



# BARNES

HEALTHCARE SERVICES



HOME MEDICAL SERVICES



### Mission Statement

We are a healthcare organization that improves the quality of life of those we serve.

### Promise

At Barnes Healthcare Services, we are committed to keeping patients healthy at home. Our personalized, interdisciplinary approach combines a team of pharmacists, nurses, dietitians, health coaches and more to provide the high-touch, high-impact interventions that every patient deserves. We are truly invested in our patient's quality of life and will always advocate for their best care. It's our mission to equip patients with any knowledge, resources and support needed to improve their health and personal wellbeing.

### Vision Statement

Leading the transformation of healthcare.



ACHC  
ACCREDITED

Barnes Healthcare Services has earned approval from:  
Accreditation Commission for Health Care

***To report a complaint regarding the services you receive, please call the  
ACHC toll-free 1-855-937-2242***



# LOCATIONS



## Atlanta

2030 Powers Ferry Rd.  
Suite 325 Atlanta, GA 30339  
678-627-0077, option 0

## Tifton

2201 US Hwy 41 North  
Tifton, GA 31794  
229-391-9114, option 0

## Valdosta

200 S. Patterson St.  
Valdosta, GA 31601  
229-245-6001, option 0

## Waycross

2875 Knight Ave.  
Waycross, GA 31503  
912-284-9191, option 0

## Crestview

450 Brookmeade Dr.  
Crestview, FL 32539  
850-683-0888, option 0

## Gainesville

1700 NW 80th Blvd.  
Gainesville, FL 32606  
352-333-2525, option 0

## Panama City

1833 North East Ave.  
Panama City, FL 32405  
850-785-2480, option 0

## Tallahassee

2524 Cathay Ct.  
Tallahassee, FL 32308  
850-894-4480, option 0

Toll-Free: 1 800- 422-5059

Billing: 229-245-6001 ext. 1180

For all emergencies: Call 911

### Hours of operation:

Monday through Friday,  
8:30 AM - 5:00 PM\*

\*Location may be closed for lunch from 12PM - 1PM.  
Office hours may vary due holidays.

### For Florida Residents

To report a complaint regarding the services you receive, please call toll-free: 1-888-419-3456

To report suspected Medicaid fraud, please call toll-free 1-866-966-7226

To report abuse, neglect, or exploitation of a disabled adult or an elderly person, please call toll-free 1-800-962-2873 (The Department of Children and Families Abuse Hotline)

### For Medicare Recipients

KEPRO now handles all Medicare complaints and appeals call for any complaints and issues:

Georgia & Florida – 844-455-8708

After Business Hours: Call your servicing location and our answering service will reach out immediately to one of our staff members who will promptly return your call.

### After Business Hours

Barnes Healthcare Services Pharmacies will have a clinician available on call 24 hours a day, 7 days a week to answer urgent and emergent calls and clinical questions. Questions may also include therapy related questions, delivery questions, and complaints or complaint resolution.

Call your service location and our answering service will reach out to one of our healthcare service professionals who will return your call within 30 minutes.

Information contained herein is accurate as of February 2023.

# TABLE OF CONTENTS

Barnes Healthcare Services would like to take this opportunity to thank you for allowing us to serve you. This Infusion Service Patient Guide contains useful information to assist you in understanding your infusion therapy, the supplies you have been provided, and how to access needed services. Please read over all information carefully and keep your service guide in a safe place for future reference.

- About Us.....3
- Locations .....4
- Letter From the Chairman .....6
- We Value Your Feedback!.....7
- Patient Counseling .....8
- Hand Hygiene .....9
- General Safety ..... 14
- Smoking Cessation .....17
- Medical Equipment..... 18
- Welcome to Nutrition .....23
- Enteral Pumps.....24
- Oxygen Therapy .....27
- Portable Oxygen Cylinders ..... 31
- Oxygen Patient General Instructions .....35
- Traveling With Oxygen .....36
- Air Compressors.....38
- Suctions..... 40
- Pap Supplies .....45
- Medication Returns .....46
- Emergency Preparedness ..... 47
- Handling Biomedical Waste .....49
- Sharps Containers..... 50
- Medicare DMEPOS Supplier Standards .....52
- Medication Disposal .....54
- Healthcare Advance Directives .....57
- Notice of Privacy Practices .....69
- Patient Rights and Responsibilities.....72



## “ We Take Care of People ” by Keeping Them Healthy at Home

is our company motto and one we take seriously. My name is Charlie Barnes, III and I am the Chairman of Barnes Healthcare Services. I am very fortunate to be a third generation owner of a company founded by my grandfather in 1909 in Valdosta, GA. It is a tremendous pleasure and honor to be in the business of providing quality health care to medically fragile individuals. As a pharmacist, also third generation, I have always placed the needs of the patient as a priority, and I expect all employees of Barnes Healthcare Services, who have the privilege of serving our patients, to do the same. We have grown from a retail pharmacy opened over 100 years ago to today providing comprehensive home healthcare products and services in multiple locations servicing North and South Georgia; the Panhandle, North and Central Florida. Our services include home infusion, respiratory, nutrition, and retail pharmacy. Barnes Healthcare Services has always been a family-oriented company. At the same time, we are serious about providing a world class customer experience utilizing cutting edge technology available for patients being treated in the home or alternate care setting. We are excited about the opportunity to provide services to you our patient. From the early days when my grandfather opened Barnes Drug Store, we have focused our attention on providing the best care to our customers. People trust us and we want to keep it that way. That is my solemn promise.

**Thanks again for the opportunity to serve you!**

**Charles W. Barnes, III, RPh**

At Barnes Healthcare Services, we believe every patient deserves a healthcare advocate who is truly invested in their quality of life. That’s why our team takes great pride in providing you with superior quality health care and equipment. Your opinion helps us further improve our services and continue to raise the bar for exceptional patient care.

### **Leave a Review**

We’d love to hear about your experience with us. We kindly request that you take a few minutes to share your feedback by leaving an online review. Or, if you’d like to discuss your experience with one of our team members, call your location and ask to speak to a patient care coordinator.

### **We’re Always Here to Help**

Know that if you have an issue or concern, we are always just one phone call away. Our team—including our patient care coordinator and general manager—will review your information and call you as soon as possible, within two business days. We are committed to meeting your needs for quality care and will work with you until you are satisfied.

### **Privacy Rights**

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter to our privacy officer at the below address. Know that you will not be penalized for filing a complaint. You may also use this address to contact us for further information concerning our privacy practices, or write to us if you have additional concerns.

### **Compliance Officer**

**Barnes Healthcare Services**

Attn: Compliance Officer

P.O. Box 1187

Valdosta, GA 31603

[compliance@barneshc.com](mailto:compliance@barneshc.com)

"We Take Care of People by Keeping Them Healthy at Home" is a registered trademark of Barnes Healthcare Services and is registered with the United States Patent and Trademark Office - Registration Number - 4803363.



# PATIENT COUNSELING

Barnes Healthcare Services Infusion Pharmacy will offer to counsel all patients in accordance with OBRA and ACHC standards. This will include, but is not limited to

- Proper use of the medication
- Timely administration, including what to do if a dose is missed
- Side effects
- Contraindications
- Safety precautions
- Screening for medication duplications and drug interactions for patients receiving multiple medications
- Damage due to disaster or mishandling, for example when a medication is not refrigerated when it is supposed to be refrigerated
- Self-management and treatment goals
- Use of educational resources and patient advocacy resources
- Informed consent information
- Therapeutic decision making opportunities
- Refill process
- Proper medication administration through an IV access
- Laboratory monitoring and individualized dosing based on lab results and treatment goals

Educational materials are available in alternate languages or alternate methods such as pictures or large print as required. Please submit a written request to your location of service. Addresses can be found inside the front cover of this guide.

# HAND HYGIENE



Patient Safety  
A World Alliance for Safer Health Care

SAVE LIVES  
Clean Your Hands

## Hand Hygiene: Why, How & When?

### WHY?

- Thousands of people die every day around the world from infections acquired while receiving health care.
- Hands are the main pathways of germ transmission during health care.
- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.
- This brochure explains how and when to practice hand hygiene.

### WHO?

- Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

### HOW?

- Clean your hands by **rubbing them with an alcohol-based formulation**, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.
- **Wash your hands with soap and water** when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

Revised August 2009

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## HOW TO HANDRUB?

### RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

**Duration of the entire procedure: 20-30 seconds**

<p><b>1a</b></p> <p>Apply a palmful of the product in a cupped hand, covering all surfaces;</p>	<p><b>1b</b></p> <p>Rub hands palm to palm;</p>	<p><b>2</b></p> <p>Rub hands palm to palm;</p>
<p><b>3</b></p> <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p><b>4</b></p> <p>Palm to palm with fingers interlaced;</p>	<p><b>5</b></p> <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p><b>6</b></p> <p>Rotational rubbing of left thumb clapsed in right palm and vice versa;</p>	<p><b>7</b></p> <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p><b>8</b></p> <p>Once dry, your hands are safe.</p>

## HOW TO HANDWASH?

### WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

**Duration of the entire procedure: 40-60 seconds**

<p><b>0</b></p> <p>Wet hands with water;</p>	<p><b>1</b></p> <p>Apply enough soap to cover all hand surfaces;</p>	<p><b>2</b></p> <p>Rub hands palm to palm;</p>
<p><b>3</b></p> <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p><b>4</b></p> <p>Palm to palm with fingers interlaced;</p>	<p><b>5</b></p> <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p><b>6</b></p> <p>Rotational rubbing of left thumb clapsed in right palm and vice versa;</p>	<p><b>7</b></p> <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p><b>8</b></p> <p>Rinse hands with water;</p>
<p><b>9</b></p> <p>Dry hands thoroughly with a single use towel;</p>	<p><b>10</b></p> <p>Use towel to turn off faucet;</p>	<p><b>11</b></p> <p>Your hands are now safe.</p>

#### Hand care

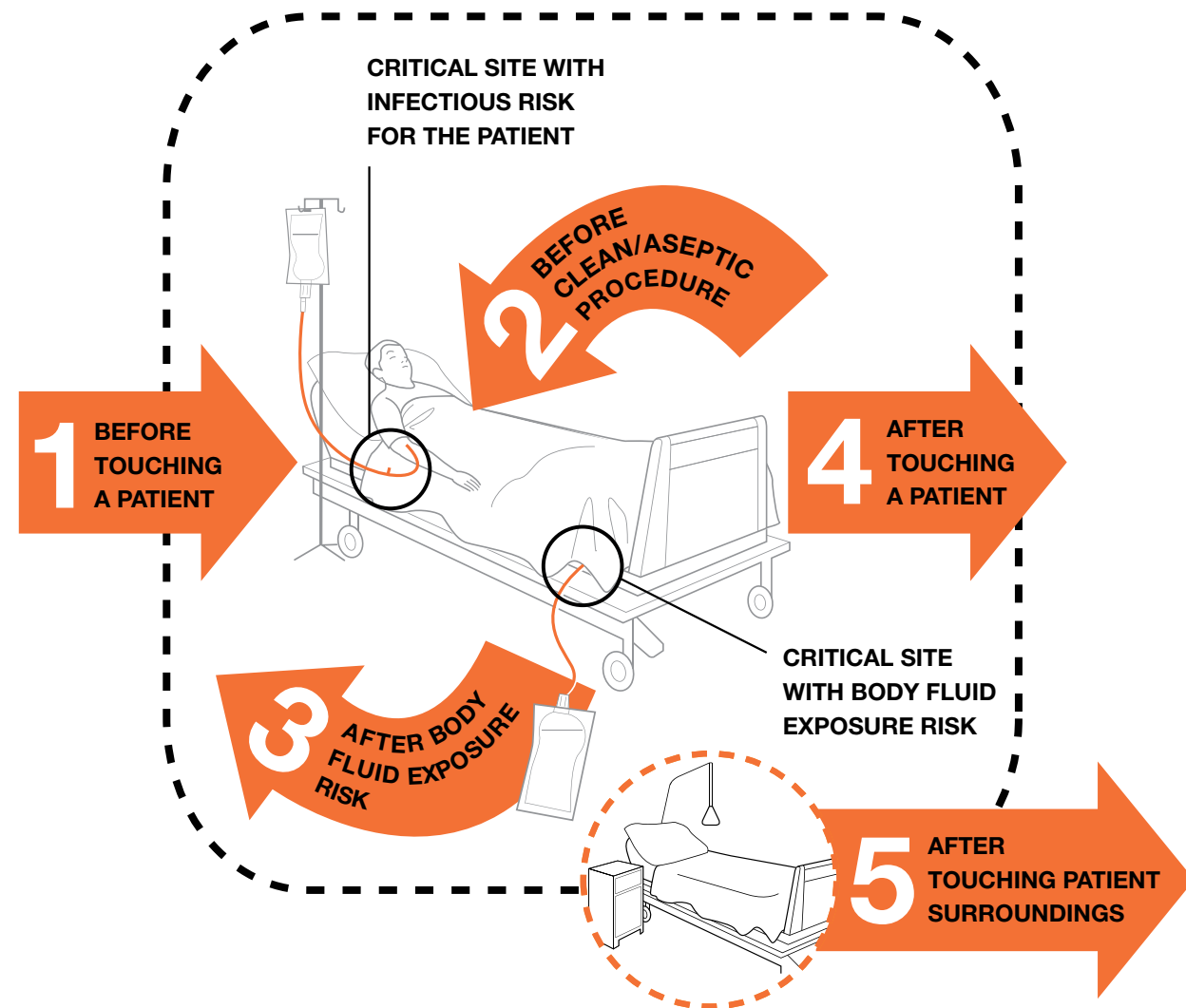
- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

#### Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

## WHEN?

### YOUR 5 MOMENTS FOR HAND HYGIENE\*



\*NOTE: Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.

the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

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#### 1 Before touching a patient

**WHY?** To protect the patient against colonization and, in some cases, against exogenous infection, by harmful germs carried on your hands

**WHEN?** Clean your hands before touching a patient when approaching him/her\*

*Situations when Moment 1 applies:*

- Before shaking hands, before stroking a child's forehead
- Before assisting a patient in personal care activities: to move, to take a bath, to eat, to get dressed, etc
- Before delivering care and other non-invasive treatment: applying oxygen mask, giving a massage
- Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

