCEDURE

The agency will investigate complaints made by a patient, the patient's family or guardian, or the patient's health care provider regarding treatment or care that is (or fails to be) furnished regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the agency.

If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal for filing a complaint, presenting a grievance or providing in good faith information relating to the hospice services provided by the agency.

1. Notify the Director of Nursing at 480-359-3998. You will not be retaliated against in any way for filing a complaint. Complaints help our agency identify areas of concern and solve problems.
2. If you feel satisfactory action has not been taken, you may contact the state's home care hotline: Phone: 1-800-221-9968. **The hotline hours are 7:30am - 5:00pm.** You may also write to:

Arizona Department of Health Services
150 N 18th Ave #450
Phoenix, AZ 85007-3245

NOTICE OF PRIVACY PRACTICES

"THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**"

Our agency is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and

disclosures of protected health information. [45 *CFR* § 165.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physician's orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain and protect medical records; access to medical records and information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files; and how we educated staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of treatment, payment and health care operations. Examples of information that must be disclosed:

- **Treatment:** Providing, coordinating, or managing health care and related services, consultation between health care providers relating to a patient or referral or a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.

- **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), pre-certification, medical necessity review. For example, occasionally the insurance company requests a copy of the medical record be sent to them for review prior to paying the bill.

- **Health Care Operations:** General agency administrative and business functions, quality assurance/improvement activities, medical review, auditing functions, developing clinical guidelines, determining the competence or qualifications of health care professionals, evaluating agency performance, conducting training programs with students or new employees, licensing, survey, certification, accreditation and credentialing activities, internal auditing and certain fundraising and marketing activities. For example, our agency periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical records for meeting professional standards and utilization review.

The following uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information and treatment records and/or laboratory test results, medical history, treatment progress and/or other related information to:

1. Your insurance company, self funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services.
2. Any person or entity affiliated with or representing us for the purposes of administration, billing and quality and risk management.
3. Any hospital, nursing home or other health care facility to which you may be admitted.
4. Any assisted living or personal care facility of which you are a resident.

5. Any physician providing you care.
6. Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program.
7. Contact you to provide appointment reminders or information about other health activities we provide.
8. Contact you to raise funds for the agency, and
9. Other health care providers to initiate treatment.

WE ARE PERMITTED TO USE OR DISCLOSE INFORMATION ABOUT YOU WITHOUT CONSENT OR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

1. In emergency treatment situations, if we attempt to obtain consent as soon as practicable after treatment.
2. Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances.
3. Where we are required by law to provide treatment and we are unable to obtain consent.
4. Where the use or disclosure of medical information about you is required by federal, state, or local law.
5. To provide information to state or federal public health authorities, as required by law to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law)
6. Health care oversight activities such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws.
7. Certain judicial administrative proceedings if you are involved in a lawsuit or dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
8. Certain law enforcement purposes such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes.
9. To coroners, medical examiners and funeral directors, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties.

10. For cadaveric organ, eye or tissue donation purposes to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor).

11. For certain research purposes under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information.

12. To avert a serious threat to health and safety: to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat.

13. For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations; and

14. For Worker's Compensation purposes: Worker's Compensation or similar programs provide benefits for work related injuries or illness.

WE ARE PERMITTED TO USE OR DISCLOSE INFORMATION ABOUT YOU WITHOUT CONSENT OR AUTHORIZATION PROVIDED YOU ARE INFORMED IN ADVANCE AND GIVEN THE OPPORTUNITY TO AGREE TO OR PROHIBIT OR RESTRICT THE DISCLOSURE IN THE FOLLOWING CIRCUMSTANCES:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our Agency; and
2. To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify family member, relative, friend, or other identified person of the individual's location, general condition or death.

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations.

YOUR RIGHTS: You have the right, subject to certain conditions, to:

- Request restrictions on uses and disclosures of your protected health information for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment),
- Confidential communication of protected health information. We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.
- Inspect and obtain copies of protected health information which is maintained in a designated

record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 § (a)(2)]. If you request a copy of your health information, we will charge a reasonable fee for copying. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.

- Request to amend protected health information for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to 30 days if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.
- Receive an accounting of disclosures of protected health information made by our Agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accountings within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee,
- To obtain a paper copy of this notice, even if you had agreed to receive this notice electronically, from us upon request.

