



**BARNES**  
HEALTHCARE SERVICES



**INFUSION 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.

*The patient has the right to accept or refuse any recommended care, treatment, or service to the extent permitted by law. In the event your complaint remains unresolved with Barnes Healthcare Services, you may file a compliant with our accrediting bodies:*

- **The Compliance Team**  
website: [www.thecomplianceteam.org](http://www.thecomplianceteam.org)  
phone : 1-888-291-5353
- **Accreditation Commission for Health Care (ACHC)**  
website: [www.achc.org](http://www.achc.org)  
phone : 1-855-937-2242



# GRIEVANCE/COMPLAINT PROCESS

## Grievance / Complaint Process

Barnes Healthcare Services is committed to providing high-quality care and addressing any concerns promptly. If you have a complaint or grievance about your care or services, please follow the steps below:

### Step 1: Contact Barnes Healthcare Services

- Who to Contact: Patient Services Coordinator or Clinical Manager  
Phone: 800-422-5059  
Email: [info@barneshc.com](mailto:info@barneshc.com)  
Mail: PO Box 1187 Valdosta, GA 31603
- How to Submit:  
You may submit your complaint by phone, email, or in writing.
- Response Timeframes:
  - o Urgent issues after hours: A nurse will return your call **within 30 minutes**.
  - o Written resolution: Within 3 business days of receiving your complaint.

### Step 2: Escalation

If your concern is not resolved to your satisfaction, you may escalate your complaint to our accrediting bodies or the appropriate state agency.

#### **Accrediting Bodies**

Accreditation Commission for Health Care (ACHC) (if applicable)  
Phone: 855-937-2242  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST  
Website: [www.achc.org](http://www.achc.org)  
*You may also submit a complaint through the ACHC online portal.*

The Compliance Team, Inc.  
Phone: 1-888-291-5353 (or 215-654-9110)  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST  
Website: [www.thecomplianceteam.org](http://www.thecomplianceteam.org)  
You may also submit a complaint through The Compliance Team’s online form.

#### **State of Florida Contacts**

AHCA Complaint Hotline  
Phone: 1-888-419-3456  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST  
*To report a complaint regarding the services you receive, please call toll-free.*

Abuse, Neglect, or Exploitation Hotline  
Phone: 1-800-962-2873  
Hours: Available 24/7  
*To report abuse, neglect, or exploitation, please call toll-free.*

Medicaid Fraud Hotline  
Phone: 1-866-966-7226  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST  
*To report suspected Medicaid fraud, please call toll-free.*

#### **Documentation**

Your acknowledgment of receiving this information will be documented in your patient record at admission.

# GRIEVANCE/COMPLAINT PROCESS



## *If you have concerns about your care or services, you may contact:*

Barnes Healthcare Services  
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Hours: Monday–Friday, 8:30 AM–5:00 PM EST

ACHC (Accreditation Commission for Health Care) (if applicable)  
Phone: 855-937-2242  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST

The Compliance Team, Inc.  
Phone: 1-888-291-5353  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST

### For Florida Residents

#### **Florida Agency for Health Care Administration (AHCA) Complaint Hotline**

Phone: 1-888-419-3456  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST  
Purpose: To report a complaint regarding the services you receive.

#### **Florida Abuse Hotline**

Phone: 1-800-962-2873  
Hours: Available 24 hours a day, 7 days a week  
Purpose: To report abuse, neglect, or exploitation.

#### **Medicaid Fraud Hotline**

Phone: 1-866-966-7226  
Hours: Monday–Friday, 8:00 AM–5:00 PM EST  
Purpose: To report suspected Medicaid fraud.

### For Medicare Recipients

QIO – KEPRO (complaints & appeals for Medicare beneficiaries: 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 January 2026.*





# LETTER FROM THE CHAIRMAN

# WE VALUE YOUR FEEDBACK!



## “ 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, 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**

"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.