#### 2 Before clean / aseptic procedure

**WHY?** To protect the patient against infection with harmful germs, including his/her own germs, entering his/her body

**WHEN?** Clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin, an invasive medical device)\*

*Situations when Moment 2 applies:*

- Before brushing the patient's teeth, instilling eye drops, performing a digital vaginal or rectal examination, examining mouth, nose, ear with or without an instrument, inserting a suppository / pessary, suctioning mucous
- Before dressing a wound with or without instrument, applying ointment on vesicle, making a percutaneous injection / puncture
- Before inserting an invasive medical device (nasal cannula, nasogastric tube, endotracheal tube, urinary probe, percutaneous catheter, drainage), disrupting / opening any circuit of an invasive medical device (for food, medication, draining, suctioning, monitoring purposes)
- Before preparing food, medications, pharmaceutical products, sterile material

#### 3 After body fluid exposure risk

**WHY?** To protect you from colonization or infection with patient's harmful germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal)\*

*Situations when Moment 3 applies:*

- When the contact with a mucous membrane and with non-intact skin ends
- After a percutaneous injection or puncture; after inserting an invasive medical device (vascular access, catheter, tube, drain, etc); after disrupting and opening an invasive circuit
- After removing an invasive medical device
- After removing any form of material offering protection (napkin, dressing, gauze, sanitary towel, etc)
- After handling a sample containing organic matter, after clearing excreta and any other body fluid, after cleaning any contaminated surface and soiled material (soiled bed linen, dentures, instruments, urinal, bedpan, lavatories, etc)

#### 4 After touching a patient

**WHY?** To protect you from colonization with patient germs and to protect the health-care environment from germ spread

**WHEN?** Clean your hands when leaving the patient's side, after having touched the patient \*

*Situations when Moment 4 applies, if they correspond to the last contact with the patient before leaving him / her:*

- After shaking hands, stroking a child's forehead
- After you have assisted the patient in personal care activities: to move, to bath, to eat, to dress, etc
- After delivering care and other non-invasive treatment: changing bed linen as the patient is in, applying oxygen mask, giving a massage
- After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG

#### 5 After touching patient surroundings

**WHY?** To protect you from colonization with patient germs that may be present on surfaces / objects in patient surroundings and to protect the health-care environment against germ spread

**WHEN?** Clean your hands after touching any object or furniture when leaving the patient surroundings, without having touched the patient\*

*This Moment 5 applies in the following situations if they correspond to the last contact with the patient surroundings, without having touched the patient:*

- After an activity involving physical contact with the patients immediate environment: changing bed linen with the patient out of the bed, holding a bed trail, clearing a bedside table
- After a care activity: adjusting perfusion speed, clearing a monitoring alarm
- After other contacts with surfaces or inanimate objects (note – ideally try to avoid these unnecessary activities): leaning against a bed, leaning against a night table / bedside table

\*NOTE: Hand hygiene must be performed in all indications described regardless of whether gloves are used or not.

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# GENERAL SAFETY MEDICAL EQUIPMENT

When using the medical equipment the physician has ordered, there are certain precautions to consider ensuring your comfort and safety.

ALWAYS use the equipment in accordance with patient's orders safely, correctly and consider the following suggestions:

- Anticipate all possible exits from the home in the event of a fire.
- Have smoke detectors installed on each floor of the home.
- Keep fire extinguishers handy.
- Make sure there is easy access to a telephone.
- DO NOT use extension cords.
- Use properly grounded electrical outlets.
- Under NO circumstances will the ground prong of a three prong electrical plug in on power operated equipment be torn off to make usable in a 2 hole electrical wall receptacle. (Use a 3-to-2 adapter)
- DO NOT use multiple plugs in a single outlet.
- Power sources should meet or exceed electrical requirement of the equipment.
- Keep ALL oxygen producing equipment at least 5 feet from the electrical power sources, receptacles, etc.
- NEVER use equipment in need of repair. Contact your HME provider as soon as possible.
- ALWAYS use equipment as instructed.
- ALWAYS use safety locks. Lock brakes securely into position when patient is moving to and from beds and wheelchairs.
- NEVER override, bypass or cover alarms.
- If possible, remove throw rugs and avoid slippery or uneven surfaces.
- If necessary, rearrange furniture for easy patient access.
- If possible, avoid placing electrical cords or tubing in a high traffic area. Otherwise make sure that they are taped down securely to prevent tripping.
- Make sure NO body parts come into contact with moving equipment parts.
- Report ALL incidents, accidents, and/ or safety hazards involving medical equipment to your medical equipment provider either in person or by telephone. Such reports must ultimately be in writing from patient, family member or caregiver.
- Keep ALL disposable supplies in a clean, cool, dry area and DO NOT open the package until ready to use.
- Patients exhibiting signs of mental instability should NOT be left unattended and/or in hospital beds.

## UNIVERSAL PRECAUTIONS

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.

# BASIC HOME SAFETY



## GENERAL HOME SAFETY

1. Stairways should have safe and sturdy railings or banisters.
2. Keep stairways, halls and exits free of clutter, such as shoes, tools, toys, etc...
3. Stair surfaces should be non-slip.
4. Throw rugs should have non-slip backing and be avoided in high traffic areas.
5. Stairways and hallways should be well lit.
6. Waxed and highly polished floors can be a trip hazard.
7. Use night lights in bedrooms, bathrooms and hallways.
8. DO NOT block doorways.
9. Storage places for often used items should be kept at easy reach.
10. Emergency phone numbers should be placed by the phone.
11. Wipe up spilled liquids and grease immediately. Clean up any dropped food right away.
12. Store ALL poisons and dangerous chemicals, such as cleaning agents, separate from food items and out of reach of small children. ALL chemicals should be CLEARLY labeled.
13. Wear shoes or slippers when up and about, rather than going barefoot.
14. If you have shoe laces, they should be well tied to prevent tripping
15. Be alert to unsafe conditions. Avoid hurrying.

## BATHROOM SAFETY

1. DO NOT use electrical appliances in the bathtub or shower.
2. Use rubber mats or non-slip strips on the floor of the bathtub or shower.
3. DO NOT use soap holder handles or towel racks as a grab bar for support when getting in and out of the tub or shower.
4. AVOID using oils in the bath; they can make the tub slippery.
5. Make sure feet are dry before stepping onto tile type floors.
6. Make sure that the water temperature is not too hot before getting into the tub or shower.
7. ALL medications should be clearly labeled. Throw away ALL prescription medications when the illness is over or if the date on the container is expired.

## PATIENT CARE SAFETY

1. Bed rails should be raised and securely fastened when the patient is in the bed.
2. Ensure that the patient is safely positioned while seated in a chair. Use a safety belt if necessary.
3. If restraints are used, make sure they DO NOT interfere with circulation, and properly applied. DO NOT cause skin irritation and ensure patients comfort.
4. Make sure wheelchair wheel locks are locked before getting in or out. Move footrest out of the way before trying to stand. DO NOT stand on footrest. Place feet firmly on the floor before attempting to stand.
5. Clear the room of extra equipment that might block a pathway especially at night.
6. Keep electrical heating pads at low to medium heat. Place the pad on or over the patient, rather than placing the patient on the pad.

## FIRE SAFETY

1. NEVER cover a bright light with material to try to dim the light.
2. Lighted matches and cigarettes should be put out completely before being thrown away.
3. DO NOT smoke in the bed. If the patient MUST smoke in the bed, NEVER leave them unattended.





4. DO NOT use shallow ashtrays. Stoves should not be located near windows or openings covered by curtains.
5. Turn pot handles towards the back of the stove.
6. Make sure that long sleeves and loose parts of clothing are out of the way of fire, and/or stove tops.
7. When heaters are in use make sure that all rooms are well ventilated.
8. Smoke detectors should be placed on each level of the home.

### ELECTRICAL SAFETY

1. Plugs and sockets should fit firmly and require some force to insert and remove.
2. If children are present in the home all unused outlets should have childproof caps inserted.
3. Unplug and always grasp the plug to remove it from the outlet. Never pull on the cord.
4. ALL electrical devices should be properly grounded unless they are double insulated.
5. Cheaters which convert three prong plugs into two prong plugs should not be used unless they have been properly checked.
6. AVOID the use of extension cords.
7. Check cords for fraying, bare wires, or other defects, especially at the point where the cord attaches to the equipment.
8. Keep cords away from oil, grease, and other materials that may cause deterioration.
9. Keep cords out of the way of traffic to prevent trip hazards.
10. Oxygen increases the flammability of other materials. Take precaution to prevent sparks in oxygen therapy areas.
11. NEVER use petroleum based products for an oxygen therapy patient.
12. NEVER touch an electrical appliance and plumbing at the same time.
13. NEVER run a cord across the sink or across a wet surface.
14. Disconnect equipment that sparks, stalls, blows a fuse, or gives the slightest shock.
15. Report equipment malfunctions to your home medical equipment provider.
16. Repairs to wiring and circuits should be done by a qualified electrician only.

### IN CASE OF ELECTRICAL FIRE

1. Get EVERYONE out of the area.
2. Report the fire.
3. If the fire is small, such as a piece of equipment:
4. Pull the plug, turn off the switch, or trip the circuit breaker
5. Extinguish the fire with a Class C fire extinguisher (made specifically for electrical fires)
6. If the fire is large or threatens flammable materials DO NOT ATTEMPT TO FIGHT THE FIRE YOURSELF
7. NEVER use water on an electrical fire.

### IN CASE OF ELECTRICAL SHOCK

1. DO NOT TOUCH the person shocked. If you touch the victim with your body you may also be shocked.
2. Turn off the power or pull plug to the machine, appliance or equipment.
3. If you are unable to cut off the power, call the power company.
4. Call 911 requesting assistance with the victim.



**“The most important requirement in success is learning to overcome failure.”**

### QUIT SMOKING

If you have not quit, do it now. It is the best move you can make to improve your life with COPD.

According to experts, these methods can help:

- Nicotine Replacement
  - Nicotine patch
  - Nicotine gum
  - Lozenge
  - Inhalers
  - Nasal spray

These products can help lessen the urge to smoke. Check with your health-care provider first to make sure the one you choose will not interfere with other medicines and to select the correct dosage. Be especially careful if you have heart or blood vessel problems. Ask your healthcare provider about prescription medications that can also help.

- There are oral medications that can help you control the urge to smoke.
  - Wellbutrin (brand name), bupropion (generic)
  - Zyban (brand name), bupropion (generic)
  - Chantix (varenicline) – (no generic available)

Speak with your healthcare provider to see if these

medications would be right for you. While these medications have proven to be very helpful in helping patients stop smoking, they do come with side effects that need to be understood when making the decision to use them. Ask your healthcare provider and/or pharmacist to discuss the risks.

- Get support and encouragement.
  - Learn how to handle and limit stress and urges to smoke
- Check your local hospitals and health clinics, libraries, civic groups, and community centers to see if they offer smoking cessation counseling programs. For more information on how to quit, go to [www.onebreath.org](http://www.onebreath.org).

Remember, your best chance of success is with the help of others.

People quit smoking every day, but not everyone stays quit. Some return to smoking. No one knows why. It may simply be the stresses of everyday life...like keeping a job or struggling with family demands.

The medical term for going back to an addictive behavior is “relapse.” It is similar for all kinds of addictive drugs—from cocaine to cigarettes. For some people, going back to smoking happens because they just can’t get over wanting a cigarette. Often that happens in the first two (2) weeks. For others, going back to smoking can happen months or even years after they have quit.

### How Your Body Changes When You Quit Smoking

Within 20 minutes	• Blood pressure and pulse rate decrease • Body temperature of hands and feet increases
Within 24 to 48 hours	• Chance of a heart attack decreases • Ability to smell and taste improves
Within 2 weeks to 3 months	• Circulation improves • Walking becomes easier
Within 1 to 9 months	• Coughing decreases in most people • Sinus congestion, fatigue and shortness of breath decrease
Within 1 year	• Added risk of heart disease drops by half
Within 5 to 15 years	Risk of stroke drops to that of people who have never smoked
Within 10 years	• The risk of cancer of the lung, mouth, throat, esophagus, bladder, kidney and pancreas also decreases
Within 15 years	• Risk of coronary heart disease is now similar to that of people who have never smoked • Risk of death returns to nearly the level of people who have never smoked



## ALTERNATING PRESSURE PAD & PUMP

### OPERATIONS GUIDE

- Remove bed covering from the mattress.
- Place alternating pressure pad on top of the mattress with the air supply tubing at the end of the bed.
- Remake the bed so that only the sheet is in between the patient and the alternating pressure pad.
- Attach the air supply tubing to the alternating pressure pad pump and place pump on the floor under the bed and connect pump power cord to the electrical wall receptacle.
- Turn pump switch to on (some pumps may come on when unit is plugged in to power source).
- Allow a few minutes for alternating pressure pad to inflate.
- Allow pump to operate at ALL times when the patient is in the bed.

### SAFETY GUIDE

- Pump operates on 155V A/C
- If home has 2 prong electrical receptacles and pump power cord has a three prong, (1 ground) electrical plug, use the 3 to 2 prong adapter. UNDER NO CIRCUMSTANCES WILL THE GROUND PRONG BE TORN OFF THE PLUG TO MAKE IT WORK.
- DO NOT overload house electrical receptacle.
- DO NOT use extension cords with pump.
- Keep power cord and air supply tubing under the bed and out of the way, so persons walking/ working around the bed will not trip over them.

### TROUBLESHOOTING GUIDE

Alternating pressure pump is not operating:

- Check power cord at the wall receptacle.
- If machine is plugged in, check the on-off switch to ensure equipment is on.
- If machine still not operating call Barnes Healthcare Services.

Pump is operating, pad is deflated:

- Check the air supply tubing connections at pump and pad.
- Could have pin hole in the pad. With the patient off of the pad and pump operating, move the top of your hand slowly and about ½ inch above and over both sides of the entire pad. If air leak is felt, cover the hole with a strip of magnetic tape. Check for additional holes; patch all.
- If pad still does not inflate, call Barnes Healthcare Services.

### CLEANING ALTERNATING EQUIPMENT PAD

1. Alternating Pressure Pad is cleaned when bed linens are changed or at other times when necessary. Remove pad from the bed, wipe with a damp cloth using warm soapy water. Next wipe with clean cloth using clean water to remove all soap residue. Allow pad to air dry.
2. Pad may be lightly sprayed or wiped using an acceptable disinfectant such as Lysol or another type of disinfectant that will not irritate the patient. Allow to air dry before repositioning on the bed.
3. Discard cleaning solutions after each use. DO NOT REUSE!
4. Disconnect pump from electrical power source and wipe with DAMP (NOT WET) cloth. DO NOT submerge pump in water or liquid.



