

A Division of Quinlan Care Concepts



Serving Northwest NJ

Patient/Caregiver Orientation for Palliative Care

STATEMENT OF CONFIDENTIALITY

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

Administrative Office
99 Sparta Avenue
Newton, New Jersey 07860
Phone: (973) 888-9100
Fax: (973) 383-6889
Website: www.quinlanpalliativecare.org

Office Hours

OFFICE HOURS

Our office hours are from 8:30 a.m. to 4:30 p.m., Monday through Friday, except holidays. You may reach us by calling **(973) 888-9100** during normal office hours.

We are available 24 hours a day/seven (7) days a week for non-emergent issues. If at any time you need emergency assistance, you should call **9-1-1**.

VISIT CANCELLATIONS: If for any reason you need to cancel your scheduled visit, please call **(973) 888-9100**. The agency will alert your staff and reschedule the visit. Your Palliative Care team will make every effort to advise you of their schedule for visiting. If we need to cancel a planned visit, the agency will call you to reschedule.

Patient/Caregiver Orientation for Palliative Care

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SECTION 1. Mission and Vision

Mission Statement:

Our mission at Quinlan Palliative Care is to provide holistic, compassionate medical care and support to those patients living with a serious illness in the setting of their choice.

Vision Statement:

To attend to the physical, functional, psychological, practical and spiritual consequences of a serious illness. In collaboration with other healthcare providers, we will provide an extra layer of support to help patients and caregivers meet individualized goals of care, maintain continuity of care and lessen symptom burden.

LANGUAGE ASSISTANCE SERVICES

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (973) 888-9100.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (973) 888-9100。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (973) 888-9100 번으로 전화해 주십시오.

Portuguese (European): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (973) 888-9100.

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (973) 888-9100.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (973) 888-9100.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (973) 888-9100.

Arabic: ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (973) 888-9100.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (973) 888-9100.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (973) 888-9100.

French Creole (Haitian): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (973) 888-9100

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (973) 888-9100 पर कॉल करें।

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (973) 888-9100.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (973) 888-9100.

Urdu: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (973) 888-9100.

TTY SERVICE: English: 1-800-852-7899/Spanish: 1-866-658-7714

SECTION 2. Palliative Care Overview

OVERVIEW

Palliative Care is:

- Specialized health care for those with a serious illness.
- Focused on providing relief from the symptoms and stress of an illness.
- Based on need rather than prognosis.
- A service that provides quality care to patients and caregivers as they navigate the course of their illness.
- A service that provides an extra layer of support to help patients and caregivers meet their individualized goals of care, maintain continuity of care and lessen symptom burden.

WHAT SERVICES ARE PROVIDED

Palliative Care services include:

- Assistance with communication between the patient and caregivers about the patient's goals, concerns and treatment options.
- Helping the patient and caregivers understand and navigate care options as illness progresses.
- Connecting the patient with community resources.
- Collaborating with the patient's physician and other health care providers so that the patient may continue their current treatments and therapies while receiving Palliative Care.
- Addressing the emotional and spiritual sides of illness and assist in helping the patient and caregivers receive relief from distress related to nonphysical symptoms.

DISCHARGE, TRANSFER AND REFERRAL POLICY

If you are transferred or discharged to another organization, we will provide them with a list of your current medications and information necessary for your continued care, including pain management, using the New Jersey Universal Transfer Form. All transfers or discharges will be documented in your medical record. You will be transferred to another agency only for the following reasons:

- A valid medical reason;
- In order to comply with your clearly expressed and documented choices, in accordance with applicable laws or Department of Health rules; and/or
- In conformance with the New Jersey Advance Directives for Health Care Act, in the instance that a private, religiously affiliated health care institution with written policies defining circumstances in which they will decline to participate in the implementation of advance directives, cannot comply with your advance directives.

NOTICE OF NONDISCRIMINATION/FILING A GRIEVANCE

Quinlan Palliative Care does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and gender identity), age, religion, disability, handicap, diagnosis, ability to pay or source of payment per federal regulations. The Organization has adopted an internal grievance procedure providing for prompt resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act and its implementing regulations issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. The Act may be examined in the office of the Civil Rights Coordinator/Section 1557 Coordinator, 99 Sparta Avenue, Newton, NJ 07860; phone: (973) 888-9100.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex (including sexual orientation and gender identity), age, religion, disability, diagnosis, ability to pay or source of payment may file a grievance under this procedure. It is against the law for the Organization to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Quinlan Palliative Care provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats); and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the office of the Section 1557/Civil Rights Coordinator.

Grievances must be submitted to Quinlan Palliative Care within 60 days of the date you become aware of the possible discriminatory action, and must state the problem and the solution sought. We will issue a written decision on the grievance based on a preponderance of evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an appeal of our decision in writing to the Chief Operating Officer within 15 days. The Chief Operating Officer will issue a written response within 30 days after its filing.

The availability and use of this grievance procedure does not prevent you from pursuing other legal or administrative remedies.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using any of the following methods:

- Submit electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- Write to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.
- Call 1-800-368-1019 (toll free) or 1-800-537-7697 (TDD).

PROBLEM SOLVING PROCEDURE

If you feel that our staff has failed to live up to our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal:

1. Notify the Chief Operating Officer by phone at **(973) 888-9100** from 8:30 a.m. to 4:30 p.m., Monday through Friday. You may also submit your complaint in writing to 99 Sparta Avenue, Newton, NJ 07860. Most problems can be solved at this level.