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)





# LOCATIONS

**Atlanta Infusion  
Pharmacy & Suites**

2030 Powers Ferry Rd. SE  
Suite 325 Atlanta, GA 30339  
678-627-0077 ext. 1500

**Gainesville Infusion  
Pharmacy & Suites**

1700 NW 80th Blvd.  
Gainesville, FL 32606  
352-333-2525 ext 2100

**Valdosta Infusion  
Pharmacy & Suites**

200 S. Patterson St.  
Valdosta, GA 31601  
229-245-6001 ext 1050

**Tallahassee Suites**

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

**Crestview Suites**

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

Fax: 888-276-8236

Toll-Free: 1 800- 422-5059

Billing: 229-245-6001 ext. 1180

**Hours of operation:**

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

*\*Crestview is CST*

**For all emergencies: Call 911**

If you have concerns about your care or services, you may contact:

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Hours: Monday–Friday, 8:00 AM–5:00 PM EST



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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.

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#### **Compliance Officer**

#### **Barnes Healthcare Services**

Attn: Compliance Officer

P.O. Box 1187

Valdosta, GA 31603

compliance@barneshc.com



# 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



World Health  
Organization

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**

**1a**

Apply a palmful of the product in a cupped hand, covering all surfaces;

**1b**

**2**

Rub hands palm to palm;

**3**

Right palm over left dorsum with interlaced fingers and vice versa;

**4**

Palm to palm with fingers interlaced;

**5**

Backs of fingers to opposing palms with fingers interlocked;

**6**

Rotational rubbing of left thumb clasped in right palm and vice versa;

**7**

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

**8**

Once dry, your hands are safe.

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## HOW TO HANDWASH?

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

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

**0**

Wet hands with water;

**1**

Apply enough soap to cover all hand surfaces;

**2**

Rub hands palm to palm;

**3**

Right palm over left dorsum with interlaced fingers and vice versa;

**4**

Palm to palm with fingers interlaced;

**5**

Backs of fingers to opposing palms with fingers interlocked;

**6**

Rotational rubbing of left thumb clasped in right palm and vice versa;

**7**

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

**8**

Rinse hands with water;

**9**

Dry hands thoroughly with a single use towel;

**10**

Use towel to turn off faucet;

**11**

Your hands are now safe.

#### 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

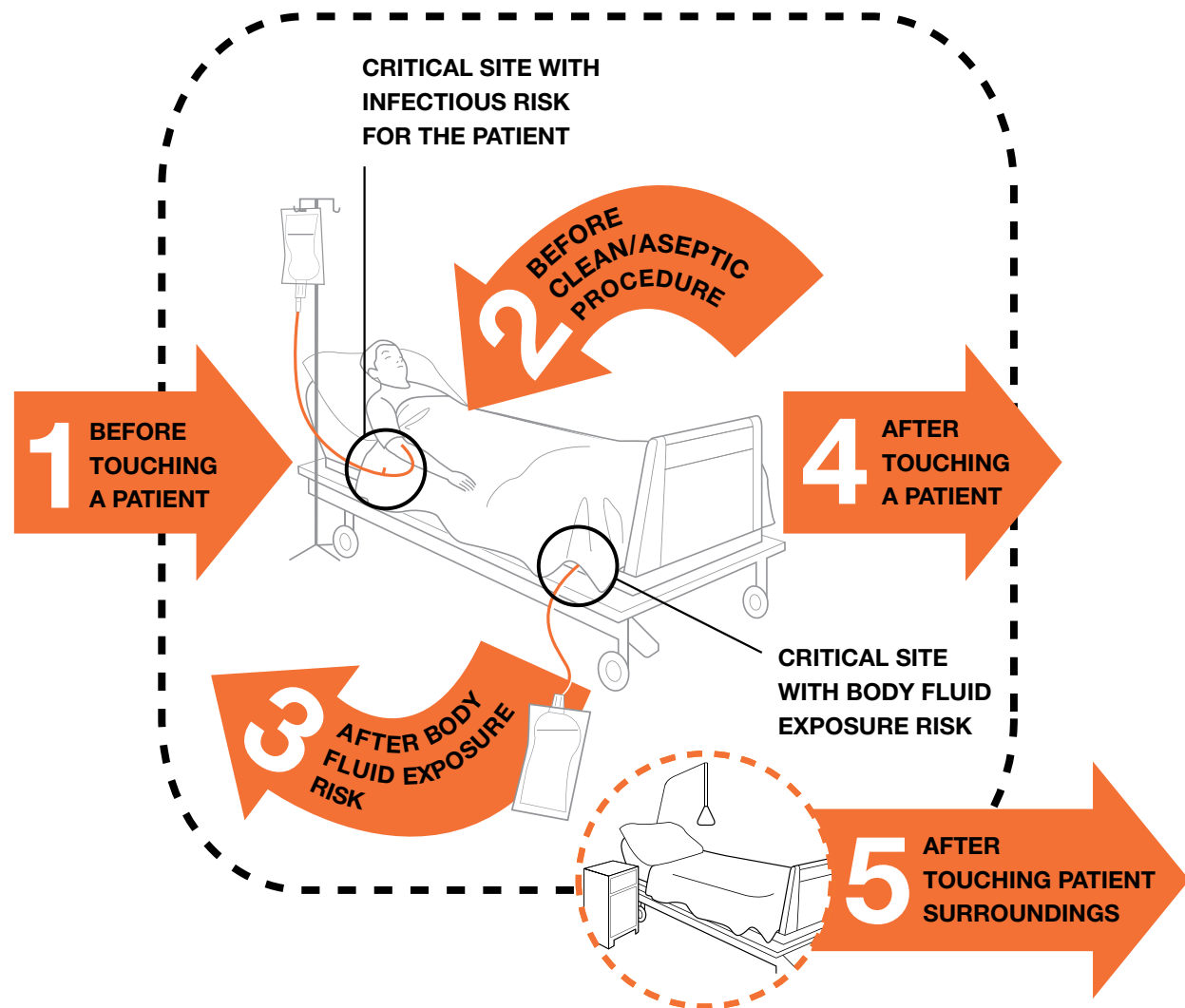
- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