### OPERATING GUIDE

- It is UNSAFE for a patient to be in a home hospital bed not equipped with attached safety side rails.
- Safety side rails are to be placed in the all the way down position prior to the patient entering or leaving the bed.
- Always position safety side rails in the UP position when a patient is in the bed. **WARNING!!** Entrapment may occur. Proper patient assessment and monitoring is required to reduce the risk of entrapment.
- If repositioning of patient's upper body is necessary and power feature, (if so equipped) is not working; you should find a hand crank (if not attached to the foot of the bed), stored under the mattress in the springs at the foot of the bed. Insert the crank in the accommodating receptacle at the foot of and underneath the bed. Turn crank to reposition bed to the desired position.
- On Semi-Electric and Standard Hi/Lo beds, a hand crank is provided to raise/lower the bed height. If not attached to the foot of the bed, look behind the headboard.
- Over a period of time, depressions will occur in the mattress at the point where the patient's hips make contact. Mattress can be turned around on top and twice on the reverse.
- Fitted sheets may be used, if the patient complains of sheet creases and folds.
- If alternating pressure pad is used, position the pad on the regular mattress with only a sheet that the patient lies on top of the pad.

### SAFETY GUIDE

- Keep brakes on the bed wheels engaged.
- Keep hand control and control cable from under or between movable parts of the bed.
- DO NOT plug bed power cord into overloaded electrical circuit or receptacle.
- Use a mattress cover on the hospital bed mattress.
- DO NOT use water mattress on bed without prior approval from your medical equipment provider for replacement if rails are damaged.

- Safety side rails are NOT a restraining device.
- Both rails must be used together at all times.
- DO NOT attempt to remove for convenience. Lowering or removal may result in bed rail entrapment.

### TROUBLESHOOTING GUIDE

- Hand control does not operate the bed:
- Check wall electrical receptacle to make sure bed power cord is plugged in.
- Plug bed power cord into a different wall receptacle.
- Check end of hand control cable to make sure it is securely inserted into the junction box underneath, and at the foot of the bed springs. Unplug bed from power source before reinserting any electrical connection.
- Check the household circuit breaker/fuse box.
- Hand control operates part of the bed but NOT all. Call Barnes Healthcare Services.
- Patient complains of depression in mattress and mattress has been turned. Call Barnes Healthcare Services.

### CLEANING

1. Unplug the bed from the electrical power source.
2. Clean entire bed set including mattress and attachments with soapy water and a clean cloth or sponge.
3. DO NOT get water or liquids in any electrical connections, switches, power boxes, etc. For infection control, the entire bed set and attachments should be wiped with a clean cloth or sponge.
4. Discard cleaning solutions after each use. DO NOT reuse.
5. Cleaning/exam gloves, glasses/goggles and an apron should be worn when using bleach solutions.
6. The entire bed set can be lightly sprayed with disinfectant.
7. Allow hospital bed to air dry.



# WHEELCHAIR (NON-POWER/MANUAL)



## OPERATING GUIDE

- Read the safety guide for additional operating instructions.
- To fold the chair, grasp the underside of the seat front and back and lift up.
- When lifting the wheelchair for loading, remove the front rigging, if so equipped.
- When lifting the wheelchair, grasp it only on the frame.
- When transporting the chair lying on side, always engage the brake on the wheel the chair is lying on.
- DO NOT transport a chair lying on other items.

## SAFETY GUIDE

- Always engage both left and right wheel locks prior to transferring patient into or out of the wheelchair.
- Position the wheelchair as close to and at the most advantageous angle for the patient to transfer into or out of.
- Lift, swing or remove the foot plates or position to the outside of the chair prior to the patient transferring into or out of to minimize the possibility of patient tripping on them. (Replace to original position after transfer).
- On wheelchairs equipped with removable arms, remove the arm between the patient and the item to be transferred to or from, prior to the transfer.
- When patient is occupying a stopped/stationary wheelchair, both locks are engaged.
- Never transport a patient in a wheelchair if wheel locks do not work.
- Call Barnes Healthcare Services if for any reason you feel the wheelchair is unsafe, needs servicing or repairing.
- Patient restraints are to be used only upon written order from the physician, after complete instructions by a credentialed healthcare professional.
- DO NOT OPERATE AN UNSAFE WHEELCHAIR.

## TROUBLESHOOTING GUIDE

Front caster wheels will not roll freely:

- Check/maintain correct tire pressure in the pneumatic tires, if so equipped.
- Clean hair or other foreign material from the caster bearing where the wheel attaches to the fork. Caster wheel bearings should be snug, but wheel should rotate freely without resistance. When adjusting, adjust both casters accordingly for straight chair operation.

Caster wheel assembly will not rotate freely:

- Clean hair or other foreign material from the caster stems bearings.

Main wheels/tires will not roll freely or propel the chair in a straight line:

- Check/maintain correct tire pressure on pneumatic tires, if so equipped.
- Clean hair or other foreign material from wheel bearings. Bearings should be snug, but wheel should rotate freely without resistance. When adjusting, adjust both wheels accordingly for straight chair operation.
- Engaged wheel locks DO NOT prevent the wheel from turning Call Barnes Healthcare Services for adjustment or repair.

## CLEANING ALTERNATING EQUIPMENT PAD

1. The frame, wheels, tires and seat are cleaned with warm soapy water and a clean cloth or sponge.
2. DO NOT get water or liquid sterilizing/cleaning solutions in wheel or caster bearings.
3. Dry with clean towel or clean dry cloth.
4. For infection control, the complete chair should be wiped with clean cloth and a solution of 1 part bleach to parts water. Paying particular attention to the push hand grips and wheel hand rims.
5. Discard cleaning solutions after each use. DO NOT reuse.
6. The entire chair (with the exception of the wheel and caster bearings) can then be lightly sprayed with disinfectant and allowed to air dry.

# PATIENT LIFT

For the security and safety of the patient, carefully read all of the instructions before use. The person who will be using the lift should be the one trained by the technician. NEVER USE LIFT TO TRANSPORT PATIENT.

Transferring patient to and from wheelchair and/or bed:

## TO WHEELCHAIR

1. After patient is clear of bed, position wheelchair under patient and LOCK brakes.
2. Open release valve slowly and guide patient into the chair by gently pushing onto knees so that the patient will sit down in a comfortable position.
3. Slacken chains or straps by pushing down on lift arm. Detach "S" hooks from top and bottom of sling and roll the lift away.
4. The sling remains in place under the patient.

## TO BED

1. Position lift over patient with base legs straddling the chair. Lock wheelchair brakes, attach "S" hooks to sling with smooth side facing patient.
2. Check to see if that the release valve is closed and hooks are properly fastened.
3. Raise patient clear of wheelchair, move lift to bed so patient is about in the center of the bed and gently open release valve lowering patient onto bed.
4. Slacken chains or straps by pushing down on the lift arm, detach "S" hooks and roll lift away.
5. Roll patient on the side and remove sling.

## SAFETY, MAINTENANCE AND INFECTION CONTROL

1. Check sling for wear and contact Barnes Healthcare Services if it is
  - Badly worn
  - Torn
2. Caregiver may clean with damp cloth.
3. Caregiver may launder the seat with household detergent after removing metal bars.
4. MAKE NO ALTERATIONS TO THE LIFT OR ACCESSORIES.

## SAFETY GUIDE

- DO NOT attempt any transfer without the approval of the patient's nurse and without having studied the manufacturer's instructions and having received demonstration.
- Patient lifts should be used only by order of a physician. Use only a sling that is made by and/or recommended by the manufacturer of the patient lift.
- The physician, nurse or medical attendant should determine the proper and safe sling to use.
- Use care and discretion to determine if a patient lift should be used to lift a severely spastic or severely handicapped person.
- DO NOT leave a patient unattended on a patient lift.
- Base legs on lifter should be spread to widest position when lifting the patient, if the lift is so equipped.
- Keep the patient centered between the legs of base and facing toward the attendant who is operating the lift.
- Check position of sling to be sure seat is close to bend of knees.



# PATIENT LIFT

- Adjust links of chains or slides on web straps to insure the most comfortable position.
- Make sure wheels are locked when putting the patient into and out of the patient lift, if lift is so equipped.
- Visually inspect the nut and bolt that attaches the boom to the top of the mast, verify that the nut and bolt are securely fastened.

## TROUBLESHOOTING GUIDE

- Check hydraulic cylinder for leaks once a week.
- Make sure wheels will lock.
- Call Barnes Healthcare Services if the lift malfunctions.
- Patient lift arm goes down slowly when lift mechanism is locked:
- Check control knob.
- If in proper, snug position, cylinder is leaking internally or externally.
- Call Barnes Healthcare Services for assistance.

## CLEANING OF PATIENT LIFT

1. Clean lift with warm soapy water and clean cloth or sponge. Wipe with clean non-soapy cloth to remove soap residue.
2. Soak lifting sling in the 1 part bleach to 9 parts water, then hand wash with laundry soap and let air dry.
3. For infection control, the complete lift (MINUS SLING) should be wiped with a clean cloth and a solution of 1 part bleach to 9 parts water.
4. Discard cleaning solutions after each use. DO NOT reuse.
5. The entire lift can be sprayed with disinfectant and allowed to air dry.
6. Cleaning/exam gloves, glasses/goggles and an apron should be worn when using bleach and solutions.

## GENERAL EQUIPMENT

A walker is a device consisting of a metal frame with handles and either rubber castors or wheels that acts as an aid to those who have difficulty walking or moving about.

There are several types of walkers to choose from. Each type suits a different need.

1. Standard: A standard walker is picked up with each step forward, is lightweight and is for people who need assistance walking, but can lift objects.
2. Rolling: Walkers that have wheels on the front legs are great for those who cannot lift objects. These walkers only require a push to move forward.
3. Forearm support: People who have poor use of their upper extremities can benefit from a walker with forearm support. The arms slide into holdings that allow the user to lean over the walker much more easily.

### BEDSIDE COMMODORE

- Bedside and/or over the toilet use.
- Adjustable leg chairs adjust so that user can get into and out of easily and safely.
- Empty, rinse and disinfect after each use.

### TRAPEZE BARS (Bed or Floor)

- Helps patients change positions in bed and transfer from bed to chair with minimal assistance.
- Make sure trapeze bars are securely mounted on the bed and the base is extended properly on the floor models.

# WELCOME TO NUTRITION



At Barnes Healthcare Services, we have a team of experts available to help you transition to your new method of eating, including registered dietitians, registered pharmacists, and registered nurses. Our Nutrition team includes board-certified nutrition support clinicians and is well-equipped to help you troubleshoot problems.

If you experience any of the following problems, please contact your Barnes Healthcare Services team or your physician for assistance:

- Diarrhea or more than five bowel movements per day
- Constipation lasting more than two to three days
- Vomiting of formula
- Problems with pump infusion or clogging of tube

**We are available via phone toll-free at 877-493-6578 from 8:30AM to 5:00PM, Monday through Friday EST, or via email at [replenish@barneshc.com](mailto:replenish@barneshc.com) you may also call our toll-free number for after hours emergencies.**

Please note our team will be contacting you to schedule regular product shipments via FedEx, UPS, or another delivery method.

Please contact us when you have one week's worth of formula or supplies on hand to allow time for product shipment. If your address or contact information changes, please let us know as soon as possible to facilitate timely and accurate service.

Again, thank you for the opportunity to care for you and your family.

## Enteral Returns

Barnes Healthcare Services follow the guidelines set by the FDA concerning the return of unused prescription or enteral products once they are dispensed in good faith, with a valid prescription when required. CPG Sec. 460.300 Return of Unused Prescription Drugs to Pharmacy Stock

"A pharmacist should not return drugs products to his stock once they have been out of his possession. It could be a dangerous practice for pharmacists to accept and return to stock the unused portions of prescriptions that are returned by patrons, because he would no longer have any assurance of the strength, quality, purity or identity of the articles. The pharmacist or doctor dispensing a drug is legally responsible for all hazards of contamination or adulteration that may arise, should he mix returned portions of drugs to his shelf stocks. Some of our investigations in the past have shown that drugs returned by patrons and subsequently resold by the pharmacist were responsible for injuries."

## Enteral Supply Returns

All nutrition services supplies which are provided to patients for therapeutic purposes are not suited for reuse and cannot be returned or credited.

## Enteral Pumps

All pumps used in the administration of enteral nutrition remain the property Barnes Healthcare Services, unless converted to purchase by the insurance paying for the service. If the pump it is not purchased it is expected to be returned at the conclusion of services. If the pump is not returned at this time the patient's account will be charged.



# ENTERAL PUMP

# CLEANING OF ENTERAL A (FEEDING) PUMP



## WHAT IS ENTERAL NUTRITION?

All people need food to live. Sometimes a person cannot eat any or enough food because of an illness. Others may have a decreased appetite, difficulties in swallowing, or some type of surgery that interferes with eating. When this occurs, and one is unable to eat, nutrition must be supplied in a different way. One method is “enteral nutrition” or “tube feeding.”

Normal digestion occurs when food is broken down in the stomach and bowel, then absorbed in the bowel. These absorbed products are carried by the blood to all parts of the body.

Tube feeding is when a special liquid food mixture containing protein, carbohydrates (sugar), fats, vitamins and minerals, is given through a tube into the stomach or small bowel.

## WHO RECEIVES TUBE FEEDING?

People of all ages receive tube feeding. It may be given to infants and children, as well as to adults. People can live very well on tube feeding for as long as it is needed. Many times, tube feeding is used for a short time--the tube is removed when the person can begin to eat normally again.