COMPLAINTS: If you believe that your privacy rights have been violated, you may complain to the agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements, [45 *CFR* § 160.306] For further information regarding filing a complaint, contact;

Administrator of AMHA HOSPICE, LLC

Phone: (480) 359-3998 Fax: (480) 385-6785

Office Address: 1410 W Guadalupe Rd, Bldg 2, Ste 109, Gilbert, AZ 85233

EFFECTIVE DATE - This notice is effective April 14, 2003. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service, we will promptly revise and distribute a revised notice to you as soon as practicable by mail, e-mail (if you have agreed to electronic noticed or hand delivery.

If you require further information about matters covered by this notice, please contact:

Privacy Officer Office (480) 359-3998 Fax (480) 385-6785

SECTION III: ADVANCE 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 hospice 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. Advance Directives lets you make your wishes for treatment known in advance.

Our agency 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
- provide care to you regardless of whether or not you have executed an advance directive.

An Advance Directive is a document written before a disabling illness. The Advance Directive states your choice about treatment and may name someone to make treatment choices, if you cannot. In Arizona, there are three types of advance directives. They are the Living Will, Health Care Power of Attorney, and Pre-Hospital Medical Care Directive.

The Living Will is a statement that allows you to make your wishes known concerning artificially, life-supporting treatment. It is a guide that controls the health care decisions that can be made on your behalf.

Health Care Power of Attorney is a written statement 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 any time. A person who makes health care decisions on your behalf is called a surrogate. If you do not make a Health Care POA, Arizona law requires your health care provider to find a willing adult person to act as a surrogate to make decisions for an incompetent patient. The law sets out the following priority: court appointed guardian, spouse, adult child, parents, domestic partner, brother or sister, close friend, attending physician.

A Pre-hospital Medical Care Directive is a written statement that directs emergency medical systems and personnel to withhold certain lifesaving emergency medical care procedures. The procedures are: chest compressions, defibrillation, assisted ventilation, intubations, and advanced life support medications. These are medical procedures, which can be explained to you by your doctor or other health care providers.

A Do Not Resuscitate (DNR) Form Allows people to decide if they do not want to be resuscitated if they stop breathing and their heart stops beating. The form allows people to declare that certain resuscitative measures will not be used on them. Those resuscitative measures specifically listed in the DNR states are: cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs and related emergency medical procedures.

Specifications regarding the Pre-hospital Medical Care Directive Form:

- Shall be printed on an orange background and may be used in either letter or wallet size
- Specific wording must be included on the form. Example of the form is included in the back of this pamphlet for you.
- A person who has a valid Pre-Hospital Care directive may wear an identifying bracelet on either the wrist or the ankle. The bracelet shall be on an orange background and state:
 - 1) Do Not Resuscitate; 2) Patient's name; and 3) Patient's physician.

How to Prepare Advance Directives and Add them to Your Medical Record

You must sign the advance Directive in the presence of two-qualified witnesses. The following persons may not serve as witnesses: anyone related to you by blood or marriage; anyone entitle to part of your estate by will or otherwise; anyone under the age of 18; anyone with a claim against your estate; your physician or any Agency employee or volunteer.

The Health Care Power of Attorney is a legal document and is valid when signed by the principle. Having the document witnessed or notarized is optional, but recommended if there is potential for disagreement between relatives, or someone other than a relative is being appointed.

After you have prepared an Advance Directive or Health Care Power of Attorney, keep a cop of the directives in your personal files. Make sure family members are aware of it and have copies. Any patient going to a hospital or nursing home should give a copy of the documents to the facility's admission department. Make sure your physician and hospice agency also have a copy of your directives.

Revoking an Advance Directive or Health Care Power of Attorney

If you ever change your mind and do not wish to have an Advance Directive or Health Care Power of Attorney, you can cancel the directive either verbally or in writing. Tell your physician or clinic or hospital medical records department staff in person that you wish to cancel your directive, or sign and date a written statement indicating your wish to cancel your directive and send or take to the medical records department of your area medical center. For more information please contact our office: 480-359-3998. **Please inform us if you execute or change either of these documents during the course of your care.**

SECTION IV: PAIN MANAGEMENT

An important part of your care is having your pain effectively managed. We will be using a pain scale of 0-10 when talking about pain. At the time of your admission, you will be asked what level of pain (0-10) you think you can tolerate. If you have any concerns or suggestions, please tell them to your nurse.

Are you in pain?