SECTION 3. Palliative Care Patient's Rights

Each patient shall be entitled to the following rights, none of which shall be abridged or violated by the Palliative Care or any of its staff:

1. To treatment and services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment;
2. To be given a verbal and written notice in a language and manner that the patient understands, prior to the initiation of care, of these patient rights and any additional policies and procedures established by the agency involving patient rights and responsibilities. If the patient is unable to respond, the notice shall be given to a caregiver or an individual who is a legal representative of the patient.
 - i. The Palliative Care shall obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.
 - ii. If the patient has been adjudged incompetent under State law by a court with jurisdiction, the rights of the patient are exercised by the person appointed pursuant to State law to act on the patient's behalf.
 - iii. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law;
3. To receive information about the scope of services that the Palliative Care will provide and specific limitations on those services;
4. To be informed in writing of the following:
 - i. The services available from the Palliative Care;
 - ii. The names and professional status of personnel providing services;
 - iii. The Palliative Care's daytime and emergency telephone numbers; and
 - iv. Notification regarding the filing of complaints with the Department's 24-hour Complaint Hotline at 1-800-792-9770, or in writing to the Office of Assessment and Survey.
5. To receive, in terms that the patient understands, an explanation of his or her plan of care, expected results, and reasonable alternatives. If this information would be detrimental to the patient's health, or if the patient is not able to understand the information, the explanation shall be provided to a caregiver or an individual who is a legal representative of the patient and documented in the patient's medical record;
6. To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and health care personnel.
 - i. Palliative Care shall make efforts to secure a professional, objective interpreter for Palliative Care-patient communications, including those involving the notice of patient rights;
7. To receive the care and health services that have been ordered;
8. To receive effective pain management control from the Palliative Care team;
9. To be involved in the planning of his or her care and treatment;

10. To refuse services and be informed of available treatment options, including the possible benefits and risks of each option;
11. To refuse to participate in experimental research. If he or she chooses to participate, his or her written informed consent shall be obtained;
12. To receive full information about financial arrangements, including, but not limited to:
 - i. Fees and charges, including any fees and charges for services not covered by sources of third-party payment;
 - ii. Copies of written records of financial arrangements;
 - iii. Notification of any additional charges, expenses, or other financial liabilities in excess of the predetermined fee; and
 - iv. Description of agreements with third-party payers and/or other payers and referral systems for patients' financial assistance;
13. To express grievances regarding care and services by anyone who is furnishing services on behalf of the palliative care to the Palliative Care's staff and governing authority without fear of reprisal, and to receive an answer to those grievances within a reasonable period of time;
14. To be free from mistreatment, neglect, mental, verbal, sexual and physical abuse and from exploitation, including corporal punishment, injuries of unknown source and misappropriation of patient property;
15. To be free from restraints, unless they are authorized by a provider for a limited period of time to protect the patient or others from injury;
16. To be free from seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff;
17. To be assured of confidential treatment of his or her medical health record, and to approve or refuse in writing its release to any individual outside the Palliative Care, except as required by law or third party payment contract;
18. To be treated with courtesy, consideration, respect, and recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning patient treatment and disclosures;
19. To be assured of respect for the patient's personal property;
20. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law, including religious liberties, the right to independent personal decisions, and the right to provide instructions and directions for health care in the event of future decision making incapacity in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., and any rules which may be promulgated pursuant thereto;
21. To discharge himself or herself from treatment by the Palliative Care.

YOU ALSO HAVE THE RIGHT:

1. To exercise your rights as a Palliative Care patient without discrimination or reprisal for doing so. Your court appointed representative or the legal representative you have selected in accordance with state law, may exercise these rights for you in the event that you are not competent or able to exercise them for yourself;

2. To have these rights provided to you or your representative verbally and in writing in a language and manner you can understand, during the initial assessment visit before care is provided and on an ongoing basis, as needed;
3. To have a relationship with our staff that is based on honesty and ethical standards of conduct. To have ethical issues addressed, and inform you of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship;
4. To be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, injuries of unknown source and misappropriation of your property. All mistreatment, abuse, neglect, injury and exploitation complaints by anyone furnishing service on behalf of Palliative Care will take appropriate corrective action in accordance with state law. All verified violations will be reported to the appropriate state/local authorities, including to the state survey and certification agency, within five (5) working days of becoming aware of the violation, unless state regulations are more stringent. To report abuse, please call the appropriate number listed below:
Sussex County: (973) 383-3600; After hours: Call 911
Warren County: (908) 475-6591; After hours: Call 911
5. To be free from physical and mental abuse, corporal punishment, restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by staff while receiving Palliative Care;
6. To have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on race, color, national origin, sex (including sexual orientation and gender identity), age, religion, handicap, disability, diagnosis, ability to pay or source of payment. If you feel that you have been the victim of discrimination, you have the right to file a grievance without retaliation for doing so;
7. To information in plain language to ensure accurate communication, in a manner that is accessible, timely and free of charge to persons with disabilities. This includes access to websites, auxiliary aids and services in accordance with state and federal law and regulations;
8. To receive information on our complaint resolution process, and know about the results of complaint investigations. We must document both the existence and the resolution of the complaint;
9. To voice grievances/complaints or recommend changes in policy, staff or service/care regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the Palliative Care without fear of coercion, discrimination, restraint, interference, reprisal or an unreasonable interruption of care, treatment or services for doing so. The organization must document both the existence of a complaint and the resolution of the complaint. Our complaint resolution process and the state hotline number are provided in our Problem Solving Procedure;
10. To choose your health care providers and communicate with those providers;

11. To be fully informed in advance about the services/care covered, the scope of services Palliative Care will provide, service limitations, the responsibilities of staff members who are providing and responsible for your care, treatment or services; expected and unexpected outcomes, potential risks or problems and barriers to treatment;
12. To be involved in developing your Palliative Care plan of care; and to participate in changing the plan whenever possible and to the extent that you are competent to do so;
13. To be advised of any change in your plan of care before the change is made;
14. To have a caregiver involved in decision making as appropriate, concerning your care, treatment and services, when approved by you or your representative, if any, and when allowed by law;
15. To formulate advance directives and be informed if we cannot implement an advance directive on the basis of conscience;
16. To have your wishes concerning end-of-life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws and receive care without conditions or discrimination based on the execution of advance directives;
17. To accept, refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law; however, should you refuse to comply with the plan of care, then we or your physician may be forced to discharge you from our services and refer you to another source of care;
18. To have your person treated with respect and security during visits;
19. To confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home;
20. To refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment;
21. To request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail;
22. To be advised orally and in writing of any changes in the extent to which payment for the services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient. The agency must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the agency becomes aware of a change;
23. To receive information for your cost-sharing responsibilities for Palliative Care services, if any;
24. To have access, upon request, to all bills for services you have received regardless of whether the bills are paid by you or another party;
25. To receive information about organization ownership and control;