## HOW IS TUBE FEEDING SUPPLIED?

Tube feeding can be given through different types of tubes. One type of tube can be placed through the nose into the stomach or bowel. This tube is called a nasogastric or nasoenteral feeding tube. Sometimes the tube is placed directly through the skin into the stomach or bowel. This is called a gastrostomy or jejunostomy. Your healthcare team (doctors, nurses, dietitians, and pharmacists) will talk with you about the different types of feeding tubes. Formula may be administered in one of three ways:

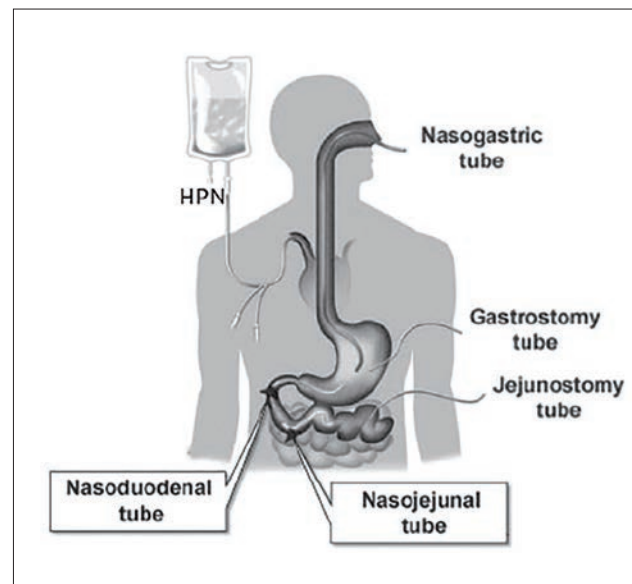
- Bolus feedings via syringe
- Gravity drip feeding via gravity bag
- By an electronic pump

If formula is administered via electronic pump, cleaning of the pump should be performed as needed. It may also be desirable to define cleaning intervals based on knowledge of the environment in which the pump is used. ONLY personnel trained in the cleaning of medical devices should perform cleaning.

**CAUTION:** DO NOT immerse pump or power cord in water or other cleaning solution; clean using a damp cloth or sponge. Failure to follow the cleaning procedures described herein could result in hazards to users. As with any AC powered electrical device, care must be taken to prevent liquid from entering the pump to avoid electrical shock hazard, fire hazard, or damage to electrical components.

If any of the following events occur, DO NOT USE the pump until it has been properly cleaned and serviced by personnel trained in servicing enteral feeding pumps:

- Wetting of the pump’s power cord
- Leakage into the pump interior during cleaning



## GENERAL CLEANING DIRECTIONS:

Cleaning of enteral feeding pumps must be performed as follows:

**CAUTION:** Disconnect pump from AC power source before cleaning. After cleaning, DO NOT connect to AC power source until pump and power cords are thoroughly dry.

- A mild detergent should be used for general cleaning. If necessary, the pump may be cleaned with a 10:1 water and hypochlorite mixture, however, repeated cleaning with this solution can damage the plastic pump case. Isopropyl alcohol, applied with a damp cotton swab, may be used for cleaning difficult-to-reach areas; however, it should be used sparingly because repeated cleaning may damage the case
- DO NOT USE strong cleaners such as Spray-Nine™, PhisoHex™, Hibiclens™, or Vesta-Syde™ because damage to the pump case housing can result.

## DIRECTIONS FOR CLEANING PUMP HOUSING:

- Refer to General Cleaning Directions before starting.
- Clean outside surface with a damp cloth or sponge.

## DIRECTIONS FOR CLEANING PUMP POWER CORD:

- Refer to General Cleaning Directions before starting.
- Unless soiling is observed, the power cord should not be cleaned.
- If cleaning of the power cord is necessary, unplug from outlet and wipe the exterior surfaces of the wall plug with a cloth dampened with isopropyl alcohol.

**CAUTION:** Avoid exposing power cord to excess moisture, as this can lead to an electrical shock or fire hazard.

## The following conditions will trigger error conditions and will activate audible and visible alarms:

- Feeding pump sets (bags) are empty.
- Pump set (bag) tubing becomes occluded.
- Tube becomes occluded between pump and patient.
- Battery low (alarm beeps continuously, about 15 minutes before shut-off).
- Unit is left in HOLD mode longer than 10 minutes without input.
- Pump set tubing is improperly loaded around the rotor.
- System errors .
- Feeding complete.
- The MISTIC connector is removed during AUTOPRIMING or RUNNING.



- Formulas should be prepared for patient use in a clean environment. Strict aseptic technique should be used in the preparation and administration of reconstituted infant enteral formulas.
- All personnel involved in preparing, storing, and administering formulas should be capable and qualified for the tasks, and follow accepted best practices.
- Sterile, liquid formulas should be used in preference to powdered, reconstituted formulas whenever possible.
- Store unopened commercially-available liquid formulas under controlled (dark, dry, cool) conditions.
- Maintain a rapid enteral feeding formula inventory turnover well within the product's expiration date
- Formulas reconstituted in advance should be immediately refrigerated, and discarded within 24 hours of preparation if not used; formulas should be exposed to room temperature for no longer than 4 hours, after which they should be discarded.
- Use a purified water or sterile water for irrigation supply for formula reconstitution and medication dilution (ensure that all powder product is mixed thoroughly). Consider purified water for enteral access device flushes in at-risk patients.
- ONLY use feeding solutions prescribed by the responsible physician, registered dietitian, registered nurse, or other licensed practitioner.
- To avoid electrical shock, never clean pump with charger plugged into an outlet or when pump is on.
- Make sure the pump is plugged into an electrical outlet
- DO NOT use Enteral Feeding Pump for delivery of non-enteral solutions. Serious injury may result.
- Proper operation of pump requires door is closed and latched. Make sure door is closed and latched when motor is running.
- Under the following conditions unplug the unit from the wall outlet and call Barnes Healthcare Services immediately:
  - The power cord is damaged
  - Liquid spilled into the unit
  - The unit was exposed to rain or water
  - The unit has been dropped or the frame has been damaged
  - A change in performance is noted
  - The unit does not operate normally by following the operating instructions.

## FORMULA STORAGE

### Hang Time & Storage

Cover any unused formula and write the date on it. Store it in the refrigerator. For formula that has been hung for a feeding, follow the guidelines below:

- Hang reconstituted powdered formula up to four (4) hours.
- Hang ready-to-use formula 8-12 hours.

Throw away any open, unused ready-to-use formula that has been stored in the refrigerator after 48 hours. Throw away any open unused reconstituted powdered formula after 24 hours.

### Manufacturer Guidelines

**Temperature Guidelines:** Our general recommended storage temperatures are between 32 and 95 degrees F. The most desirable temperature range for storage is between 55 and 75 degrees F. Prolonged exposure to temperatures below 32 degrees F or to direct heat above 95 degrees F could affect the physical consistency of the product. While the product within the sealed can is commercially sterile and of sound nutritional quality, a change in the consistency of the product could temporarily affect the appearance, flavor and other sensory attributes. We therefore DO NOT recommend use of product exposed to adverse temperatures

**Storage Times:** This information provides direction to help maintain the quality of Abbott Nutrition medical nutritional products. Users should clean the tops of containers thoroughly before opening them, and product should be covered once it's opened.

- Once a product is opened, use or refrigerate within four (4) hours. Discard refrigerated product after 48 hours.
- It is best to serve only what will be consumed in an hour. To serve only a portion of a container, pour desired amount into a separate container. Cover, refrigerate and use remaining product within 48 hours.
- Drinking from the container or through a straw exposes product to significant amounts of oral bacteria. When product is to be consumed directly from the container or through a straw, refrigerate or discard remaining product within one (1) hour. Consume the refrigerated product within 24 hours.
- For powder products, follow instructions for use and storage on the product label.



## WHY IS HOME OXYGEN PRESCRIBED?

Your doctor might prescribe oxygen if your lungs are not getting enough oxygen to your blood (a condition called hypoxemia). Breathing prescribed oxygen increases the amount of oxygen in the blood, usually reduces shortness of breath and other symptoms, and helps increase survival. Prescribed oxygen might also help protect your heart. The air you breathe every day contains 21 percent oxygen. The oxygen you will receive at home is close to 100 percent pure oxygen. Because it is a pure concentration of oxygen, home oxygen is considered to be a drug and must be prescribed by your doctor. Oxygen is not addictive and causes no side effects when used as prescribed.

Your doctor will prescribe a specific amount of oxygen that is right for you. Some people might need to use supplemental oxygen 24 hours a day, while others might only need oxygen during exercise or sleep. Home oxygen can help promote your independence and make it easier and safer for you to complete daily living activities.

## WHAT ARE THE METHODS USED TO DELIVER HOME OXYGEN?

A couple of systems are available to provide home oxygen, including compressed oxygen (tanks) and oxygen concentrators. With all of these systems, oxygen is inhaled through a two-pronged lightweight tube called a nasal cannula, or on rare occasions, an oxygen mask.

## WHAT IS A COMPRESSED OXYGEN SYSTEM?

Compressed oxygen comes in a tank that stores oxygen as a gas. A flow meter and a regulator are attached to the tank to adjust the oxygen flow. The tanks vary in size, from very large stationary tanks to tanks that are small enough to carry around. The compressed oxygen system is generally prescribed when oxygen is not needed all the time, such as only when walking or performing physical activity.

## WHAT IS AN OXYGEN CONCENTRATOR SYSTEM?

The oxygen concentrator is an electric oxygen delivery system about the size of a large suitcase. The concentrator extracts some of the air from the room and separates the oxygen from other gases in the air. Oxygen is then delivered through a nasal cannula. When in use, the concentrator should be placed in an open area. Never place it in a closet or other closed space.



## THE OXYGEN CONCENTRATOR

Oxygen Concentrators are made up of the following major components:

### OPERATING GUIDE

1. Select a location that allows the oxygen concentrator to draw in room air without being restricted.
2. Plug the power cord into an electrical outlet. Do not use an extension cord!
3. Connect the oxygen tubing to the oxygen outlet port.
4. Press the power switch to the ON position. Initially, all the indicator lights will turn on and the audible alarm will sound for a few seconds
5. After turning on the oxygen concentrator, allow at least 10 minutes for it to warm up.
6. Adjust the flow to the prescribed setting by turning the knob until the ball is centered on the line marking the specific flow rate.
7. Be sure oxygen is flowing through the cannula.
8. Put the cannula on as directed by your healthcare provider.
9. When device is not in use, press the power switch to the OFF position.

### Oxygen Tubing Connection with Humidification:

If your physician has prescribed an oxygen humidifier as part of your therapy, follow these steps:

1. Your healthcare provider will leave you with a humidifier attachment and bottle in the event you need extra humidification with your oxygen.
2. Thread the wing nut located on the top of the humidifier bottle to the oxygen outlet so that it is suspended, making sure it is securely tightened.
3. Attach the oxygen tubing directly to the humidifier bottle outlet fitting.
4. to the humidifier bottle outlet fitting.

### OXYGEN SUPPLIES

You will receive a bag of oxygen supplies with your setup of oxygen equipment.

### Please replace your tubing as indicated:

- Nasal cannula - replace every two weeks.
- O2 Extension Tubing - replace every 90 days.

### HUMIDIFIER MAINTENANCE

- Use distilled water.
- Once a week, empty water and wash the humidifier in warm soapy water and rinse.

### FILTER MAINTENANCE FOR OXYGEN CONCENTRATOR

If your concentrator has an external foam air filter, you will need to take this out once per week and run under water to remove the dust, dirt and lint. Make sure it is dry before placing back in concentrator.

### EXTERIOR OF OXYGEN CONCENTRATOR

Wipe down the exterior of the oxygen concentrator with a damp cloth. Do NOT use harsh cleaners, such as bleach.

**Unit does not operate. Power light is off when the power switch is "On." Audible alert is pulsing and Service required light is flashing.**

1. Power cord not properly inserted into wall outlet.
2. No power at wall outlet.
3. Oxygen concentrator circuit breaker activated.

### **Possible Remedies:**

1. Check power cord connection at the wall outlet. On 230 volt units, also check the mains connection on the back of the unit.
2. Check your home circuit breaker and reset if necessary Use a different wall outlet if the situation occurs again.
3. Press the concentrator circuit breaker reset button located below the power switch. Use a different wall outlet if the situation occurs again.
4. If the above remedies do not work, contact Barnes Healthcare Services.

**Unit operates the power light is on when the power switch is "On." Red Service Required light is illuminated. Audible alert may be sounding.**

1. Air filter is blocked.
2. Exhaust is blocked.
3. Blocked or defective cannula, or tubing.
4. Blocked or defective humidifier bottle.
5. Flow meter set too low.

### **Possible Remedies:**

1. Check the air filter. If the filter is dirty, wash it following the cleaning instructions.
2. Check the exhaust area; make sure there is nothing restricting the unit exhaust.
3. Detach cannula, if proper flow is restored, clean or replace if necessary. Disconnect the oxygen tubing at the oxygen outlet. If proper flow is restored, check oxygen tubing for obstructions or kinks. Replace if necessary
4. Detach the humidifier from the oxygen outlet. If proper flow is obtained, clean or replace humidifier.
5. Set flow meter to prescribed flow rate. If the above remedies do not work, contact Barnes Healthcare Services.

**Unit operates, the power light is on when power switch is "ON," audible low-frequency vibration sound is detected.**

Turn your unit "OFF." Switch to your reserve oxygen system, and contact Barnes Healthcare Services immediately.

**Both the green Normal Oxygen and the yellow Low Oxygen lights are either ON or OFF.**

The OSD malfunctioning, contact Barnes Healthcare Services.

**Yellow Low Oxygen light is on or the Yellow Low Oxygen light is on and the intermittent audible signal is sounding.**

1. Flow meter is not properly set.
2. Air filter is blocked.
3. Exhaust is blocked.

### **Possible Remedies:**

1. Ensure the flow meter is properly set to the prescribed number.
2. Check the air filter. If the filter is dirty, wash it following the cleaning instructions.
3. Check the exhaust area; make sure there is nothing restricting the unit exhaust. If above remedies do not work, contact Barnes Healthcare Services.

**Red Service Required light is on and an intermittent audible signal is sounding.**

1. Flow meter is not properly set.
2. Air filter is blocked.
3. Exhaust is blocked.

### **Possible Remedies:**

1. Ensure the flow meter is properly set to the prescribed number.
2. Check the air filter. If the filter is dirty, wash it following the cleaning instructions.
3. Check the exhaust area; make sure there is nothing restricting the unit exhaust. If the above remedies do not work, contact Barnes Healthcare Services.



## INITIAL SET UP OF COMPRESSOR

Before operating the Home Fill Compressor for the first time, complete the following checklist:

1. Choose a location for the compressor.
2. Transport the compressor to the desired location.
3. Connect the power cord to the compressor.
4. Connect the compressor to the concentrator.

The compressor should be at least three inches away from walls, draperies or furniture to ensure sufficient air flow. Avoid placing the compressor next to heaters, radiators or hot air registers. DO NOT use in a closet. The compressor should sit on a hard flat stable surface, such as a table or the Ready Rack.