SECTION V: INFECTION CONTROL AND HOME SAFETY

Cleanliness and good hygiene help prevent infection. “Contaminated materials” such as bandages, dressings or surgical gloves can spread infection, and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them. Certain illnesses and treatments (i.e., chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your Nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary. Notify your physician and/or home care staff if you develop any of the following signs and symptoms of infection:

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

You can help control infection by following these guidelines: WASH YOUR HANDS

Washing your hands is the single most important step in controlling the spread of infection.

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

Hand washing needs to be done frequently and correctly: Remove jewelry; use warm water and soap (Liquid soap is best); hold your hands down so water flows away from your arms; scrub for at least 10/15 seconds (30

seconds recommended), making sure you clean under your nails and between your fingers; dry your hands with a clean paper towel; and use a new paper towel to turn off the faucet. Apply hand lotion after washing to help prevent and soothe dry skin.

DISPOSABLE ITEMS & EQUIPMENT

Items which are not sharp including paper cups, tissues, dressings, soiled bandages, plastic equipment, urinary/suction catheters, disposable diapers, Chi plastic tubing, medical gloves, etc... Store medical supplies in a clean/dry area. Dispose of used items in waterproof (plastic) bags. Fasten securely and dispose of bag in the trash.

NON-DISPOSABLE ITEMS & EQUIPMENT

- Items which are not thrown away including: dishes, thermometers, commode, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.
- Soiled laundry should be washed apart from other household laundry in hot soapy water. Handle these items as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (a 1-part bleach to 10 parts water solution is recommended).
- Equipment utilized by the patient should be cleaned immediately after use. Small items (except thermometers) should be washed in hot soapy water, rinsed and dried with clean towels. Household cleaners such as disinfectant, germicidal liquids or diluted bleach may be used to wipe off equipment. Follow equipment cleaning instructions and ask your nurse/therapist for clarification.
- Thermometers should be wiped with alcohol before and after each use. Store in a clean, dry place.
- Liquids may be discarded in the toilet and the container cleaned with hot, soapy water, rinsed with boiling water and allowed to dry.
- Routine supplies or equipment cannot be delivered after regular office hours. Any questions you may have concerning these guidelines can be answered by your nurse or by calling the office during regular office hours.

SHARP OBJECTS / BIOMEDICAL WASTE

*** Holding and disposal of all medical waste will be done in a safe manner using Universal Precautions.**

Sharps containers must be made of leak proof puncture proof material and marked with the biohazard symbol or red in color. Never recap, bend, break or remove a needle from a disposable syringe or otherwise manipulate the needle. Place needles, syringes, lancets and other sharps into the sharps container. If patients use needles and sharps between nursing visits, the nurse will teach the patient and caregiver to use puncture proof, leak proof containers with secure lids to hold their sharps. Patient/Caregiver will be taught to close and seal the top with tape when the container is $\frac{3}{4}$ full and place in the closed garbage container. Patients and caregivers will be taught the principles of the Universal Precautions and the specific procedures needed to dispose of their waste when the nurse is not present. All medical waste and sharps containers will be transported in a rigid leak proof container. **DO NOT** use glass or clear plastic containers and never put "sharps" in containers that will be recycled or returned to a store.

SPILLS IN THE HOME

Cleaning up blood and other body fluids- STEP BY STEP

1. Follow all Universal Precautions concerning Personal Protective Equipment (PPE). Put on two (2) pair of gloves, one over the other.
2. Isolate the contaminated area.
3. Flood the contaminated area with a disinfecting agent or a mixture of household bleach mixed 1:10 with water. (One-part bleach to ten parts water.) Bleach may ruin fabric or fibers. Check with patient and supervisor if uncertain).
4. Wipe or soak up spills with paper towels or other absorbing material.
5. Dispose of each paper towel or absorbent material into a plastic bag.
6. Flood the area a second time and allow to set at least 10 minutes and repeat the absorbing process.
7. Remove outer gloves and place in plastic bag and close bag. Place this bag in a second plastic bag.
8. Remove protective clothing and equipment and place in second plastic bag along with inner gloves.
9. Close and tie second bag.
10. Wash hands and wrist with soap and water.
11. Return contaminated items in double plastic bags to the agency supply clerk to place in special locked biohazard container until pick-up from waste disposal company.