26. To receive high-quality, appropriate care without discrimination, in accordance with physician orders;
27. To receive pain management and symptom control from the Palliative Care for conditions related to your serious illness. You also have the right to receive education about your role and your caregiver's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;
28. To be told what to do in case of an emergency;
29. To receive pastoral and other spiritual services for you and your caregiver; and
30. To dignity and positive self-image and to have an environment that preserves dignity and contributes to a positive self-image.

PATIENT RESPONSIBILITIES

Each patient and caregiver have the responsibility:

1. To be under medical supervision by your primary care physician as required by Palliative Care, including examinations by a physician, and notify Palliative Care of any change in physician.
2. To inform the Nurse Practitioner of present complaints, unexpected changes in health or reactions to medications and treatments, and make it known if he/she does not understand or cannot follow instructions.
3. To ask questions when he/she does not understand about his/her care, treatment, and services or other instructions about what he/she is expected to do. If he/she has concerns about the care or cannot comply with the plan, let us know.
4. To cooperate with Palliative Care staff without discrimination as to race, religion, age, sex, handicap or national origin.
5. To treat Palliative Care staff with dignity, courtesy and respect.
6. To follow the plan of care designated specifically for him/her in consultation with health professionals providing care.
7. To supply accurate and complete medical history information to the Nurse Practitioner and the Palliative Care Team.
8. To cooperate in giving full and honest information about financial and environmental factors that affect health status.
9. To inform Palliative Care when you will not be able to keep an appointment.
10. To provide information necessary to ensure processing of bills, including proof of health insurance coverage or an alternate plan for payment.
11. To make available, if possible and necessary, a caregiver or substitute, able and willing to participate in care.
12. To request further information concerning anything you do not understand.
13. To secure animals when a staff member is present to prevent any confrontation that would require mandatory reporting to animal control.
14. To follow the organization's rules and regulations.

SECTION 4. Notice of Privacy Practices

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

II. **WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

Pursuant to the Privacy Rules established by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” for short. It includes information that can be used to identify you and that we’ve created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change to our policies, we will promptly change this notice and post a new notice in public areas of our offices. You can also request a copy of this notice from the contact person listed in Section VI below at any time and can view a copy of this notice on our Web site at <https://www.quinlanpalliativecare.org/>.

III. **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose health information for many different reasons. For some of these uses and disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

A. **Uses and Disclosures That Do Not Require Your Authorization.**

We may use and disclose your PHI without your authorization for the following reasons:

1. **For treatment.** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate or manage your health care or any related services, except where the PHI is related to HIV/AIDS, genetic testing or services from federally-funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal law. For example, we may disclose PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities. For example, we may disclose your PHI to a pharmacy in order for the pharmacy to bill for its services to you.
3. **For health care operations.** We may disclose your PHI, as necessary, to operate our business. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we’re complying with the laws that affect us or for services they provide to our organization.
4. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement.** For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.

5. **For public health activities.** For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 6. **For health oversight activities.** For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.
 7. **To coroners, funeral directors and for organ donation.** We may disclose PHI to organ procurement organizations to assist them in organ, eye or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death.
 8. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
 9. **To avoid harm.** In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 10. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.
 11. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
 12. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes, or if you would rather we contact you at a different telephone number or address.
- B. Uses and Disclosures Where You to Have the Opportunity to Object:**
1. **Disclosures to family, friends or others.** We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.
- C. All Other Uses and Disclosures Require Your Prior Written Authorization.** Other than as stated herein, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.
- D. Authorization for Marketing Communications.** We will obtain your written authorization prior to using or disclosing your PHI for marketing purposes. However, we are permitted to provide you with marketing materials in a face-to-face encounter, without obtaining a marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining a marketing authorization. In addition, as long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.
- E. Sale of PHI.** We will disclose your PHI in a manner that constitutes a sale only upon receiving your prior authorization. Sale of PHI does not include a disclosure of PHI: for public health purposes; for research; for treatment and payment purposes; relating to the sale, transfer, merger or consolidation of all or part of our business and for related due diligence activities; to the individual; required by law; for any other purpose permitted by and in accordance with HIPAA.

- F. **Fundraising Activities.** We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you for the purpose of various fundraising activities. If you do not want to receive future fundraising requests, please write to the Privacy Officer at the below address.
- G. **Incidental Uses and Disclosures.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the patient's home that might be overheard by persons not involved in the patient's care would be permitted.
- H. **Business Associates.** We may engage certain persons to perform certain of our functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain PHI with our billing company or computer consultant to facilitate our health care operations or payment for services provided in connection with your care. We will require our business associates to enter into an agreement to keep your PHI confidential and to abide by certain terms and conditions.

IV. **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. Notwithstanding the foregoing, you have the right to ask us to restrict the disclosure of your PHI to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we are required to honor your request. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.
- B. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, via e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the manner you requested.
- C. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request a copy of your information, we will charge reasonable fees for the costs of copying, mailing or other costs incurred by us in complying with your request, in accordance with applicable law. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. Note also that, you have the right to access your PHI in an electronic format (to the extent we maintain the information in such a format) and to direct us to send the e-record directly to a third party. We may charge for the labor costs to transfer the information; and charge for the costs of electronic media if you request that we provide you with such media.