## CONNECTING THE COMPRESSOR TO THE CONCENTRATOR

1. Insert one end of the interconnect hose into the outlet fitting on the back of the concentrator.
2. Insert the opposite end of the interconnect hose into the inlet fitting on the side of the compressor.  
*NOTE: The metal tabs on the concentrator outlet fitting and the compressor inlet fitting will pop out with an audible "click" when the end of the interconnect hose is properly installed.*
3. Loop any excess interconnect hose and secure to the back of the concentrator with the fastening straps

## COMPRESSOR OPERATION CHECKLIST

Each time the Home Fill Compressor is used to fill a cylinder, complete the following checklist:

1. Ensure the concentrator has been on for at least thirty minutes. Refer to the concentrator Owner's Manual.

2. Perform the pre-fill inspection on the cylinder.
3. Connect the cylinder to the compressor.
4. Push the compressor power switch to the ON position.
5. Examine the indicator lights on the control panel.
6. Disconnect and remove the full cylinder.
7. Push the compressor power switch to the OFF position.

## EXTERNAL EXAMINATION

1. Examine the outside of the cylinder for the following conditions, and replace the cylinder if they exist:
  - Dents or dings
  - Arc burns
  - Oil or grease
  - Any other signs of damage that might cause a cylinder to be unacceptable or unsafe for use.
2. Examine the cylinder for evidence of fire or thermal damage. Evidence includes charring or blistering of the paint, or other protective coating or heat sensitive indicator. If fire or thermal damage is found, replace the Cylinder.
3. Inspect the cylinder/regulator assembly for the following and replace if found:
  - Debris, oil or grease
  - Noticeable signs of damage
  - Signs of corrosion inside the valve
  - Signs of excessive heat or fire damage

## GETTING STARTED WITH YOUR PORTABLE OXYGEN CONCENTRATOR

### TYPES OF UNITS:

Pulse Dose Flow Unit - able to give a flow or pulse dose of oxygen when machine senses the trigger or patient inhaling.

Continuous/Pulse Flow Unit - has both the capability of the continuous flow and pulse dose flow which can be selected by changing the setting on machine.

Your unit will contain: Portable concentrator - Battery Pack (some units have multiple batteries), AC (home) plug adapter - DC (car) plug adapter | Carrying Case or Portable Cart

### COMMONLY USED TERMS

Transportable: pull-behind case, similar to a small suitcase

Over-the-shoulder POC: bag with shoulder strap

### BATTERY CHARGING:

- Check to make sure your unit's battery is fully charged before venturing out with portable concentrator for the first time or upon subsequent use.
- The internal battery is charging whenever the unit is plugged in to the AC adapter. Some units will charge on DC power, but most will only operate but not actually charge the battery on DC power.
- Charging times vary by manufacture of portable concentrators so it is good to notice the time it takes the first time to charge so you can plan appropriately.
- Most portable concentrators will have a battery indicator which you will need to monitor so that you know when the unit will need to be recharged.

### OPERATING INSTRUCTIONS:

- Connect the nasal cannula to the port or protruding nipple.
- Press the on/off button. Some machines will turn on by pressing the "flow" button.
- Adjust the flow to the prescribed setting.
- Monitor and charge battery as needed.

### MAINTENANCE AND CLEANING:

- Most units will have an external filter, either in the back or front of the unit. Rinse and air dry the filter weekly to keep unit flowing freely.
- Wipe the unit itself down with a damp cloth as needed.
- Change nasal cannulas every two weeks to prevent bacteria growth.

### TROUBLESHOOTING:

- Some units will alarm if no breath is detected or if there is a blockage in the flow. Make sure you are taking normal breaths when using unit and the tubing is not kinked.
- Most units alarm on startup and it is perfectly normal. The alarm should stop after a few minutes.
- Some units will alarm when battery gets less than 25%; make sure to check battery first when machine alarms. If the unit has a detachable battery, make sure that it is connected securely.
- Some units will have a yellow indicator light until the unit builds up the oxygen percentage which can take up to 5-7 minutes.
- Constant red lights or audible alarms can indicate the unit needs to be reset. Remove battery (if able), and turn unit off for 30 seconds to reset. If alarm continues and battery indicator shows it is charged, call Barnes Healthcare Services for service.

## How to fill your Homefill Oxygen System cylinders:

**\*\*Note** transfilling is not possible on an Invacare 5 Liter concentrator Unit if your prescribed liter flow is greater than 3 liters. Please contact your Barnes Healthcare Services Representative if your prescribed liter flow is greater than 3 liters.

1. Turn on Concentrator (bottom unit).
2. Make sure oxygen tank is closed and at least 1/2 empty.
3. Place tank on fill port & lock into place.
4. Turn on filling machine (top unit).
5. After about 5-10 minutes tank will begin to fill (green filling light will light up).
6. Once tank is full, the "full indicator" light will light up.
7. Turn off filling machine and remove tank.
8. Repeat process as needed starting with setup 1.





## Turning On Your Oxygen Cylinder



### STEP 1:

- Open the cylinder valve by turning counterclockwise all the way.
- You may have to use an oxygen wrench.
- The needle on the pressure gauge will register the amount of oxygen in the cylinder.
- A full "D" or "E" cylinder registers approximately 2,000 PSI.

See illustration 1

### STEP 2:

- Adjust the oxygen flow rate by turning the liter control knob until the flow is at the prescribed number.
- Flowmeter with dial gauge:
  - Adjust the liter control knob until the needle on the gauge registers the prescribed number.
- Flowmeter with Liter Tube:
  - Adjust the control knob until the middle of the indicator ball is at the prescribed number.

See illustration 2

Your doctor has prescribed the oxygen rate for you.

**Never** change this liter flow without instructions from your doctor.

### STEP 3:

- Fit the nasal cannula or oxygen mask to your face so that it is comfortable.
- Nasal Cannula:
  - Insert the two prongs of the cannula into your nostrils.
  - Make sure the prongs face upward and curve into your nostrils.
  - Slide the tubing over and behind each ear.
  - Adjust the tubing to fit comfortably under your chin by sliding the adjuster upward.
  - Be careful not to adjust it too tightly. Regularly check the ears and nose for pressure areas and/or sores inside the nose.

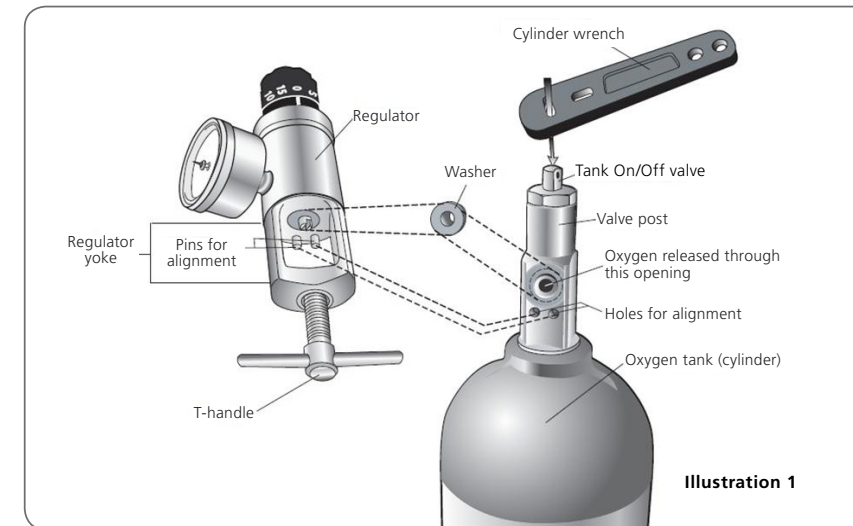


Illustration 1

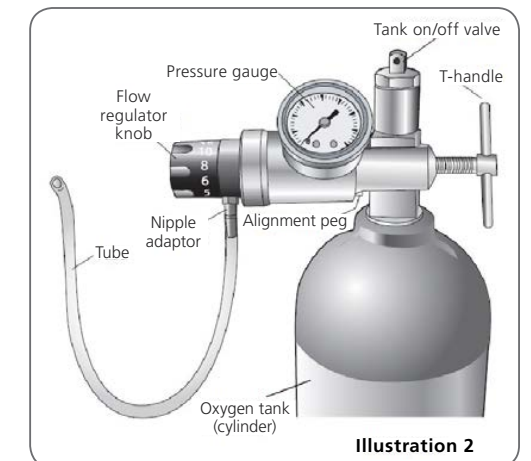


Illustration 2

## WHEN TO CHANGE YOUR OXYGEN CYLINDER

- Check your pressure gauge often to make sure you don't run out of oxygen. Always check the gauge when the valve is turned on. When the needle gets to the lower part of the red section on the gauge, it is time to change the cylinder. Be sure to change the cylinder before the needle gets below 200 psi.
- Change your cannula every 2–4 weeks to avoid infection. Also change it after you've been sick.
- Change your oxygen tubing every 3–6 months. If it's damaged, change it right away.

## HOW TO CHANGE YOUR OXYGEN CYLINDER

### Turn off the oxygen flow

1. Using the small cylinder wrench, turn the cylinder on/off valve clockwise to close it.
2. Bleed off the pressure in the valve by opening the flow regulator knob.
3. When the gauge reads zero, turn the flow regulator knob to zero.

### Change the cylinder

1. Remove the regulator by loosening the T-handle.
2. Slide the pegs out of the holes on the valve post and remove the regulator.
3. Remove the tab from the valve post on the new cylinder (see illustration 1).
4. Make certain there is a washer on the large post on the regulator.
5. Attach the regulator to the cylinder by slipping the regulator over the valve post of the cylinder.
6. Align the pegs located on the inside of the regulator yolk with the holes in the valve post.
7. Slide the regulator forward so the pegs go into the holes (see illustration 1).

8. Turn the T-handle on the regulator until it is tight. If the handle is not tight enough or if the washer is not in place, the cylinder will leak when the valve is opened (see illustration 2 for proper placement).

### Turn on the oxygen flow

1. Make sure the T-handle is tight.
2. Place the cylinder wrench on the cylinder's on/off valve, located at the top of the cylinder.
3. Open the valve by turning it counterclockwise one full turn. As the valve opens, the gauge on the regulator will show the amount of pressure in the cylinder. A full cylinder will read about 2000 psi (pounds per square inch).
4. Adjust the flow knob on the regulator until the gauge reaches the flow rate your doctor prescribed.
5. Attach tubing to the nipple adaptor on the regulator.



# APPROXIMATE DURATION OF OXYGEN CYLINDERS

# OXYGEN PATIENT GENERAL INSTRUCTIONS



M6 CYLINDERS					
O2 capacity		Cylinder Weight			
165 liters		2.9 lbs			
Regulator					
Liter Flow	1	2	3	4	5
Hours	2.7	1.4	0.9	0.7	0.5
Conserving Device					
Liter Flow	1	2	3	4	5
Hours	9.8	6.3	4.7	3.8	3.1

M9 CYLINDER					
O2 capacity		Cylinder Weight			
255 liters		3.7 lbs			
Regulator					
Liter Flow	1	2	3	4	5
Hours	3.4	1.8	3.4	2.5	2
Conserving Device					
Liter Flow	1	2	3	4	5
Hours	9.75	5.1	3.4	2.5	2

D CYLINDER					
O2 capacity		Cylinder Weight			
425 liters		6.0 lbs			
Regulator					
Liter Flow	1	2	3	4	5
Hours	7	3.6	2.3	1.8	1.4
Conserving Device					
Liter Flow	1	2	3	4	5
Hours	25.3	16.1	12.2	9.8	8.1

E CYLINDERS					
O2 capacity		Cylinder Weight			
680 liters		8.6 lbs			
Regulator					
Liter Flow	1	2	3	4	5
Hours	11.3	5.7	3.8	2.8	2.3
Conserving Device					
Liter Flow	1	2	3	4	5
Hours	40.5	25.8	19.6	15.7	12.9

## IS HOME OXYGEN THERAPY SAFE?

Yes. Oxygen is a safe gas as long as it is used properly. Contrary to what most people believe, oxygen will not explode. Oxygen does, however, support combustion. Therefore, any material that is already burning will burn much faster and hotter in an oxygen-enriched atmosphere.

## OXYGEN USE PRECAUTIONS

- Stay at least six feet away from any open flame or heat source (candles, gas stove, etc.) when you are using your oxygen system. If you must cook while using oxygen, make sure your tubing will not touch the gas flame or electric burner. (Tuck the tubing in your shirt or position it behind you.)
- DO NOT store your oxygen system near any heat sources or open flames.
- DO NOT smoke nor allow others to smoke in the same room as your oxygen system. Cigarette smoking is very dangerous. Sparks from a lighted cigarette could cause facial burns.
- Post "No Smoking" signs in the room where your oxygen is kept.
- DO NOT change the oxygen flow rate on your own. This can lead to serious side-effects. If you feel you are not getting enough oxygen, contact your physician and notify your home care supplier.
- Never use more than 50 feet of oxygen tubing. This can dilute the concentration of oxygen that you are receiving.
- DO NOT expose your oxygen equipment to electrical appliances (such as electric razors, hair dryers, electric blankets, etc.).
- Be sure that all electrical equipment in the area near the oxygen is properly grounded.
- Be sure to have a functioning smoke detector and fire extinguisher in your home at all times.
- Keep the oxygen system away from aerosol cans or sprays, including air fresheners or hair spray. These products are very flammable.
- Keep the oxygen system clean and dust-free. The person who delivers your oxygen will show you how to do this.
- DO NOT use cleaning products or other products containing grease or oils, petroleum jelly, alcohol, or flammable liquids on or near your oxygen system. These substances cause oxygen to be flammable.
- Keep the oxygen system in a place where it won't get knocked over.
- ALWAYS store your oxygen equipment in a well-ventilated area.
- An oxygen cylinder must be secured at all times. Put it in a cart or lay it down flat.
- NEVER use extension cords with any medical equipment.
- Secure loose cords and extra tubing so you don't trip on them when using your oxygen system.
- Secure floor mats and throw rugs so that you will not trip or fall when using your oxygen system.
- Be sure doorways, hallways, and rooms can accommodate you if you have a portable oxygen system.
- Notify your electric company if you are using an oxygen concentrator system so they can make your house a priority during a power outage.
- Oxygen is a drug and must be used as your doctor ordered. Too much or too little can be harmful.
- ALWAYS have backup tanks available, and know how to use them.