GENERAL SAFETY

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

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

- Our Agency's staff is required to identify themselves before entering your home.
- Emergency Phone numbers are posted by each telephone
- Outside doors are kept locked at all times and not opened to an unfamiliar face. Ask for identification and call someone to verify who they say they are.
- Door-to-door salesmen are not let into your home. They are asked to come back when a friend or family member will be with you.
- Valuables that may be easily stolen are kept out of sight.
- Telephone and television solicitations are not accepted. "If it sounds too good to be true, it probably is."
- Household maintenance (painting, roofing, etc.) is scheduled with a reputable company. Have a friend or family member assist you.
-

ELECTRICAL SAFETY

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

PREVENTING FALLS

- Stairways and halls are well lighted.
- Night-lights are used in the bathroom, halls and passageways.
- A flashlight with good batteries or a lamp is within easy reach of your bed.
- Throw rugs are removed or have a nonskid backing and are not placed in traffic areas.
- All clutter is cleared from the house, especially from pathways.
- Electrical and telephone cords are placed along walls - not under rugs and away from traffic areas and do not cross pathways.
- There are no step stools without high handrails.
- Handrails are used on stairs and securely fastened.
- Grab bars are installed by the shower, tub or toilet.
- Shower stools or non-skid strips are attached to bottom of tub.
- Spills are cleaned up immediately.
- Outside walks are kept clear of snow and ice in the winter.
- Outside steps and entrances are well lit.
- You are aware of any medications being taken which may cause dizziness or unsteadiness.
- Alcoholic beverages are limited to no more than two per day.
- When in a seated or lying down position, stand up slowly.
- A cane can be used for extra stability.
- Steps and walkways are in good condition and are free of objects.

KITCHEN SAFETY

- Curtains are kept away from the stove and other open flame areas.
- An exhaust hood with filters is present which discharges directly to the outside. The fan is turned on when cooking.
- Counter space is kept clean and uncluttered.
- Pan handles are turned away from burners and the edge of the stove.
- Hot pan holders are kept near the stove.
- Heavy items are not stored above your easy reach.
- Cooking on high heat with oils and fat is avoided.
- Clothing with loose sleeves is not worn when cooking.
- Refrigeration and proper storage is used to avoid food poisoning.
- Kitchen appliances are turned off when they are not being used.

BATHROOM SAFETY

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

HAZARDOUS ITEMS AND POISONS

- Care is used in storage of hazardous items. They are stored only in their original containers.

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

MEDICATION SAFETY

- Medications are never taken that are prescribed for someone else.
- All of your medications (including prescription, over-the-counter, vitamins, herbals) are written down and the list shown to your doctor or pharmacist to keep from combining drugs inappropriately. If there are any changes, they are added to the list immediately.
- You know the name of each of your medicines; why you are taking it; how to take it; what foods to avoid or other things to avoid while taking it; and its potential side effects.
- Medication allergies and any medication side effects are reported to your healthcare provider.
- Medications are taken exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it.
- Alcohol is NOT used when you are taking medicine.
- Medicines are not stopped or changed without your doctor's approval, even if you are feeling better.
- A chart or container system (egg carton or med-planner) is used to help you remember what kind, how much, and when to take medicine.
- Medicine labels (including warnings) are read carefully and medicines are kept in their original containers.
- Medications are stored safely in a cool/dry place according to instructions on the label of the medication.
- If you miss a dose, you do not double the next dose later.
- Old medications are disposed of safely by flushing them down the toilet or disposed of as directed.
- Medicines are kept away from children and confused adults.

Medication – Control Drug Disposal

It is the hospice nurse's ethical responsibility to inform/assist the patient or the patient's family of their responsibility in disposing of unused drugs including controlled drugs. Controlled substances/drugs are those subject to the Controlled Substance Act of 1970. Controlled substances include narcotics, hallucinogens, depressants, and stimulants.

The Hospice will follow the FDA Guidelines for Drug Disposal unless a State regulation requires other means of disposal.

- When a hospice patient no longer has a need for controlled drug, it is the legal responsibility of the patient or his/her family to dispose of them so they are destroyed and cannot be reused or cause harm to others. The hospice nurse will provide the patient and/or family with this policy and the FDA Guidelines for Drug Disposal attachment to assist in the proper disposal of drugs. These guidelines may be used for the disposal of all drugs.
- The hospice nurse will document on the visit report form that the family was instructed in the disposal of drugs. The documentation will include:
 - a. Prescription number

- b. Medication name
- c. Strength
- d. Quantity
- e. Method of destruction
- f. Name of witness

If a staff member other than a hospice aide participates in the disposal of medication with the patient's/caregiver's approval, the staff member will document the medication name, method of disposal and amount disposed. Hospice aides may not dispose of discontinued medications.