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## 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.

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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 living 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 rail, 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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REMEMBER S.A.S.H.:

- S** → Saline
- A** → Administer Medication
- S** → Saline
- H** → Heparin

Before starting, check the labels on the saline syringes and heparin syringes. Make sure the strength and dose is correct and the prescription label is assigned to you. Check the expiration date. You will flush your catheter in a sterile (very clean) way. This will help protect you from infection. Follow these guidelines:

1. Clean work area with antiseptic (alcohol or other antibacterial cleaning solution).
2. Gather equipment:
  - a. Alcohol pads.
  - b. Saline syringe in the quantity required to complete flush procedure **for all IV access ports**.
  - c. Heparin syringe, if being used, in the quantity required to complete flush procedure for all IV access ports.
  - d. Green alcohol containing end cap(s).
3. Wash hands according to World Health Organization (WHO) guidelines located on pages 9-13.
4. Dry with a clean paper towel.
5. Remove saline syringe from packaging. Remove the cap on the saline syringe and set the cap down on the clean surface. DO NOT let the uncapped end of the syringe or interior of the cap touch the work surface or anything else. Purge air out of the syringe.
6. Unclip the clamp on the end of the catheter and wipe the end of the catheter with an alcohol wipe.
7. Gently attach and rotate the saline syringe clockwise, to the right, to securely attach to catheter.
8. Inject 5-10 ml saline slowly into the catheter by gently pushing on the plunger. Do a little, then stop, then do some more. Inject the full dose of saline into the catheter. DO NOT force it.
9. When you are done, unscrew the syringe and discard.
10. Clean the end of the catheter again with a new alcohol wipe.
11. Administer medication per label instructions. ***Please refer to specific infusion device instructions on how to administer your medication which can be found on pages 15 - 21.***
12. Follow steps 3 - 10 again after infusion is complete, being sure to wash your hands before handling your IV catheter.
13. **If heparin is being used**, attach the heparin syringe to your catheter in the same way you attach the saline syringe.
14. Flush with 3-5 mL heparin slowly by injecting a little at a time, the same way you did the saline. When you are done, unscrew the syringe and discard.
15. At the completion of flush process, clean the end of the catheter with an alcohol wipe. Place an alcohol containing end cap at the end of the catheter between medication dose or daily flushing.