Please note, if you are the parent or legal guardian of a minor, certain portions of the minor's records may not be accessible to you. For example, records relating to care and treatment to which the minor is permitted to consent himself/herself (without your consent) may be restricted unless the minor patient provides an authorization for such disclosure.

D. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, or those made directly to you or your caregiver. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or prior to April 14, 2003.

We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge, but if you make more than one request in the same year, we will charge you \$10 for each additional request.

To the extent that we maintain your PHI in electronic format, we will account all disclosures including those made for treatment, payment and health care operations. Should you request such an accounting of your electronic PHI, the list will include the disclosures made in the last three years.

E. The Right to Receive Notice of a Breach of Unsecured PHI. You have the right to receive notification of a "breach" of your unsecured PHI.

F. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

G. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the U.S. Department of Health and Human Services via email at OCRComplaint@hhs.gov or through the mail at 200 Independence Ave., S.W.; Room 509F; HHH Bldg., Washington, DC 20201. We will take no retaliatory action against you if you file a good-faith complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, please contact our Administrator at the following telephone number: (973) 888-9100. Written correspondence should be addressed as follows:

Quinlan Palliative Care
99 Sparta Avenue
Newton, NJ 07860
Attention: Administrator

VII. EFFECTIVE DATE OF THIS NOTICE

EFFECTIVE: September 10, 2021

SECTION 5. Advance Directives

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a legal document that you can complete on your own that can help ensure your preferences for various medical treatments are followed if you become unable to make your own health care decisions. Your advance directive only goes into effect if your physician has evaluated you and determined that you are unable to understand your diagnosis, treatment options or the possible benefits and harms of the treatment options.

New Jersey has two kinds of advance directives: a **Proxy Directive** and an **Instruction Directive**. It is your decision whether to have both kinds or to just have one of them.

A **Proxy Directive** is a document (often called a Durable Power of Attorney for Healthcare) you use to appoint a person to make health care decisions for you in the event you become unable to make them yourself. This document goes into effect whether your inability to make health care decisions is temporary because of an accident or permanent because of a disease. The person that you appoint is known as your health care representative and they are responsible for making the same decisions you would have made under the circumstances. If they are unable to determine what you would want in a specific situation, they are to base their decision on what they think is in your best interest.

An **Instruction Directive** is a document (often called a Living Will) you use to tell your physician and family about the kinds of situations you would want or not want to have life-sustaining treatment in the event you are unable to make your own health care decisions. You can also include a description of your beliefs, values and general care and treatment preferences. This will guide your physician and family when they have to make health care decisions for you in situations not specifically covered by your advance directive.

FREQUENTLY ASKED QUESTIONS

Can having an advance directive affect my life insurance, health insurance or the benefits I receive from a governmental benefits program? No.

Can my life insurance company, health insurance company, physician, hospital, nursing home or any other health care facility require me to have an advance directive? No.

Does New Jersey recognize an advance directive that is valid in another state? Yes.

What is the definition of “life-sustaining treatment”? Life-sustaining treatment is any medical device or procedure that increases your life expectancy by restoring or taking over a vital bodily function. The medical device or procedure can be a drug, ventilator (breathing machine), surgery, therapy or artificially provided fluids and nutrition.

What is the definition of “permanently unconscious”? Permanently unconscious means you have permanently lost the ability to interact with your environment and are completely unaware of your surroundings.

What is the definition of “terminal condition”? Terminal condition means the final stage of a fatal illness, disease or condition. To be in a terminal condition you do not have to be diagnosed as having less than a certain amount of time to live (e.g., six months or less).

What happens if I regain the ability to make my own decisions? In that case, your physician must obtain your consent for all treatment. Once you have the ability to make health care decisions your health care representative will no longer have the authority to make decisions for you.

Who should have a copy of my advance directive? You should give a copy to your primary health care representative, alternate health care representative(s), family members and physicians. If you are treated at a hospital or enter a nursing home you should also provide a copy when you are admitted.

Do I need a lawyer to complete an advance directive? No, you can complete an advance directive on your own.

Does my advance directive have to be notarized? No.

Do I need a witness when I sign my advance directive? You can choose to get your advance directive notarized, in which case you don't need additional witnesses. Or you can choose to sign and date your advance directive in front of two adult witnesses who must also sign and date the document.

What does it mean for someone to sign my advance directive as a witness? As a witness the person is stating that you voluntarily signed your advance directive.

Is there anyone who cannot sign my advance directive as a witness? Yes, the person who you appoint as your health care representative cannot be a witness.

Can I change my advance directive? Yes, you can change your advance directive any time you want by completing a new one. You need to sign and date your new advance directive and have two witnesses sign and date it.

Can I cancel my advance directive? Yes, you can cancel your advance directive any time you want. To cancel it you need to tell your physician, family, health care representative, nurse, social worker or a reliable witness that you want to cancel your advance directive. You can tell them verbally or send them a letter.

Can I have an instruction directive without having a proxy directive? Yes.

In what circumstance can I have life-sustaining treatment withheld or withdrawn? Your instruction directive can state you want life-sustaining treatment withheld or withdrawn in any of the following situations: 1) you are permanently unconscious; 2) you are in a terminal condition; 3) the life-sustaining treatment would likely only prolong an imminent death; 4) the life-sustaining treatment would likely be ineffective, or; 5) you have a serious, irreversible condition and the life-sustaining treatment would likely be more harmful than beneficial.

Why is it important to have an instruction directive? You may become unable to make your own health care decisions because of a serious injury, illness or disease. By having an instruction directive your caregiver and physician will know the situations in which you would want or not want to have life-sustaining treatment. And by including a statement about your beliefs, values and general preferences for care and treatment, your physician and caregiver will know what you would want in situations that are not specifically covered by your instruction directive. An instruction directive will also prevent conflicts among your caregiver, physician or other health care providers that can occur when a patient's treatment preferences are unknown.