## Traveling with Oxygen



### Types of Travel Oxygen

- A compressed oxygen tank is oxygen gas stored in a tank under pressure. Small tanks can be carried.
- A liquid oxygen unit contains oxygen gas cooled to a very low temperature. Most tanks come with a portable unit that you can carry or pull on a cart.
- A portable oxygen concentrator (POC) takes in the air around you to concentrate oxygen and give you more of it. It uses electricity from a battery or by plugging into an outlet.



### By Air

- You can use an FAA-approved portable oxygen concentrator (POC). Some airlines offer in-flight oxygen for a fee.
- You can't use compressed gas or liquid oxygen on the plane.
- When you make your reservation, tell the airline that you'll be using oxygen during the flight. You may need to send paperwork from your doctor or fill out the airline's medical form.
- Bring extra POC batteries and your own nasal prongs.
- If you will be using the airline's oxygen system, keep in mind that it's only on the plane, not throughout the airport.
- Arrange for oxygen supplies during layovers and at your destination.



### By Bus or Train

- Call the local bus or train office at least three days before you depart. Tell them that you're traveling with oxygen. Ask about their policies. Most bus or train companies allow personal oxygen devices onboard.
- Bring extra oxygen units as baggage, if allowed.
- Carry your oxygen prescription with you.



### By Car

- Place the oxygen unit upright. Put it on the floor or on the seat beside you. Secure the unit with a seat belt.
- Don't smoke or let anyone else smoke in the car.
- Keep the windows open at least a crack so air can circulate.
- Don't leave oxygen units in a hot car.



## Traveling with Oxygen



### By Cruise

- When you book your cruise, tell the cruise company that you'll be traveling with oxygen. Most cruise lines require a four- to six-week notice to travel with oxygen.
- Ask your healthcare provider to give the cruise company a letter that includes a brief health history and your oxygen prescription.
- Work with your oxygen supplier to have oxygen units sent to the cruise ship before you depart. Ask the supplier to tell you how many tanks you'll need at ports of call. The supplier may be able to arrange those for you.
- Search online for special cruises for people on oxygen.



### Other Considerations

- Being around crowds can increase your risk of getting sick. Consider wearing a mask when you're not using your oxygen. Wash your hands often. Don't use alcohol-based hand sanitizers because they are flammable.
- If you are traveling out of the country, take extra precautions to understand airline policies. If you use a POC, make sure you have the right electrical adapter so you can plug it in.
- Work with a travel agent to help make plans for any travel abroad.
- If you have trouble breathing, appear pale or blue or have chest pain, seek medical attention right away.



# LARGE VOLUME AIR COMPRESSOR

## HUMIDIFICATION

The nose and mouth provide warmth, filtration, and moisture for the air we breathe. A tracheostomy tube bypasses these mechanisms. Humification must be provided to keep secretions thin and to avoid mucus plugs. Note, children and adults with tracheostomies do best in an environment of 50% humidity or higher.

### SUPPLIES NEEDED FOR HUMIDIFICATION:

- Air Compressor
- Nebulizer bottle
- Aerosol Tubing
- Aerosol Drainage Bags
- Trach Mask
- O<sup>2</sup> bleed in attachment (if applicable)
- Distilled water
- Heat Moisture Exchanger (HME) for use when not on compressor, Speaking valve, or ventilator.
- Room humidifier

## AEROSOL COMPRESSORS FOR HUMIDIFICATION

Humidity should be delivered when you are not on ventilator, and as needed to keep secretions thin, prevent mucus plugs, or if you are noticing blood-tinged mucus. Supplemental humidity can be delivered by use of a heat and moisture exchanger (HME) or an aerosol compressor.

The Air Compressor should be on a stable flat surface, NOT ON THE FLOOR. Attach a trach mask (collar) with aerosol tubing over the trach with the other end of the tubing attached to the nebulizer bottle and air compressor. Distilled water goes into the nebulizer bottle (do not overfill, note line guide). Oxygen can also be delivered via the trach collar or at nebulizer bottle with an oxygen bleed in adapter.

When using the air compressor, please note that moisture may accumulate in the aerosol tubing. Simply, disconnect tubing at the trach end, empty into a container and discard. Do not drain fluid into the humidifying unit. Fluid traps, also called drainage bags, are helpful in preventing occlusions and aspiration. These collection devices also need to be emptied frequently.

## CLEANING AND DISINFECTING:

The cleaning and disinfecting of your respiratory supplies is essential to the health and wellness of any child or adult. Whenever moisture is present, from water supplies, from body humidity or any bodily fluid, bacteria can grow within 24-72 hrs. If your supplies are not properly cleaned and dried, bacteria can build up and can lead to infections in the body, especially in the airway passages. Also, the oils in our skin and the minerals in tap water can cause premature breakdown in the materials used to manufacture your supplies. Therefore, we recommend the cleaning and infection schedule be followed diligently.

### DAILY:

- Rinse with tap water any supply that has bodily secretions: trach collar, trach swivel adapters, suction canisters (secretions must be disposed of in the toilet).
- Rinse humidifier / nebulizer bottles

### WEEKLY:

- If you want to use vinegar solution after the above process, then soak the supplies in 1-part white vinegar and 3-part water for 30 minutes. Rinse well and dry as instructed as above. (Please note, speaking valves are not to be soaked in vinegar).

## AIR COMPRESSOR CHANGES:

- Weekly dispose of these items on the Air Compressor items: Aerosol Tubing.
- These items should be washed in soapy water: O<sub>2</sub> bleed in attachments, Nebulizer "T" pieces, Trach Collars, Nebulizer bottles, Pollen Filter (back of ventilator)



Scan this QR code with the camera of your phone to watch a short video about Air Compressors

# NEBULIZER COMPRESSOR



## HOW DO I CARE FOR MY NEBULIZER?

### Cleaning

1. Cleaning and disinfecting your asthma nebulizer equipment is simple and very important. Proper care prevents infection. Cleaning should be done in a dust- and smoke-free area away from open windows.
2. Follow these instructions when cleaning your nebulizer:
  - After each treatment, rinse the nebulizer cup thoroughly with warm water, shake off excess water, and let air dry. At the end of each day, the nebulizer cup, mask, or mouthpiece should be washed in warm soapy water using a mild detergent, rinsed thoroughly, and allowed to air dry. You DO NOT need to clean the compressor tubing.
  - Once a week, after washing your equipment, disinfect the equipment using a vinegar/ water solution. To use the vinegar solution, mix 1/2 cup white vinegar with 1 1/2 cups of water. Soak the equipment for 20 minutes and rinse well under a steady stream of water. Shake off the excess water and allow to air dry on a paper towel. Always allow the equipment to completely dry before storing in a plastic, zippered bag.

### Storing

1. Cover the compressor with a clean cloth when not in use. Keep it clean by wiping it with a clean, damp cloth as needed.
2. DO NOT put the air compressor on the floor either for treatments or for storage.
3. Medications should be stored in a cool, dry place. Check them often. If they have changed color or formed crystals, throw them away and replace them with new ones.



Scan this QR code with the camera of your phone to watch a short video about Nebulizers



# STATIONARY SUCTION MACHINE

## GROUNDING INSTRUCTIONS

Improper use of the grounding plug can result in a risk of electric shock.

### Compressor

1. Familiarize yourself with the aspirator.
2. Attach the suction tubing to the suction inlet.
3. Check to see that the "ON/OFF" switch is in the "OFF" position.
4. Turn the control knob fully counterclockwise.
5. Plug power cord into electrical outlet.
6. Turn the "ON/OFF" Switch to the "ON" position.
7. Turn the control knob clockwise to adjust the vacuum gauge to the setting specified by your physician or qualified healthcare professional.

**NOTE:** As the knob is turned counterclockwise the vacuum will decrease, as the knob is turned clockwise the vacuum will increase.

8. After each use, empty the collection jar. Refer to CARE AND CLEANING in this instruction sheet.

## REPLACING THE HYDROPHOBIC FILTER TUBING ASSEMBLY

**NOTE:** Either of the following conditions may require replacement of the Hydrophobic Filter Tubing assembly:

- The filter is dirty and the aspirator has lost suction.
- There is liquid in the hydrophobic filter tubing assembly due to extended use or overflow.
  - Remove the elbow connector end of the hydrophobic filter tubing assembly from the top of the collection jar.
  - Unthread the hydrophobic filter tubing assembly from the vacuum gauge and discard.
  - Install new hydrophobic filter tubing assembly by reversing STEPS 1-2.

## CARE AND CLEANING

### Emptying the Collection Jar:

1. Turn the aspirator "OFF" and allow the vacuum to return to zero (0).
2. Remove the elbow connector and tubing from the top of the collection jar.
3. Lift jar out of support bracket.
4. Remove lid by turning counterclockwise.

## TROUBLESHOOTING

The suction of the aspirator has decreased or has stopped:

1. Turn the aspirator "OFF".
2. Unplug power cord from electrical outlet.
3. Remove collection jar, empty and reinstall. Refer to EMPTYING THE COLLECTION JAR in this instruction sheet.
4. Refer to OPERATION, in this instruction sheet, to check suction of the Aspirator.

**NOTE:** If the suction still does not return, the bacteria filter and tube assembly may need to be replaced.

5. Turn "OFF" the unit and call Barnes Healthcare Services.

# PORTABLE SUCTION



## OPERATION:

Press power switch on.

Connect Suction Catheter or Yankauer to Patient Tubing and suction as needed.

When done suctioning rinse Yankauer and or tubing out with water to clear tubing.

Turn the power switch to off.

On top of Suction unit there are 3 LED lights:

L1 = Green, External power supplied from AC power DC cord.

L2 = Yellow, Battery is being charged. Light will go out when battery is charged.

L3 = Red, Low Battery. Seek another power source and charge Battery.

**NOTE:** You should keep portable suction unit plugged into external AC power at all times so the battery is fully charged in case of power failure or the need to travel with the suction unit.

**NOTE:** A fully charged battery will provide approximately 45-60 minutes of continuous operation, depending on vacuum level. Battery run time will decrease as the battery ages.

**CAUTION:** Discharging the battery completely will shorten the life of the battery. Do not operate the unit more than a few minutes if the low battery indicator light is lit.

## CLEANING:

### DAILY:

Remove canister / lid and empty contents. Dispose of contents in toilet, rinse thoroughly and leave a little water in the bottom of canister. It is helpful to have a container of water near the suction unit to rinse the tubing after each suction occurrence.

### WEEKLY:

Wash canister / lid and tubing once per week.

Wipe the suction unit off with a damp cloth. **DO NOT USE** cleaners that contain ammonia, benzene or acetone to clean the suction unit.

### MAINTENANCE:

Change bacteria filter if it becomes wet or every two months, if needed. You will need to order these with your monthly order.

## ADDITIONAL NOTES:

Do not let yourself run out of supplies. If you find yourself out of cannisters / lids; pt. tubing, suction catheters or yankauer catheters, remember you can wash these in warm soapy water (dishwashing liquid) and rinse with clean water and dry. When dry, put them in a zip lock bag to keep clean.

If you wish to disinfect your supplies, you can soak supplies in 1 part white vinegar to 3 parts water for 60 minutes and rinse with clean water.



Scan this QR code with the camera of your phone to watch a short video about Portable Suction Machines



## TROUBLE SHOOTING

PROBLEM	ACTION
Unit does not turn on, but green external power light is illuminated.	<ul style="list-style-type: none"> <li>• check power source and connections.</li> <li>• ensure wall outlet is live by plugging in a lamp</li> <li>• check that battery is fully charged.</li> </ul>
Suction unit runs, but there is no vacuum.	<ul style="list-style-type: none"> <li>• check that all tubing is connected and the lid is securely fastened to cannister.</li> <li>• ensure that float in the lid is not stuck to the top of the lid.</li> <li>• check for leaks or cracks in the cannister, lid or tubing</li> </ul>
Low Vacuum	<ul style="list-style-type: none"> <li>• use vacuum adjustment knob to increase vacuum level.</li> <li>• check for leaks in system / circuit.</li> </ul>
Battery will not charge but charge light is illuminated	<ul style="list-style-type: none"> <li>• verify charge light turns on</li> <li>• check electrical connections during charging</li> <li>• ensure wall outlet is live by plugging in a lamp</li> </ul>

## CLEANING AND MAINTENANCE FOR PAP MACHINE

### DAILY:

Empty water from humidifier chamber  
Clean cushion / pillows with warm cloth / paper towel or non-alcoholic wipe.

### WEEKLY:

Wash tubing, chamber, mask in warm soapy water, let soak for 15-20 minutes, rinse and let dry.

### MONTHLY:

Throw away filter and replace with a new one.

### RESUPPLY ORDERS:

Your account will be uploaded into our call platform approximately 30 days after setup. You will be asked to create your patient portal. You will use this portal to request supplies. You will also receive supply reminders either by email or phone.

*If you need supplies before this, you can call 844-371-8195. Please leave a message with the pt. name and a phone number to call back. Please speak clearly.*

Pillow / cushion	2/mo
Full Face Mask Cushion	1/mo
Disposable filters	2ea/mo
Non-disposable filters	1 every 6 months
Frame for mask or cushion	1 every 3 months
Tubing	1 every 3 months (Heated, Slimline, etc)
Kit (mask and headgear)	1 every 6 months
Humidifier Chamber	1 every 6 months
Your Mask Kit:	_____



At Barnes Healthcare Services, we're committed to making your sleep apnea therapy as comfortable and effective as possible. That's why we're excited to welcome you to the Wellness Checkup program with ResMed ReSupply™. Now you have a fast and worry-free way to help you regularly replace your disposable therapy supplies. The Wellness Checkup program can also help us address any issues you might be having with your equipment or therapy.

Here's what to expect:

- To set up your preferences, visit the ResMed ReSupply web portal at [MyReSupply.ResMed.com](http://MyReSupply.ResMed.com). You can select how you'd like to be contacted about replacing your supplies. Options include receiving a phone call, email or text message. \* When it's time to replace your supplies, you'll be contacted in your preferred method.
- If you receive phone calls, they will be from (844) 371-8195. Remember to save this number to your phone's contacts so you'll recognize it the next time you're called. The voice on the phone will identify herself as Faith from Barnes Healthcare Services. She will ask you to identify yourself personally. If you have any trouble during the phone call, simply say "customer service" to be transferred to a live person.
- If you receive emails or text messages, you'll be directed to the ResMed ReSupply web portal.
- During your call, or within the web portal, you'll be asked a series of questions about your therapy and the condition of your equipment. Your request will be processed based on your responses as well as your insurance eligibility.