1. **Gather supplies in clean, well-lit area:**
  - a. Medication container with tubing attached.
  - b. Saline syringe in the quantity required to complete flush procedure for all IV access ports.
  - c. Heparin syringe, if being used, in the quantity required to complete flush procedure for all IV access ports.
  - d. Alcohol wipes.
2. **Check medication label for correct patient name, medication and expiration date.**
3. **Wash your hands according to WHO guidelines on pages 9-13.**
4. **Flush IV catheter with Normal Saline:**
  - a. Remove syringe from wrapper.
  - b. Hold syringe upright and pull back on plunger to break seal.
  - c. Remove protective cover from syringe.
  - d. DO NOT contaminate tip. Hold syringe upright and gently push on plunger to expel air.
  - e. Scrub IV end cap with an alcohol wipe for 15 seconds.
  - f. Push and screw syringe into IV end cap.
  - g. Gently flush solution through IV catheter.
  - h. Remove syringe from IV end cap and discard.
5. **Aadminister medication:**
  - a. Remove protective cover from medication bulb tubing.
  - b. DO NOT contaminate tip.
  - c. Scrub IV end cap with alcohol wipe for 15 seconds.
  - d. Push and screw medication tubing into IV end cap.
  - e. Open clamp on medication tubing.
  - f. Medication will infuse over a predetermined amount of time.
  - g. Infusion is complete when medication balloon is completely collapsed around center bar.
  - h. Close clamp on medication tubing.
  - i. Unscrew tubing from IV end cap and discard.

**Full Device**



**Empty Device**







# USING AN ELASTOMERIC DEVICE

## 6. Flush IV catheter with Normal Saline:

- Remove syringe from wrapper.
- Hold syringe upright and push on plunger to break seal.
- Remove protective cover from syringe.
- DO NOT contaminate tip.
- Hold syringe upright and gently push on plunger to expel air .
- Scrub IV end cap with an alcohol wipe for 15 seconds.
- Push and screw syringe into IV end cap.
- Gently flush solution through IV catheter.
- Remove syringe from IV end cap and discard.

## 7. Flush IV catheter with Heparin:

- Remove syringe from wrapper.
- Hold syringe upright and push on plunger to break seal.
- Remove protective cover from syringe.
- DO NOT contaminate tip.
- Hold syringe upright and gently push on plunger to expel air.
- Scrub IV end cap with an alcohol wipe for 15 seconds.
- Push and screw syringe into IV end cap.
- Gently flush solution through IV catheter.
- Remove syringe from IV end cap and discard.
- Place alcohol containing port protector on IV end cap.

### THINGS TO REMEMBER:

- Once you scrub the IV end cap, be sure this remains sterile until you enter the cap with a flush syringe or medication tubing.
- If you have an additional lumen (tail) on your IV catheter, flush this lumen daily with 5 mL of saline followed by 3 mL of heparin.
- Check your IV site and temperature daily. If IV dressing is not intact or if you develop a fever, call your home care nurse or Barnes Healthcare Services.
- Medication should be stored in the refrigerator, unless otherwise noted on the label.
- Remove medication from refrigerator several hours before dose is due, according to label instructions. If medication is cold, it may take longer to infuse.

# USING A CONTINUOUS INFUSION DEVICE



The continuous infusion device is a disposable infusion system that delivers your prescribed medication through a catheter (tube). The pump is compact, lightweight and portable.

## HOW DOES IT WORK?

The system consists of a balloon type membrane (pump) which holds the medication. The pump provides the pressure to automatically infuse the medication at a preset flow rate.

Make sure the pump is at room temperature during use or the cold fluid will slow the infusion. The prescription label shows the amount of time it takes for your pump to reach room temperature.

CAUTION Never put the pump in the microwave, direct sunlight or in water to warm your pump.