Can my health care representative make decisions for me if I am still able to make my own decisions? No, your health care representative can only make decisions for you if your physician has evaluated you and determined that you are unable to understand your diagnosis, treatment options or the possible benefits and harms of the treatment options.

Can I have a proxy directive without having an instruction directive? Yes.

What authority does my health care representative have to make decisions for me? Except for any restrictions you have placed on their authority, your health care representative has the right to make all health care decisions for you, including the right to refuse medical treatment. They also have the right to review your medical records and receive from your physician all information about your condition, prognosis and treatment options as is necessary for them to make an informed decision.

Who can I appoint as my health care representative? You can appoint your spouse/domestic partner, parent, adult child, caregiver, friend, religious/spiritual advisor or any other adult.

Are there any restrictions on who I can appoint as my health care representative? Yes, you cannot appoint the following individuals as your health care representative: 1) your attending physician; or 2) the operator, administrator or employees of a health care institution in which you are a patient or resident, unless they are related to you. A physician who is an operator, administrator or employee of a healthcare institution in which you are a patient or resident can be your healthcare representative only if they are not your attending physician.

Can I appoint more than one person as my primary health care representative? No.

Can I appoint someone as an alternate health care representative in case my primary health care representative is unavailable, unable or unwilling to serve as my health care representative? Yes, you can appoint one or more individuals, listed in order of priority, as an alternate health care representative. In the event the primary health care representative becomes available they would take over for the alternate.

Can I put requirements on how my health care representative makes decisions? Yes, you can require your health care representative to consult with the alternate health care representatives, specific caregivers, friends or anyone else you want. You can also state specific criteria upon which your health care representative has to base their decisions.

Can I limit the decision-making authority of my health care representative? Yes, for example you can state that your health care representative cannot authorize life-sustaining treatment if it would conflict with the preferences you stated in your instruction directive.

Can my health care representative be required to pay for my medical treatment? No, your health care representative cannot be required by a physician, other health care provider or any health care facility to pay for your treatment, including treatment they have authorized.

Why is it important to have a proxy directive? You may become unable to make your own health care decisions because of a serious injury, illness or disease. If you cannot make your own health care decisions someone will have to make them for you and without a proxy directive your physician will not know who you want that person to be. Having a proxy directive will help ensure your preferences are respected because only the person you have appointed will be able to make health care decisions on your behalf. Also, having a proxy directive will help prevent conflicts among your caregivers who may disagree on who should have the authority to make these decisions. Even if you have an instruction directive, it is important to have a proxy directive because there are many circumstances in which treatment decisions will have to be made that are not covered by your instruction directive.

Is my physician required to get consent from my health care representative for treatment? Yes, your physician is required to obtain informed consent for your treatment (except in emergencies), and must respect their decisions just as if the decisions were coming directly from you.

Who should I appoint as my health care representative? You should choose someone who knows your values, beliefs and preferences well enough to know what treatment decisions you would want them to make for various medical conditions. The person should be someone with good judgment and who will be a strong advocate on your behalf. They should also be someone you believe will respect your wishes even if they disagree with them, especially when it comes to your preferences about the use of life-sustaining treatment.

Source: <https://www.nj.gov/health/advancedirective/ad/forums-faqs/>

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

New Jersey law now provides another means for patients who are seriously ill or medically frail with limited life expectancies, to indicate their preferences regarding life-sustaining treatment on a standardized Practitioner Orders for Life-Sustaining Treatment (POLST) form. The POLST form provides instructions for health care personnel to follow for a range of life-prolonging interventions, including your goals, wishes and any medical interventions that you do or do not want at the end of life. The POLST form becomes part of your medical record, following you from one healthcare setting to another, including hospital, home, nursing home or hospice.

Completion of a POLST form is voluntary. If you want to make your desires for end of life care known, you should discuss them with your attending physician or advanced practice nurse and complete the POLST form together. Although an original POLST form is printed on green paper, copies of the executed form are also recognized by health care personnel. If you have a signed copy of a POLST form at home, it should be kept in a location that will be easily located by emergency personnel.

AGENCY POLICY ON ADVANCE DIRECTIVES

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

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

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

Unless the physician has written a specific **Do Not Resuscitate (DNR)** order, it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your caregiver or your Durable Power of Attorney for Healthcare (DPAHC)/health care power of attorney (HCPOA) must request DNR orders from your physician. These orders are documented in your medical record and routinely reviewed; however, **you may revoke your consent to such an order at any time.**

YOUR WILL IS NOT ENOUGH

Leave one folder filled with the following information to make your loved ones' lives easier when you're gone:

- Banking, credit card and investment account names, numbers and contact information
- Insurance policy information and account numbers
- List of all properties and large assets along with loan information
- Current bills you pay, with account names and numbers
- Computer account user names and passwords
- Safe deposit access information
- Partnership or corporate agreements
- Health care forms, such as Health Power of Attorney, DNR and organ donation
- Burial instructions
- Specific bequests of personal items
- Request/discuss death certificates: how many are needed?

SECTION 6. Emergency Preparedness

AGENCY EMERGENCY PREPAREDNESS PLAN

In the event of a natural or man-made disaster, inclement weather or emergency, we have an emergency preparedness plan to continue necessary patient services. We will make every effort to continue home care visits; however, the safety of our staff must be considered.

When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to ensure that your medical needs are met. Please notify our office if you evacuate to another location or emergency shelter.

POWER OUTAGE

It is important to be prepared for a lack of electricity.

- Keep flashlights with extra batteries for every household member.
- Keep at least a one-week supply of nonperishable food and water.
- Have an alternate plan (such as a cooler and ice packs) if you rely on refrigerated medicines.
- Check the refrigerator temperature when the power is restored. Throw out food if the temperature is 40°F or higher.
- Determine whether your home phone will work in a power outage.
- Keep mobile phones and other battery-powered equipment charged.
- Keep gas tanks and cans full.