MEDICAL EQUIPMENT/OXYGEN

- Manufacturer's instructions for specialized medical equipment should be kept with or near the equipment.
- Routine and preventive maintenance is performed according to the manufacturer's instructions.
- Phone numbers are available in the home to obtain service in case of equipment problems or equipment failure.
- Backup equipment is available if indicated.
- Manufacturer's instructions are followed for providing a proper environment for specialized medical equipment.
- Adequate electrical power is provided for medical equipment such as ventilators, oxygen concentrators and other equipment.
- Equipment batteries are checked regularly by a qualified service person.
- Bed side rails are properly installed and used only when necessary. Do not use bed rails as a substitute for a physical protective restraint.
- Mattress must fit the bed. Excess space between the mattress and bed side rails could cause the patient to become trapped.

FIRE SAFETY PRECAUTIONS

All family members and caregivers are familiar with emergency 911 procedures. Fire department is notified if a disabled person is in the home.

- **There is no smoking in bed or when oxygen equipment is being used.**
- The heating system is checked and cleaned regularly by someone qualified to do maintenance. Space heaters, if used, are maintained and used according to the manufacturers specifications.
- There are exits from all areas of the house. You know your fire escape routes and have two planned exits. If your exit is through the ground floor window, it opens easily.
- The garage is adequately ventilated.
- If you live in an apartment building, you know the exit stairs location.
- Hallways are kept clean.
- Elevators are not used in a fire emergency.
- A fire drill/safety plan is prepared.
- An escape route is practiced from each room in your home.
- The fire department number is always posted for easy viewing at all times.
- Fire extinguishers are checked frequently for stability.
- Smoke detectors are in place in hallways and near sleeping areas.
- Smoke alarm batteries are checked and installed when you change your clocks for daylight savings time in the spring and fall.

- If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke. Signal for help at the window.
- A bed bound patient can be evacuated to a safe area by placing him/her on sturdy blanket and pulling/dragging the patient out of 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.

POWER OUTAGE

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

- If you are in a crisis or have an emergency situation, call 911 or go to the nearest hospital emergency room.
- If it is not an emergency, call your closest relative or neighbor. Our agency will get in touch with you as soon as possible.

WEATHER CONDITIONS:

In the event of inclement weather, we will follow these guidelines regarding travel during the hurricane season. Every effort will be made to make sure you receive the care you need. The safety of our staff however, as they try to make visits must be considered. When roads are too bad to travel, our staff will, if possible, contact you by phone to let you know that they are unable to make your visit that day. Natural disasters shall be defined and determined by the guidelines set forth by the National Weather Service and/or governing state. Most home health services are not life-supporting and can therefore be suspended for brief periods of time without placing the patient at great risk. The agency shall maintain a written plan which outlines, controls and directs protective measures to be taken in the event of a natural disaster, emergency, or unforeseen interruption in agency services. All patients, upon admission will be oriented to the disaster plan. Patient will be knowledgeable of disaster needs, including the need to evacuate, survival needs and special needs. Patients will be given safety information to help them during disasters, emergency preparedness and unforeseen circumstances. This information is provided as a helpful reminder and in no way makes the agency responsible for patient safety during a disaster or emergency.

FLOODS

Floods are the most common and widespread of all-natural hazards in our area. 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 the bathtub with water in case water becomes contaminated or services are cut off Clean the bathtub first.
- 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.

LIGHTNING

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

EMERGENCY PREPAREDNESS

To ensure that patients and staff needs, and safety are met during an emergency and /or disaster, the agency will ensure that any emergency will be mitigated with minimal recovery time to minimize interruption in patient care.

All clients are to be assigned a priority risk code on admission to determine care and delivery needs.

- Priority 1= Client must receive delivery and/or be seen by a skilled nurse within 24-48 hours.
- Priority 2= Client delivery and/or care can be delayed 2-3 days.
- Priority 3= Client delivery and/or care can be delayed up to 2 weeks

Each department of Hospice shall have a plan in the event of a disaster and/or power failure:

- Marketing: Assist nursing department in contacting patients and determining needs. Contact physicians/referral sources and notify of patients' needs and patient's status/updates.
- Nursing: activate phone tree and priority risk codes. Contact all patients and verify status. Assist marketing department in referral source notification.
- Pharmacy: Assess pharmacy meds for need for transfer to another facility for climate control purposes. Assess supply needs and patient needs for duration of disaster/power failure.
- Administration: In the event of a phone failure, Agency telephone provider will automatically transfer all calls to staff's cell phones to assure patients and referral sources can contact personnel. Coordinate efforts to transfer operation of the Hospice pharmacy to another location if necessary. Administration will also ensure that computer is backed up records are available at off site location to restart of system if necessary.