### Before infusing your medication ensure that:

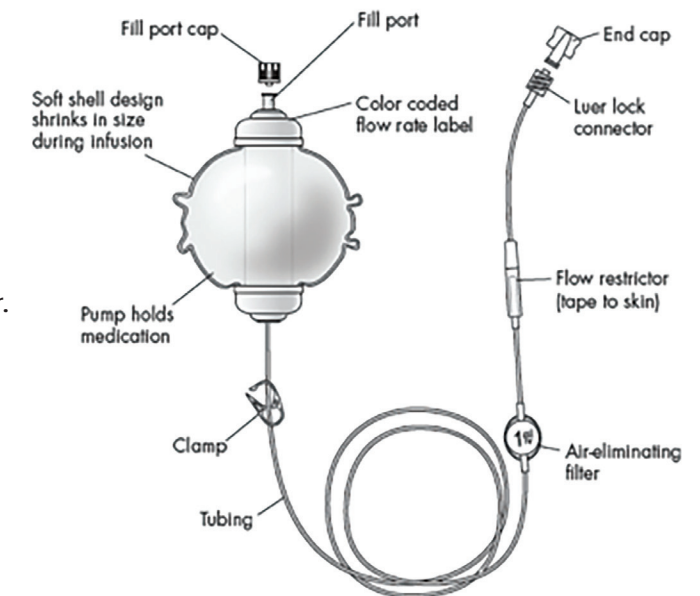
- Your name is correct on the label
- The medication and dose are correct
- Expiration or Use By date has not passed
- The end cap and fill port cap are in place

If any of the above are not correct or missing, DO

NOT use the pump. Contact your health care provider.

### Follow these steps to start the infusion:

- Remove the end cap on the pump tubing
- Open the clamp and wait until you see a drop of medication at the end of the tubing. Allow the tubing to fill with medication.
- When you see the drop at the end of the tubing, close the clamp
- Following the connection procedure as instructed by your health care provider, attach the luer lock connector at the end of pump tubing to your access site.
- Tape flow restrictor to the skin. The lower portion of the tubing with the flow restrictor must be in contact with your skin for best results.
  - o Do not tape on or near skin folds
  - o Do not allow to get too warm under blankets or heavy clothing
  - o Not all pumps have this flow restrictor, please follow label instructions to see if your device has the flow restrictor portion.\*
- Open the clamp to start the infusion





## USING A CONTINUOUS INFUSION DEVICE

### During the infusion

- Over time the pump will decrease in size and wrinkles will form in the outside bag.
- Do not squeeze the pump. The pump has the force to deliver the medication.
- During use, place the pump in a carrying case, your pocket, or on a table/bed next to you.
- When carrying the pump: Keep the pump below the level of your catheter/access device.

### Sleeping: Depending on your therapy, you may be using your pump while sleeping:

- Make sure the pump is placed on a bedside table or on top of the bed covers.
- Do not place the pump underneath the bed covers where the pump may become too warm.
- Do not place the pump on the floor or hang the pump on a bed post.

**Showering: Check with your nurse on showering instructions. Protect the pump, tubing and catheter/ access device from water. Do not place the pump in water.**

### END OF INFUSION

- All your medication has been delivered when the pump is empty.
- The outside bag will be flat and a hard tube can be felt in the middle of the pump.
- Disconnect the pump from your catheter/access device and dispose according to the instructions from your nurse.

### TROUBLESHOOTING: If the pump does not seem to be working, make sure:

- The pump is at room temperature.
- The white clamp on the tubing is open (moves freely on the tubing).
- All clamps on your catheter are open.
- There are no kinks in the pump tubing.
- The filter is not taped or covered.
- Follow your nurse's instructions to make sure that your catheter/access device are working.



## USING AN IV RATE CONTROLLER / GRAVITY TUBING



Follow these steps with every infusion

1. Gather supplies
2. Set up the bag for the medication dose
3. Flush the IV line
4. Connect the medication/fluid to your IV line and start the infusion
5. Disconnect the IV and flush the line

### Step 1: Gather supplies

1. Clean the table top selected for medication preparation with soap and water, alcohol, or antibacterial wipes.
2. Gather these supplies: IV pole, alcohol pads, IV tubing with roller clamp or rate controller, medicine/IV fluid bag, two (2) saline flush syringes, one (1) heparin (unless you were told not to use this).
3. Wash your hands according to WHO guidelines located on pages 9-13.

### Step 2: set up the bag for the medication dose

1. Remove the tubing from the package. Close the roller clamp. If you are using rate-controlled tubing, turn the dial to "OFF".
2. Take the plastic cover off the port of the IV bag. Do not touch the inside of the port.
3. Take the cover off the spike of the IV tubing. Do not let the end touch anything.
4. Insert the spike into the medicine/fluid bag using a pushing-twisting motion. Do not jab or force into port.
5. Hang the bag onto the IV pole. Squeeze the drip chamber until it is about half full of fluid.
6. Slowly open the roller clamp until the fluid reaches the end of the tubing. If you have rate-controlled tubing, turn the dial to "prime" or "open". Let the fluid run all the way to the end of the tubing.
7. Close the roller clamp or turn the dial to "off".