WINTER STORM

Heavy snowfall and extreme cold can immobilize a region, resulting in isolation. Icy and/or blocked roads and downed power lines can happen any time it is cold or snowy. Wear layers of loose, lightweight, warm clothes, rather than one heavy layer. Wear hats and outer layers that are tightly woven and water repellent. Mittens will keep your hands warmer than gloves.

HOT WEATHER

There is a higher risk for heat-related illness in the summer. When it is hot outside:

- Never leave anyone sitting in a closed, parked car.
- Drink lots of water, even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small, frequent meals.
- Stay inside and out of the sun. Stay on the lowest floor, pull shades over the windows and use fans if you do not have air conditioning.
- Mist or sponge yourself frequently with cool water.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will deflect the sun's energy.

- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you do not feel better.

HURRICANE

Preparation is the key to surviving a hurricane. Stay informed of the storm's path and its anticipated arrival. Be prepared for floods, high winds and damage to buildings and landscapes. Move anything that is outside to a waterproof place. Cover windows with wood, shutters or masking tape. Fill your clean bathtub with water. Evacuate to a shelter, if necessary.

EARTHQUAKE

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

If you are inside, stay there and:

- Get under a sturdy table and protect your head.
- If you are in a wheelchair, move to a doorway, lock the wheels and cover your head with your arms.
- If you are in bed, stay there. Cover your head with a pillow to protect it from falling objects and debris.

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

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

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

BIOLOGICAL THREAT

The first evidence of an attack may be when you notice symptoms of the disease caused by exposure to an agent. It may take time for public health officials to determine exactly what the illness is, how it should be treated and who is in danger. In the event of a biological threat or attack, follow these safety guidelines:

- Check local news websites, TV and radio stations for official news and information, including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed and where you should seek medical attention if you become ill.
- Get away quickly if you become aware of an unusual or suspicious substance.
- Cover your mouth and nose with layers of fabric that can filter the air but still allow breathing (e.g., two to three layers of cotton, such as a T-shirt, handkerchief or towel).

- Depending on the situation, wear a face mask to reduce inhaling or spreading germs.
- If you have been exposed to a biological agent, remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.
- Wash yourself with soap and water and put on clean clothes.
- Do not assume that you should go to the emergency department or that any illness is the result of a biological attack. However, contact authorities and immediately seek emergency medical attention if your symptoms match those described and you are in the group considered at risk.
- Expect to receive a medical evaluation and treatment, and follow instructions of doctors and other public health officials.
- You may be advised to stay away from others or even quarantined if the illness caused by the biological agent is believed to be contagious.
- Avoid crowds in the event of a declared biological emergency or developing epidemic.
- Implement the health and hygiene practices listed in the Infection Prevention and Control section of this booklet.
- Follow the instructions provided by emergency response personnel and the Centers for Disease Control and Prevention (CDC). For more information visit www.ready.gov or www.emergency.cdc.gov.

EMERGING INFECTIOUS DISEASES

An emerging infectious disease is a contagious infection whose incidence has increased in recent years and could continue to increase in the future. Some examples are measles, Ebola, Zika, COVID-19, etc.

Preventing an emerging infectious disease:

- Ask your physician if your immunizations are up-to-date and if you need additional vaccinations.
- Wear a face mask to reduce spreading germs if you are sick, or to avoid coming in contact with contagious germs if others around you are sick.
- Follow the practices listed in the Infection Prevention and Control section of this booklet.

Preparing for an emerging infectious disease:

- Check local news websites, TV and radio stations for information, including symptoms of the disease, areas in danger, if medications or vaccinations are being distributed and where to seek medical attention if you become ill. The occurrence of a disease does not necessarily mean there is an epidemic or outbreak.

- Do not assume that any illness is the result of the emerging infectious disease; symptoms of many common illnesses may overlap. However, if you or a caregiver are in a high-risk group and the symptoms match those described, immediately seek emergency medical attention.
- Follow the instructions provided by emergency response personnel and the Centers for Disease Control and Prevention (CDC). For more information visit www.cdc.gov.

CHEMICAL EXPOSURE

In the event of an exposure to a hazardous chemical, item or poison follow these safety steps:

- Seek medical attention for screening and professional treatment.
- Drink only stored water.
- **If you are outdoors**, get as far away as possible from the contaminant by moving upwind (and uphill if possible) from it.
- **If you are indoors**, close doors and windows tightly, shut off heating and air conditioning and close fireplace dampers. Tape plastic over any windows in the room and use duct tape around the windows and doors to make an unbroken seal. Also, tape over any vents into the room and seal any electrical outlets or other openings. Sink and toilet drain traps should have water in them so you can use them as usual.

Remove possible contamination from your person by:

- Removing any exposed clothing (avoid touching any contaminated areas) as quickly as possible. Cut off clothing rather than pulling it over your head.
- Washing contaminants from your skin with large amounts of soap and water as quickly as possible. If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put them back in your eyes. If you wear eyeglasses, decontaminate them with household bleach, then rinse and dry.
- Disposing of contaminated clothing. Avoid touching contaminated areas of the clothing by wearing gloves or using tongs, tool handles, etc., and place it and anything that touched the contaminated clothing inside a plastic bag. Seal the bag, and then seal that bag inside another plastic bag.
- Dressing in clothing that is not contaminated. Since clothing stored in a drawer or closet is unlikely to be contaminated, this will be your safest choice. When you leave your shelter-in-place location, follow instructions from local emergency coordinators to make your home safe again and to avoid any contaminants outside.

EXPLOSION

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for falling debris.
- Stay low if there is smoke and check for fire or other hazards such as damaged floors and stairs.
- Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.
- Check for fire and other hazards.
- Once you are out, do not stand in front of windows, glass doors or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.
- Make any noise you can if you are trapped or shine a flashlight. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.
- Avoid unnecessary movement so you do not kick up dust.
- Cover your nose and mouth with anything you have on hand.