If the patient resides in an assisted living facility they are to follow the Emergency Preparedness plan of the facility.

If the patient resides in their own home and you need immediate help, call 911. Our health team will contact you according to your Priority risk code for further instructions and assistance. Local, state and federal officials are urging all Americans, especially senior citizens, to review, update and rehearse their disaster plans annually. By looking ahead, seniors can be prepared for any disaster, natural or manmade.

All seniors need to be aware of their own unique needs. By evaluating your own personal and medical needs and making an emergency plan, seniors can be better prepared for any situation no matter where they live.

There are three simple steps to disaster preparation:

Make a kit, plan ahead and stay informed.

Make an Emergency Kit or ‘Go Bag’

Your Disaster Emergency Kit should include the following supplies to last at least three days:

- Water – at least one gallon per day per person for drinking and sanitation
- Food and utensils – foods that do not need to be cooked and will not spoil are ideal
- Blankets and extra clothing
- First Aid kit – include medical insurance and Medicaid cards
- Battery powered AM/FM radio and/or a NOAA weather radio receiver
- Flashlight and extra batteries
- Prescription medicines – these should be rotated frequently and kept up to date
- Medical supplies –an extra pair of glasses, hearing aid batteries, or other medical devices
- Emergency contact list – information about family, friends and emergency numbers
- Extra cash – access to banks may be limited for a time.

Make a Disaster Plan

- If you are a senior who lives alone, talk to your family or friends about preparing for emergencies, getting help in the event of an evacuation and dealing with the aftermath of a disaster. Create a network of neighbors, relatives, friends and co-workers who can help in an emergency. Discuss needs and make sure everyone knows how to operate necessary medical equipment.
- Be aware of the possibility that you may temporarily not have access to your doctor’s office or a drug store.
- If you are on oxygen, make sure you have extra tanks available until your health team can get out to see you and to make further assistance. If you need immediate assistance, please call 911.
- Immediately contact your local authorities if no assistance can immediately respond to your needs.
- Arrange for electronic payments of federal benefits. A disaster can disrupt mail service for days or even weeks. Switching to electronic payments also eliminates the risk of stolen checks. The U.S. Department of the Treasury recommends two safer ways to get federal benefits:
- Disaster assistance grants are not considered taxable income and will not affect eligibility for Social Security, Medicaid, welfare assistance, food stamps, Supplemental Security Income (SSI) or Aid to Families with Dependent Children.

COVID-19

PURPOSE: AMHA Hospice policy includes measures that are being taken to mitigate or alleviate the spread of the Coronavirus. All employees are expected to follow these rules diligently to sustain a healthy & safe workplace. It is of great importance that “WE” all adhere to these health precautions.

SCOPE: This policy applies to all employees that work inner office and out in the field.

The following are required elements that all employees should take to protect themselves, co-workers, and patients from potential Coronavirus infections:

- If you have a cold or cold-like symptoms such as sneezing/coughing/fever/achiness-you must stay home and request sick leave or work from home (must be approved by administration). You can return to work “ONLY” with a note from a physician.
- If you returned from an area with a high number of Covid-19 cases, based on CDC, you must be tested for the virus and remain home quarantined until the test results are released.
- If you come in contact with someone with the virus and asymptomatic-you must be tested and wear a mask in the office. Keep your distance from other employees until the results are received. This applies to both administrative staff and field staff that sees patients.

GENERAL HYGIENE RULES:

- use 20 second-hand washing technique before and after any activity which includes (eating, drinking, toileting, etc.)
- Sneeze/cough into your sleeve or a tissue (dispose of immediately). Then wash hands properly.
- Avoid touching your face with hands especially eyes, nose, and mouth.
- employees are encouraged to clean and disinfect all equipment (phones, desk tops, computers, etc.) frequently to prevent the spread of infection.

SAFE WORK PRACTICE

- If a patient is suspected of having Covid-19 virus or has been exposed, the medical staff will wear protective gear (gloves, N-95 mask, disposable gowns, goggles and shoe covers). This will be provided by AMHA Hospice.
- Agency to provide education to all staff on prevention of spreading the Covid-19 virus.
- Implement Telehealth when feasible

Need More Information: www.ready.gov