### Step 3: Flush the IV line

1. Clean IV site connector for 15 seconds with a fresh alcohol pad. Let air dry.
2. Remove the cap off a syringe of saline solution. Twist the syringe into the end cap of the IV line. If there is a clamp on the line, open it.
3. "Pulse flush" the line using a push-pause motion until you have flushed 5- 10 ml of the syringe. Hold the end cap and twist off the syringe.

## Step 4: Connect the bag to your IV line and start the infusion

1. Clean IV site connector for 15 seconds with a fresh alcohol pad. Let air dry.
2. Take the cover off the end of the tubing on the IV bag. Connect the tubing to the end cap of your IV line.
3. Open the roller clamp and run at the number of drops/second that are on your prescription label.  
*Run at \_\_\_\_\_ drops per \_\_\_\_\_ seconds.*

### For rate-controlled tubing:

turn the IV dial to the rate that is on your prescription label. *Run at \_\_\_\_\_ ml/hr.*

4. Make sure that fluid is dripping into the drip chamber. If fluid is not dripping:
  - Check that all clamps are open
  - Make sure the bag is higher than your IV line on the IV pole
  - If the fluid still won't drip, call your nurse or pharmacist



Figure 10: Roller Clamp

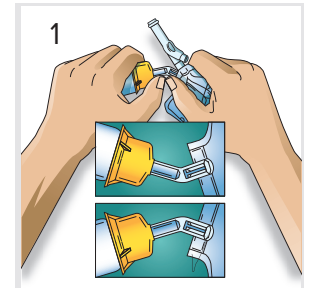
## Step 5: Disconnect the IV and flush the line.

1. Once the infusion is complete, close the roller clamp or turn the dial to “off” if you are using a rate controlled device.
2. Hold the end cap on your IV line and twist off the tubing.
3. If reusing the tubing for another bag within 24 hours, place a green tubing curo cap on the end of the tubing.
4. Clean IV site connector for 15 seconds with a fresh alcohol pad. Let air dry.
5. Remove the cap off the second syringe of saline solution. Twist the syringe into the end cap of the IV line.
6. “Pulse flush” the line using a push-pause motion until you have flushed 5- 10 ml of the syringe. Hold the end cap and twist off the syringe.
7. If you use heparin, remove the empty saline syringe.
8. Clean IV site connector for 15 seconds with a fresh alcohol pad. Let air dry.
9. Twist the syringe into the end cap of the IV line.
10. “Pulse flush” the line using a push-pause motion until you have flushed 3-5 ml of the syringe. Hold the end cap and twist off the syringe.
11. Place alcohol-containing port protector on IV end cap.

## Reconstitution

### 1 - Break the Seal

1. Squeeze bag and check vial
2. Use only if vial fully seated and dry
3. Bend up then down to break seal (figure 1)



### 2 - Add Fluid to Vial

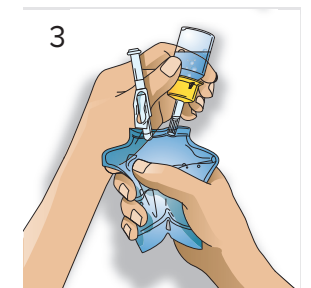
1. Hold bag with vial down
2. Squeeze solution into vial until half full (figure 2)
3. Shake to suspend drug in solution



### 3 - Mix Drug with Remaining Fluid

1. Hold bag with vial upside down
2. Squeeze bag to force air into vial
3. Release to drain suspended drug from vial
4. Repeat steps 5 and 6 until vial is empty of drug and solution is thoroughly mixed. **Ensure drug is completely dissolved.**

**Do Not Remove Drug Vial.**



## Administration

- Remove port protector.
- Attach administration set following the instructions on pages 19 - 20.
- Administer medication per directions on the label.





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.