You can also visit the web portal anytime to request new supplies, change outreach preferences, ask questions using the secure message center, or update your insurance and contact information.

We hope you find this service to be a beneficial part of your ongoing support from Barnes Healthcare Services. For more information about the importance of replacing your supplies and replacement schedules, visit [Resmed.com/WellnessCheckup](http://Resmed.com/WellnessCheckup).

Sincerely,

The Barnes Healthcare Services Staff

ResMed ReSupply automated system telephone number: (844) 371-8195

\*Mobile device carrier charges may apply. During your setup appointment, you provided consent to receive these automated, artificial voice calls; additional consent is not required for the resupply service. You can update your notification preferences at any time on [MyReSupply.ResMed.com](http://MyReSupply.ResMed.com).

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## Medication Returns

Barnes Healthcare Services pharmacies follow the guidelines set by the FDA concerning the return of unused medications once dispensed in good faith with a valid prescription.

CPG Sec. 460.300 Return of Unused Prescription Drugs to Pharmacy Stock

“A pharmacist should not return drugs products to his stock once they have been out of his possession. It could be a dangerous practice for pharmacists to accept and return to stock the unused portions of prescriptions that are returned by patrons, because he would no longer have any assurance of the strength, quality, purity or identity of the articles. The pharmacist or doctor dispensing a drug is legally responsible for all hazards of contamination or adulteration that may arise, should he mix returned portions of drugs to his shelf stocks. Some of our investigations in the past have shown that drugs returned by patrons and subsequently resold by the pharmacist were responsible for injuries.”

## Infusion Supply Returns

All infusion services supplies which are provided to patients for therapeutic purposes are not suited for reuse and cannot be returned or credited.

## Medication Recalls

Barnes Healthcare Services pharmacies have policies and procedures in place in the event of a recall. A recall notice will be sent by the manufacturer or the FDA. The pharmacy team will determine if the pharmacy has dispensed any of the affected medication. In the case of a Class I recall, the patient and prescriber will be notified and further instructions given as soon as possible.

“**Class I recall:** a situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death.”

If you have any questions regarding the possible recall of one of your medications, call your pharmacy at the number listed on all delivery tickets and prescription labels.

The FDA maintains an up to date list of recalled medication.

Use this link to see the most current list - <http://www.fda.gov/Drugs/DrugSafety/DrugRecalls/>



## Plan to protect your family and tailor a plan to fit your needs.

- Contact local emergency shelter if special needs will be required such as oxygen or electricity needs.
- Build an emergency kit.
- Water – one gallon of water per person per day for at least three days for drinking and sanitation.
- Food – at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone; include extra batteries for both.
- Flashlight and extra batteries.
- First Aid kit.
- Whistle – to signal for help.
- Dust mask to help filter contaminated air, plastic sheeting and duct tape to keep shelter in place.
- Moist towelettes, garbage bags and plastic ties for personal sanitation.
- Wrench or pliers to turn off utilities.
- Manual can opener for food.
- Local maps.
- Cell phone with chargers, inverter or solar charger.

Don't worry about safety; do something about it. Be sure everyone in your family knows what to do in an emergency.

## HURRICANE SAFETY CHECKLIST

Hurricane season begins June 1 and ends November 30. We are in areas that may be threatened by a storm. Our goal is to help our patients, caregivers and their families to prepare for a storm. There are things you can do now before we are threatened by a storm.

- Soap/detergent/toiletry items
- Flashlight and batteries
- Radio and batteries
- Bottled water, water purification pills or bleach
- Handy wipes
- Chux (blue underpads) Depends
- Sun screen/insect repellent
- Closed toe shoes
- Plastic bags/baggies and ties
- Ice chest
- Manual can opener
- Blankets
- Extra change of clothes
- Money/cash
- Non-perishable food
- Extra pet food (if applicable)

### Before the Storm

- Monitor the weather reports to see if storms will turn in your direction.
- Check battery-powered equipment – like radios and flashlights.
- Have extra prescription medication available.
- Turn your refrigerator to the coolest setting and open only briefly.
- Have plenty of non-perishable food on hand.
- Prepare an emergency water supply.
- Unplug electrical equipment.
- Store valuables and documents in a waterproof container.
- Close all windows and curtains, and go to an interior room.
- Stay away from windows and glass.
- Go to a local hurricane shelter if necessary.

### During the Storm

- Remain indoors and monitor emergency broadcasts.

### After the Storm

- Listen to emergency reports to make sure it is safe to go outside.
- Water supplies may be contaminated; therefore, a “boiled water only” order may be in effect for up to 72 hours. If unable to boil water, you can add these agents to one gallon of water: 4 water purification tablets or 12 drops of household bleach that does not contain additives.
- Check food and make sure it isn't spoiled before eating.
- Use the telephone only for life-threatening emergencies.





## TORNADO SAFETY CHECKLIST

A tornado is a violently rotating column of air extending from the base of a thunderstorm down to the ground. They are capable of completely destroying well-made structures, uprooting trees and hurling objects through the air like deadly missiles.

### To Prepare For a Tornado

- Listen to local news or an NOAA Weather Radio to stay informed about watches and warnings.
- Know your community's warning system, if applicable.
- Pick a safe room in your home where household members and pets may gather during a tornado. This should be a basement, storm cellar or an interior room on the lowest floor with no windows.
- Practice periodic tornado drills so that everyone knows what to do if a tornado is approaching.
- Consider having your safe room reinforced. Plans for reinforcing an interior room to provide better protection can be found on the FEMA website at [www.fema.gov](http://www.fema.gov).
- Prepare for high winds by removing diseased and/or damaged limbs from trees.
- Move or secure lawn furniture, trash cans, hanging plants or anything else that can be picked up by the wind and become a projectile.
- Watch for tornado danger signs:
  - Dark, often greenish clouds
  - Cloud of debris
  - Large hail
  - Funnel cloud
  - Roaring noise

### If a Tornado is Threatening

- The safest place to be is an underground shelter, basement or safe room.
- If no underground shelter or safe room is available, a small, windowless interior room or hallway on the lowest level of a sturdy building is the safest alternative.
- Mobile homes are not safe during tornadoes – DO NOT seek shelter in a hallway or bathroom of a mobile home.
- If you have access to a sturdy shelter or a vehicle, abandon your mobile home immediately. DO NOT wait until you see the tornado.
- If you are caught outdoors, seek shelter in a basement or sturdy building. If you cannot quickly walk to a shelter:
- Immediately get into a vehicle, put on your seatbelt and try to drive to the closest sturdy shelter. If flying debris occurs while you are driving, pull over and park.
- As a last resort, stay in the vehicle with seatbelt on. Put your head down below the windows, covering with a blanket or your hands.
- If you can safely get noticeably lower than the level of the roadway, exit your car and lie in that area, covering your head with your hands.

### After a Tornado

- Continue listening to local news or an NOAA Weather Radio for updated information and/or instructions.
- If you are away from home, return only when authorities say it is safe to do so.
- Wear long pants, a long-sleeved shirt and sturdy shoes when examining your walls, doors, staircases and windows for damage.
- Watch out for fallen power lines or broken gas lines and report them to the utility company immediately.
- Stay out of damaged buildings.
- Use battery-powered flashlights when examining buildings – DO NOT use candles.
- If you smell gas or hear a blowing or hissing noise, open a window and get everyone out of the building quickly. Call the gas company and/or fire department.
- Take pictures of the damage, both of the buildings and its contents for insurance claims.
- Use the telephone only in an emergency.
- Keep all of your animals under your direct control.
- Clean up spilled medications, bleaches, gasolines or other flammable liquids that could become a fire hazard.
- Check for injuries. If you are trained, provide first aid to persons in need until emergency responders arrive.



## An injury or accident in your home may result in what is known as **biomedical waste**.

**Biomedical waste** is any liquid or solid waste that may present a threat of infection to humans. Liquid waste includes blood and other body fluids from humans. Solid waste includes clothing, towels, rags, sheets, gloves, plastic bags, or any objects soiled with blood, or other body fluids.

These guidelines will help you to safely clean up after an injury or accident. The Environmental Health Section of your health department can provide you with a listing of companies who provide this type of service. Fees may vary.

### What Do I Need?

Before the start of cleanup, make sure to protect yourself. You will need the following items:

- **Rubber gloves** to protect your hands
- **Glasses or goggles** to protect your eyes
- **Mask or handkerchief** to protect your nose and mouth
- **Large shirt or plastic garbage bag** to cover your clothes
- **Kitchen tongs or pliers** to pick up any sharp items
- **Cat litter, dry swimming pool chlorine**, (or paper towels, cloth towels or rags) to absorb liquid waste
- **Broom and dustpan or household spatula** to pick up the litter or dry chlorine after absorption
- **Plastic bags** to contain soiled items
- **Tin can or plastic bottle** with lid to contain any sharp items
- **Heavy-duty tape** for securing the lid
- **Household bleach** for wiping soiled area
- **Measuring cup** for mixing a bleach solution

### How Do I Clean Up a Soiled Area?

1. Cover your clothes with an old shirt or plastic bag
2. Use glasses or goggles and mask or handkerchief if there is a chance of splashing blood or body fluids
3. Using tongs or pliers, pick up any sharp objects and place them in a hard plastic or metal container with a screw-on or tightly secured lid. Be sure to reinforce the lid with heavy-duty tape.

**CAUTION: Do not use clear plastic. Do not use a container you plan to recycle.**

4. Apply cat litter or dry swimming pool chlorine directly onto any liquid waste until it becomes absorbed.
5. Sweep the absorbed material into a dustpan or scoop it up with a household spatula and place it in a doubled, plastic garbage bag. Securely tie the bag.

*Note: If cat litter or dry swimming pool chlorine is not available, you can absorb the liquid waste with disposable or reusable towels or rags. Place the used disposable towels into a doubled, plastic garbage bag and securely tie the bag. Place reusable towels into a separate plastic bag for laundering.*

6. Mix one-half cup of bleach with one gallon of water. Wipe the entire soiled area with this solution. If disposable items are used to wipe the area, place them in a doubled, plastic garbage bag and securely tie the bag. If reusable items are used, place them in a separate bag for laundering.

### How Do I Discard the Soiled Items?

1. Be sure all disposable items are in plastic bags that are securely tied. Place the bags and the metal or plastic containers in the center of your garbage can.

**Wash hands thoroughly with soap and water.**

2. If you plan to discard large soiled objects such as carpets, mattresses, and furniture, use the same bleach mixture (one half-cup bleach to one gallon of water) pour over the soiled area.

**Wash hands thoroughly with soap and water.**

3. Contact your local garbage collection office and ask for instructions for pick up of large items. If this service is not available in your area, ask if you may transport the item to the local landfill.

*Note: If neither of these options is available in your area, contact the environmental health section of your local health department and request a listing of registered biomedical waste transporters who may provide this type of service. Fees may vary.*

### How Do I Wash Soiled Reusable Items?

1. Place all soiled reusable items in your washer. Run one cycle using one half cup of bleach for each gallon of water capacity for your washer.
2. Run a second cycle using your regular laundry detergent.

**Caution: Should you cut yourself during the clean-up process, call your health care provider as soon as you can.**



# SHARPS CONTAINERS

# SHARPS CONTAINERS



## DO's and DON'Ts

Safe Disposal of Needles and Other Sharps Used At Home, At Work, or While Traveling

### Do

- Immediately place used needles and other sharps in a sharps disposal container to reduce the risk of needle-sticks, cuts, or punctures from loose sharps.
- Use an FDA-cleared sharps disposal container, if possible. If an FDA-cleared container isn't available, some organizations and community guidelines recommend using a heavy-duty plastic household container (i.e. laundry detergent container) as an alternative.
- Make sure that if a household disposal container is used, it has the basic features of a good disposal container. (See box at right for more info.)
- Be prepared — carry a portable sharps disposal container for travel.
- Follow your community guidelines for getting rid of your sharps disposal container.
- Call your local trash or public health department (listed in the county and city government section of your phone book) to find out about sharps disposal programs in your area.
- Ask your health care provider, veterinarian, local hospital or pharmacist
  - o where and how you can obtain an FDA-cleared sharps disposal container,
  - o if they can dispose of your used needles and other sharps, or
  - o if they know of safe disposal programs near you.
- Keep all needles and other sharps and sharps disposal containers out of reach of children and pets.



### All sharps disposal containers should be:

- made of a heavy-duty plastic;
- able to close with a tight-fitting, puncture-proof lid, without sharps being able to come out;
- upright and stable during use;
- leak-resistant; and
- properly labeled.

### Don't

- Throw needles and other sharps into the trash.
- Flush needles and other sharps down the toilet.
- Put needles and other sharps in your recycling bin — they are not recyclable.
- Try to remove, bend, break, or recap needles used by another person. This can lead to accidental needle sticks, which may cause serious infections.
- Attempt to remove the needle without a needle clipper device because the needles could fall, fly off, or get lost and injure someone.

### Best Way to Get Rid of Used Needles and Other Sharps:

**Step 1:** Place all needles and other sharps in a sharps disposal container immediately after they have been used.

**Step 2:** Dispose of used sharps disposal containers according to your community guidelines.

**For more information visit**  
[www.fda.gov/safesharpsdisposal](http://www.fda.gov/safesharpsdisposal)

## How to Get Rid of a Sharps Container

Safe Disposal of Needles and Other Sharps Used At Home, At Work, or While Traveling

There are several ways to get rid of a sharps disposal container. Check with your local trash removal services or health department (listed in the city or county government (blue) pages in your phone book) or search the Internet for safe sharps disposal programs available in your area.

Some examples of safe sharps disposal methods are briefly described below:

### Drop Box or Supervised Collection Sites

You may be able to drop off your sharps disposal containers at collections sites, such as doctors' offices, hospitals, pharmacies, health departments, medical waste facilities, and police or fire stations. Services may be free or have a nominal fee.

### Household Hazardous Waste Collection Sites

You may be able to drop off your sharps disposal containers at local public household hazardous waste collection sites. These are sites that also commonly accept hazardous materials such as household cleaners, paints, and motor oil.

### Mail-Back Programs

You may be able to mail certain FDA-cleared sharps disposal containers to a collection site for proper disposal. This service usually requires a fee. Fees vary, depending on the size of the container. Follow the manufacturer's instructions included with the disposal container, as these programs may have specific requirements for mail-back.