NUCLEAR EXPLOSION

Remember the three protective factors: distance, shielding and time. Radioactive fallout can be carried by the wind for hundreds of miles. Radiation levels are extremely dangerous after a nuclear detonation but the levels reduce rapidly. During the period with the highest radiation levels, it is safest to stay inside.

If a nuclear attack warning is issued:

- Take cover as quickly as you can, below ground if possible, and stay there until instructed. Go as far below ground as possible or in the center of a tall building.
- Find the nearest building, preferably built of brick or concrete, and go inside to avoid any radioactive material outside. If better shelter, such as a multi-story building or basement can be reached within a few minutes, go there immediately.
- Expect to stay inside for at least 24 hours, unless told otherwise by authorities.
- If you are downwind from the detonation, you may also be asked to take protective measures.

If you are caught outside and unable to get inside immediately:

- Do not look at the flash or fireball – it can blind you.
- Take cover behind anything that might offer protection.
- Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- Get clean as soon as possible, to remove radioactive material that may have settled on your body.
- Remove your clothing to keep radioactive material from spreading. Removing the outer layer of clothing can remove up to 90% of radioactive material.
- If practical, place your contaminated clothing in a plastic bag and seal or tie the bag. Place the bag as far away as possible from humans and animals so that the radiation it gives off does not affect others.
- When possible, take a shower with lots of soap and water to help remove radioactive contamination. Do not scrub or scratch your skin. If you cannot shower, use a wipe or clean wet cloth to wipe your skin that was not covered by clothing.
- Wash your hair with shampoo or soap and water. Do not use conditioner in your hair because it will bind radioactive material to your hair, keeping it from rinsing out easily.
- Gently blow your nose and wipe your eyelids, eyelashes and ears with a clean wet cloth.

NUCLEAR POWER PLANT EMERGENCY

- Follow Emergency Alert System (EAS) instructions carefully.
- Minimize your exposure by increasing the distance between you and the source of the radiation.
- If you are told to evacuate, keep car windows and vents closed; use re-circulating air.
- If you are advised to remain indoors, turn off the air conditioner, ventilation fans, furnace and other air intakes; shield yourself by placing heavy, dense material between you and the radiation source; and go to a basement or other underground area, if possible.
- Do not use the telephone unless absolutely necessary.
- Stay out of the incident zone. Most radiation loses its strength fairly quickly.

EMERGENCY KIT FOR THE HOME

Bad weather can be dangerous, so be prepared. Keep a kit with these items in case you have a weather emergency:

- Battery-powered radio
- Lamps and flashlights
- Extra batteries
- Food that you don't have to cook
- Manual can opener
- Utensils, cups and plates
- Medications
- Extra blankets
- Water in clean milk or soda bottles
- Rock salt or sand for walkways
- Extra fuel
- Portable battery pack for cell phone

SHELTER SUPPLIES

The following is a list of what to bring to a shelter during an evacuation:

- Two-week supply of medications
- Medical supplies and oxygen
- Wheelchair, walker, cane, etc.
- Special dietary foods/can opener
- Air mattress/cot and bedding
- Lightweight folding chair
- Extra clothing, hygiene items, glasses
- Important papers
- Valid ID with current name and address
- Palliative Care folder

Most shelters have electric power from a generator. If you evacuate to a shelter, bring your electrical devices (such as an oxygen concentrator).

EMERGENCY PREPAREDNESS AND PETS

When disaster strikes, if it is not safe for you, it is not safe for your pet. Plan ahead to help your pet survive a disaster.

- **ID your pet.** Make sure your pet is wearing a securely-fastened collar with up-to-date identification including your cell phone number. Consider having your pet micro-chipped. For caged pets, attach identification to the cage.
- **Put together a pet disaster kit.** Food and water for at least five days for each pet; bowls, manual can opener, medications, medical records and vaccination schedules; leashes, harnesses and carriers; waste collection and disposal supplies; current photos of you with your pets to help others identify them in case you and your pets become separated; and written information about feeding schedules and behavior issues.
- **Plan ahead to take your pet with you in an evacuation.** With the exception of service animals, pets usually are not allowed in public shelters. Identify the hotels that will accept you and your pets in an emergency, and prepare a list with phone numbers. Call ahead for reservations if you know you may need to evacuate. Ask if no-pet policies can be waived in an emergency. Identify friends, boarding facilities, animal shelters or veterinarians that can care for your pet in an emergency.

SECTION 7. Home Safety

There are many ways in which an accident or injury can occur in the home. The best precaution is to know how to prevent them. Even when we are careful, accidents can happen. If one does occur, remember to always remain calm and assess your options. If you are unable to move, call out for help. You may want to consider installing LifeLine[®] if you live alone or are alone for most of the day.

Always keep the telephone numbers to your local police and fire department near all the phones in your house. If you do not have these numbers posted, remember that you can always dial “0” for the operator or “911” if your area has it. Calmly and clearly tell the operator your name, address and what the problem is so you will receive the proper help.

Listed below are some ways to prevent minor accidents or injuries in the home. **Please call Palliative Care at any time if you have any concerns or questions about patient safety.**

PREVENTING FALLS

- Keep clutter out of walkways and off stairs.
- Close cabinet and closet doors.
- Be sure hallways and stairs are brightly lit.
- Keep a lamp near your bed, within easy reach.
- Clean up spills quickly.
- Put away toys and equipment after use.
- Be sure rugs and handrails are secure.
- Use a sturdy stepstool instead of climbing on counters and furniture.
- Install grab bars in the bathroom. Use non-skid mats.
- Improve the lighting in your home.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the home.
- If you are weak from medication or have a poor appetite, call for help when walking to the bathroom.