## Imminent Threat Workflow

(Required by Florida 59A-8.027(9) and ACHC/TCT standards)

*When an emergency or disaster is imminent (e.g., hurricane warning, evacuation order, severe weather alert), the Agency initiates the following steps:*

### Step 1: Activate Emergency Communication

- Compliance or Clinical Manager sends an internal alert to all staff via email/text and posts on the emergency communication channel.
- Confirm staff availability for patient outreach.

### Step 2: Contact All Active Patients

- Priority: Patients identified as special needs or requiring ongoing skilled services.
- Document for each patient:
  - Confirm evacuation plan (evacuate vs. remain at home).
  - Confirm destination/shelter if evacuating.
  - Verify caregiver capability to assume services.
  - Determine if Agency must continue services during the emergency.
  - Update contact numbers and alternate location details.
- •Record confirmation in the Emergency Plan Form and patient chart.

### Step 3: Contact Assisted Living Facilities / Adult Family Care Homes

- Confirm facility's evacuation plan and document in each resident's record.

### Step 4: Update Prioritized Patient List

- Ensure list includes:
  - Patient name, location, evacuation status.
  - Medications, supplies, and equipment needed.
  - Physician and pharmacy contacts.
- Share with county Emergency Management if requested.

### Step 5: Communication During Event

- Maintain call-down log for all contacts.
- Provide patients with Agency emergency phone number and instructions for notifying if evacuation location changes.

### Step 6: Post-Emergency Follow-Up

- Contact all patients to confirm safety and resume services.
- Document all actions in patient records and emergency log.



Emergency Plan Form

Upon imminent threat, Barnes Healthcare Services will contact patients needing ongoing services (and ALFs/AFCHs) to confirm plans and document the contact in the record.

1. Evacuation Plan  
Do you plan to evacuate or remain at home during an emergency event?  
☐ Evacuate                      ☐ Remain at home

If evacuating, what is your planned destination or shelter?  
\_\_\_\_\_

2. Continuity of Care During an Emergency  
If an emergency event occurs, can a caregiver or family member assume care/services during the event?  
☐ Yes                      ☐ No

If no, will the Agency be required to continue services, including services provided in a special needs shelter?  
☐ Yes                      ☐ No

3. Special Needs Registry Status (§252.355)  
Are you currently registered with the Special Needs Registry as required under §252.355?  
☐ Yes                      ☐ No

If yes, has the Agency been notified of your registration status?  
☐ Yes                      ☐ No

4. Alternate Evacuation Notification  
If you evacuate to a location other than the shelter listed in your record, will you notify the Agency of your updated location?  
☐ Yes                      ☐ No

Preferred method to notify the Agency (check all that apply):  
☐ Phone                      ☐ Text                      ☐ Email

5. Emergency Medical Information at Home  
Is a current emergency list kept in the home for rapid access or evacuation that includes the following?  
(Check all that apply)
- |  |  |
|--|--|
| <input type="checkbox"/> Medications                     | <input type="checkbox"/> Medical supplies                      |
| <input type="checkbox"/> Medical equipment               | <input type="checkbox"/> Allergies                             |
| <input type="checkbox"/> Physician name and phone number | <input type="checkbox"/> Pharmacy name and contact information |





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.**

## 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/consumernews.html](http://www.fda.gov/consumer/consumernews.html)



**Drug Disposal Options**  
Do you have medicine you want to get rid of?

I need to get rid of this medication.

**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!

## 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 accept or refuse care, treatment, or services, to the extent permitted by law.

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).*



We provide every adult patient with the AHCA pamphlet Health Care Advance Directives – The Patient’s Right to Decide before services begin and document your Advance Directive status in your medical record; if you have a DNRO on the Florida DOH form, we will honor it.

You have the right to accept or refuse care, treatment, or services, to the extent permitted by law.

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

\_\_\_\_\_

Produced and distributed by the Florida Agency for Health Care Administration. This publication can be copied for public use. To view or print other publications from the Agency for Health Care Administration please visit [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).



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**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.

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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.



# 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

# 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

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.

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

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.

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

## Equipment Warranty Information

Every product sold or rented by our company carries 1-year manufacturer's warranty. Barnes Healthcare Services will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Barnes Healthcare Services will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable durable medical equipment where this manual is available.



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