### Residential Special Waste Pickup Services

Your community may provide pick-up services using a sharps disposal container acceptable to the pick up company, either provided to you by the pickup services company or one that you already own, depending on the company guidelines for pick up. The container is placed outside the home for collection by trained special waste handlers. Some programs require customers to call for pickup, while others offer regular pickup schedules.

### For more information specific to your state:

Visit the [Coalition for Safe Community Needle Disposal's Safe Needle Disposal](http://Coalition for Safe Community Needle Disposal's Safe Needle Disposal) Web site to find information including:

- types of sharps containers that can be used,
- disposal programs in your area,
- how to label your sharps disposal containers,
- how to secure the lid of your sharps disposal container, and
- whether sharps disposal containers can be thrown away in the common trash.





# MEDICARE DMEPOS SUPPLIER STANDARDS

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 42 4.57(c).

# MEDICARE DMEPOS SUPPLIER STANDARDS



26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

## 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. If you have any questions about this notice, please contact: Corporate Compliance Officer at 1-800-422-5059.

## OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 42 4.57(c).

**For Healthcare Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to ensure the home care, medical equipment and medications you receive are of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

## SPECIAL SITUATIONS

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as



## How to Dispose of Unused Medicines

A growing number of community-based drug “take-back” programs offer the best option. Otherwise, almost all medicines can be thrown in the household trash, but only after consumers take the precautionary steps as outlined below.

A small number of medicines may be especially harmful if taken by someone other than the person for whom the medicine was prescribed. Many of these potentially harmful medicines have specific disposal instructions on their labeling or patient information to immediately flush them down the sink or toilet when they are no longer needed. Click here for a list of medicines recommended for disposal by flushing:

[www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)

### Guidelines for Drug Disposal

FDA and the White House Office of National Drug Control Policy developed federal guidelines that are summarized here:

- Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines



down the sink or toilet unless this information specifically instructs you to do so.

- Take advantage of community drug take-back programs that allow the public to bring unused

drugs to a central location for proper disposal. Call your city or county government’s household trash and recycling service (see blue pages in phone book) to see if a take-back program is available

in your community. The U.S. Drug Enforcement Administration, working with state and local law enforcement agencies, periodically sponsors National Prescription Drug Take-Back Days ([www.deadiversion.usdoj.gov/drug\\_disposal/takeback/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html)).

- If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps. 1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs). 2. Place the mixture in a sealable bag, empty can, or other container to prevent the drug from leaking or breaking out of a garbage bag.

Ilisa Bernstein, Pharm.D., J.D., FDA’s Deputy Director of the Office of Compliance, offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give your medicine to friends. Doctors prescribe medicines based on a person’s specific symptoms and medical history. A medicine that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

### Why the Precautions?

Prescription drugs such as powerful

narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the medicine.

“Even after a patch is used, a lot of the medicine remains in the patch,” says Jim Hunter, R.Ph., M.P.H., a pharmacist reviewer on FDA’s Controlled Substance Staff, “so you wouldn’t want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others.”

### Environmental Concerns

Some people are questioning the practice of flushing certain medicines because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. “The main way drug residues enter water systems is by people taking medicines and then naturally passing them through their bodies,” says Raanan Bloom, Ph.D., an environmental assessment expert in FDA’s Center for Drug Evaluation and Research. Bloom goes on to say “many drugs are not completely absorbed or metabolized by the body and can enter the environment after passing through waste water treatment plants.”

“While FDA and the Environmental Protection Agency take the concerns of flushing certain medicines in the environment seriously, there has been no indication of environmental effects due to flushing,” says Bloom. In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of

adverse human health effects from drug residues in the environment.

“Nonetheless, FDA does not want to add drug residues into water systems unnecessarily,” says Hunter. The agency reviewed its drug labels to identify products with disposal directions recommending flushing down the sink or toilet. This continuously revised listing can be found at FDA’s Web page on Disposal of Unused Medicines here:

[www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)

### Disposal of Inhaler Products

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFCs), a propellant that damages the protective ozone layer. However, CFCs have been phased out of inhalers and are being replaced with more environmentally friendly inhalers by the end of 2013.

Read handling instructions on the labeling of inhalers and aerosol products because they could be dangerous if punctured or thrown into a fire or incinerator. To ensure safe disposal that complies with local regulations and laws, contact your local trash and recycling facility. [FDA](#)

Find this and other Consumer Updates at [www.fda.gov/ForConsumers/ConsumerUpdates](http://www.fda.gov/ForConsumers/ConsumerUpdates)

Sign up for free e-mail subscriptions at [www.fda.gov/consumer/consumerenews.html](http://www.fda.gov/consumer/consumerenews.html)



I need to get rid of this medication.

## Drug Disposal Options

Do you have medicine you want to get rid of?

Do you have a drug take-back option readily available?  
Check the [DEA website](#), as well as your local drugstore and police station for possible options.

**NO**

**YES**

Is it on the [FDA flush list](#)?

**NO**  
Follow the [FDA instructions for disposing of medicine in the household trash](#).

**YES**  
**Immediately flush your medicine in the toilet.**  
Scratch out all personal info on the bottle and recycle/throw it away.

Take your medicine to a drug take-back location.  
Do this promptly for [FDA flush list](#) drugs!

FDA U.S. ADMIN.

### The Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

### Questions About Health Care Advance Directives

#### What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

#### What is a living will?

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.



## HEALTH CARE ADVANCE DIRECTIVES

### What is a health care surrogate designation?

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

### Which is best?

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

### What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

### Am I required to have an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

### Must an attorney prepare the advance directive?

No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

### Where can I find advance directive forms?

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

### Can I change my mind after I write an advance directive?

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

## HEALTH CARE ADVANCE DIRECTIVES



### What if I have filled out an advance directive in another state and need treatment in Florida?

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

### What should I do with my advance directive if I choose to have one?

- If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.
- Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

### More Information On Health Care Advance Directives

Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.  
If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.
- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, [www.doh.state.fl.us](http://www.doh.state.fl.us) or [www.MyFlorida.com](http://www.MyFlorida.com) (type DNRO in these website search engines) or call (850) 245-4440.

When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.



# HEALTH CARE ADVANCE DIRECTIVES

- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or [www.med.ufl.edu/anatbd](http://www.med.ufl.edu/anatbd).
- If you would like to learn more on organ and tissue donation, please visit the Joshua Abbott Organ and Tissue Donor Registry at [www.DonateLifeFlorida.org](http://www.DonateLifeFlorida.org) where you can become organ, tissue and eye donors online. If you have further questions about organ and tissue donation you may want to talk to your health care provider.
- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

Aging with Dignity  
[www.AgingWithDignity.org](http://www.AgingWithDignity.org)  
 (888) 594-7437

Other resources include:

American Association of Retired Persons (AARP)  
[www.aarp.org](http://www.aarp.org)  
 (Type "advance directives" in the website's search engine)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: End of Life Issues  
[www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov)  
 (888) 419-3456



# HEALTH CARE ADVANCE DIRECTIVES

## Living Will

Declaration made this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, I, \_\_\_\_\_, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

- \_\_\_\_\_(initial) I have a terminal condition,
- or \_\_\_\_\_(initial) I have an end-stage condition,
- or \_\_\_\_\_(initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do \_\_\_\_, I do not \_\_\_\_ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed) \_\_\_\_\_  
 Witness \_\_\_\_\_ Witness \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*



## Definitions for terms on the Living Will form:

“End-stage condition” means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

“Persistent vegetative state” means a permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

“Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at [www.leg.state.fl.us](http://www.leg.state.fl.us).

## Designation of Health Care Surrogate

Name: \_\_\_\_\_

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Phone: \_\_\_\_\_

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witnesses 1. \_\_\_\_\_

2. \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*





## Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) \_\_\_\_\_ any needed organs or parts

(b) \_\_\_\_\_ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_ my body for anatomical study if needed. Limitations or special wishes, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature \_\_\_\_\_ Donor's Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_ City and State \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

*You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).*



The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

**Health Care Advance Directives**

I, \_\_\_\_\_  
have created the following Advance Directives:

Living Will  
 Health Care Surrogate Designation  
 Anatomical Donation  
 Other (specify) \_\_\_\_\_

----- FOLD -----

Contact:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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SCHS-4-2006

# 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. If you have any questions about this notice, please contact: Corporate Compliance Officer at 888-412-2127.

## OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Healthcare Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to ensure the home care, medical equipment and medications you receive are of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may

use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

## **Individuals Involved in Your Care or Payment for Your Care:**

When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

## SPECIAL SITUATIONS

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Effective Date: September 23, 2013



# NOTICE OF PRIVACY PRACTICES

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to 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.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically

can do so.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by therevocation.

## YOUR RIGHTS

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another

Effective Date: September 23,2013

# NOTICE OF PRIVACY PRACTICES



individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record. Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend:** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603.

**Right to an Accounting of Disclosure:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "outof-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your

Effective Date: September 23,2013

health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to: Corporate Compliance Officer, PO Box 1187, Valdosta, GA 31603. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, [www.barneshc.com](http://www.barneshc.com). To obtain paper copy of this notice, contact your local Department of Health and Human Services office.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.



# PATIENT RIGHTS AND RESPONSIBILITIES

## PATIENT RIGHTS AND RESPONSIBILITIES

### **As a home care patient/client you have the right to:**

1. Be given information about your rights for receiving home care services.
2. Receive a timely response from Barnes Healthcare Services regarding your request for home care services.
3. Be given information of Barnes Healthcare Services policies, procedures and charges for services.
4. Choose your own home care providers.
5. Be given appropriate and professional quality home care services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap or age.
6. Be treated with courtesy and respect by all who provide home care services to you.
7. Be free from physical and mental abuse and/or neglect.
8. Be given proper identification by name and title of everyone who provides home care services to you.
9. Be given the necessary information so you will be able to give informed consent for your service prior to the start of any service.
10. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose, in terms and language you can reasonably be expected to understand.
11. A plan of service that will be developed to meet your unique service needs.
12. Participate in the development of your plan of service.
13. Be given an assessment and update of your request.
14. Be given data privacy and confidentiality.
15. Review your clinical record at your request.
16. Be given information regarding anticipated transfer of your home care facility and/or termination of home care services to you.
17. Voice grievance with and/or suggest change in home care services and/or staff without being threatened, restrained and discriminated against.
18. Refuse treatment within confines of the law.
19. Be given information concerning the consequences of refusing treatment.
20. All home care staff respects the property of the patient/client.

Effective Date: September 23,2013

21. A patient/client does not receive experimental treatment or participate in research unless he/she gives documented, voluntary informed consent

### **As a home care patient/client, you have the following responsibilities:**

1. Agrees to care for, use as instructed, and return the rental equipment in good condition at the end of the rental period (normal wear and tear expected).
2. Agrees to pay for the replacement cost of any equipment damaged, destroyed or lost due to misuse, abuse or neglect.
3. Agrees not to make any changes regarding the rental equipment without written consent from Barnes Healthcare Services. Qualified persons employed by Barnes Health Care Services should make any changes or repairs to equipment.
4. Agrees not to let anyone other than he/she, the patient, use the equipment.
5. Agrees to notify Barnes Healthcare Services of any equipment malfunction or defects and allow those qualified persons employed by Barnes Healthcare Services to enter the premises to repair, relocate, perform regularly scheduled services or provide adequate substitute equipment.
6. Barnes Healthcare Services guarantees all equipment to be delivered operating within manufacturer's specifications and to be fully warranted to manufacturer's current policy.
7. Barnes Healthcare Services fully warrants used equipment purchased for a minimum of thirty (30) days from the date of purchase.
8. Agrees Barnes Healthcare Services shall not insure or be responsible to the patient for any personal injury or property damage related to any equipment, including that caused by use or improper functioning of the equipment, the act or omission of any third party, or by any criminal act or activity, war, riot, insurrection, fire or Act of God.
9. Agrees that if their respective insurance company fails to make payment on any rental or purchase within sixty (60) days after it becomes due, Barnes Healthcare Services retains the right to reacquire all equipment.
10. Sales returns will be accepted as long as they are in

# PATIENT RIGHTS AND RESPONSIBILITIES



- unopened packages and/or suitable condition within thirty (30) days from date of purchase. A minimum of one rental month may be deducted (where applicable).
11. No merchandise will be accepted for return if worn next to the skin or if it is disposable.
12. Special order items will require 50% deposit and are non-refundable.
13. Barnes Healthcare Services maintains 24-hour availability by telephone. Qualified staff are always available to assist with equipment malfunction or other emergencies. However, should a life-threatening situation arise, the patient or caregiver should dial "911" for professional emergency assistance.
14. 24-hour advance notice is required for routine delivery and services.
15. It is understood that the Terms of all Rentals shall repeat on the monthly anniversary date of the original rental. No rental of less than a full month shall be charged.
16. Understands that the patient is to notify Barnes Healthcare Services of all changes in their medical status (i.e., change in oxygen flow rate, change of address, re-hospitalization, etc.).
17. Barnes Healthcare Services retains the right to refuse delivery of service to any patient at any time in the interest of the health and safety of Barnes Healthcare Services employees.
18. Understands any legal fees resulting from a disagreement between parties shall be borne by the unsuccessful party in any legal action taken.
19. Agrees the patient and/or caregiver are responsible for maintaining a safe, clean environment and electrical supply.

### **Additional Rights and Responsibilities**

#### **Rights:**

1. The right to know about philosophy and characteristics of the patient management program and the company scope of services.
2. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
3. The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.

Effective Date: September 23,2013

4. The right to receive information and participate in the patient management program.
5. The right to receive administrative information regarding changes in or termination of the patient management program.
6. The right to decline participation, revoke consent or withdraw from the program at any point in time.
7. The right to choose a provider.
8. The right to report any grievance or complaint without fear of repercussion.
9. The right to be treated with respect, dignity and free from any type of discrimination.
10. The right to have your property treated with respect.
11. The right to be informed both orally and in writing, in advance of any care provided, of the charges for which you will be responsible.
12. The right to be informed of any state specific patient rights in regards to Advanced Directives.
13. The right to be informed of any financial benefits when referred to an organization.

#### **Responsibilities:**

1. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
2. The responsibility to provide the company with accurate clinical and non-clinical information and to notify the patient management program of changes in this information.
3. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.



# IN CASE OF EMERGENCY



## DIAL 911

Call your local Barnes Healthcare Services  
Office for after-hours, non-emergency needs



# BARNES

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HEALTHCARE SERVICES