AVOIDING ELECTRICAL ACCIDENTS

- Never use a knife or fork to retrieve toast while toaster is plugged in. Keep wooden tongs nearby.
- Keep electrical cords secured from the walkway and out of reach of children.
- Never use electric appliances while bathing.
- Unplug appliances during thunder and lightning storms.
- Do not overload outlets with adaptors and extension cords.
- Cover unused outlets with safety caps.

PREVENTING FIRE AND INJURY

- Make sure the patient has easy access to a telephone, and post the fire department number on every telephone. All family members and caregivers should be familiar with emergency 911 procedures.
- **Do not smoke (including e-cigarettes) in bed or where oxygen is being used.** Never leave burning cigarettes unattended. Do not empty smoldering ashes in a trash can. Keep ashtrays away from upholstered furniture and curtains.
- Install smoke detectors and check the batteries monthly.
- Keep a working fire extinguisher handy and learn how to use it.
- Be sure gas units are properly vented. Vents and burners should be clean and grease free.
- Do not wear loose, long clothing near fires and stoves.
- Avoid excess clutter of newspapers, magazines, clothing, etc. These piles can become a fuel source for potential fires.
- Use pot holders on hot pots and covers. Vent steam away from you. Turn handles of pots away from the outer edge of stoves.
- Set water heater no higher than 120°F (48.9°C).
- Turn off appliances when leaving home.
- Properly store paints, gasoline and solvents in a cool, well-ventilated area.
- Dispose of old rags and empty cans.

PREVENTING POISONING

- Know how to contact your poison control team: 1-800-222-1222.
- Carefully store hazardous items in their original containers.
- Do not mix products that contain chlorine or bleach with other chemicals.
- Purchase insecticides for immediate need only and store excess properly.
- Keep hazardous items, cleaners and chemicals out of reach of children and confused or impaired adults.
- Dispose of hazardous items and poisons only as directed.

MEDICATION SAFETY

- Do not take medications that are prescribed for someone else.
- Create a complete list of current medications (including prescription and over-the-counter medications, herbal remedies and vitamins), and keep this list with you at all times in the event of emergency situations. Review the list for discrepancies and make changes immediately as they occur. Show the list to your doctor or pharmacist to keep from combining drugs inappropriately.
- Know the name of each of your medicines, why you take it, how to take it, potential side effects and what foods or other things to avoid while taking it.
- Report medication allergies or side effects to your nurse.
- Take medications exactly as instructed. If the medication looks different than you expected, ask your nurse about it.

- Drug names can look alike or sound alike. To avoid errors, check with your nurse if you have questions.
- Do not use alcohol when you are taking medicine.
- Do not stop or change medicines without informing your nurse, even if you are feeling better. If you miss a dose, do not double the next dose later.
- Use a chart or container system (washed egg carton or med-planner) to help you remember what kind, how much and when to take medicine.
- Take your medicine with a light on so you can read the label.
- Read medicine labels (including warnings) carefully and keep medicines in their original containers.
- Store medications safely in a cool, dry place according to instructions on the label of the medication.
- Keep medicines away from children and confused adults.
- Trans-dermal patches should be opened and folded face to face so that adhesive edges adhere to themselves while wearing gloves and added to the household trash.

MEDICATION DISPOSAL

As per regulatory process and policy of Quinlan Palliative care, if a patient is pronounced deceased by a Palliative care team member, staff is prohibited from removal of medications from the home.

Procedure: The Nurse Practitioner, upon consultation, will instruct the patient/caregiver the process of proper medication disposal. Under no circumstances will the nurse practitioner handle any of the medications in terms of removal from the home.

Instructions:

- There are drop-off points within your respective county, either at local pharmacy or police station for excess medications.
- Add liquids to either kitty litter, flour or coffee grounds and double bag the residue, and place in the household trash.
- Tablets, capsules, pills, suppositories can be crushed and added to cat litter, flour, coffee grounds and double bagged with disposal in the household trash.
- Trans-dermal patches should be opened and folded face to face so that adhesive edges adhere to themselves while wearing gloves and added to the household trash.

Documentation of instructions as well as primary caregiver refusal to discard in the above instruction method will be completed by pronouncing staff member.

Important! Staff must not remove any of the medications under any circumstance.

OXYGEN SAFETY

- Use oxygen only as directed.
- Oxygen creates a high risk for fire because it causes an acceleration of flame in the presence of flammable substances and open flames.
- **Do not smoke** around oxygen. Post “**No Smoking**” signs inside and outside the home.
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline[®], oily lotions, face creams or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stoves and candles) at least 10 feet away from the oxygen source.
- Keep at least 6 inches of clearance around an oxygen concentrator. Plug it directly into a wall outlet, and limit the use of extension cords.
- Have electrical equipment properly grounded and avoid operating electrical appliances, such as razors and hairdryers, while using oxygen. Keep any electrical equipment (including e-cigarettes) that may spark at least 10 feet from the oxygen system.
- Use 100% cotton bed linens/clothing to prevent sparks and static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a backup portable oxygen cylinder in case of a power or oxygen concentrator failure.
- Alert property management of oxygen use when living in a multi-dwelling residence.

SECTION 8. Infection Prevention and Control

To help prevent the spread of a widespread pandemic or isolated infection, follow the guidelines in this section. Stay clean and have good hygiene. Items used in health care such as bandages or gloves, can spread infection, harm trash handlers, caregivers and others who touch them and harm the environment if they are not disposed of properly. Some illnesses and treatments (such as chemotherapy, dialysis, AIDS, diabetes and burns) can make people more at risk for infection.

Please tell your provider if you notice any of the following signs and symptoms of infection: pain, tenderness, redness or swelling; inflamed skin, rash, sores or ulcers; fever or chills; pain when urinating; sore throat or cough; confusion; increased tiredness or weakness; nausea, vomiting or diarrhea; and or green or yellow pus.

PRACTICE GOOD HEALTH HABITS

Cover your mouth and nose with a tissue when you cough or sneeze. If you do not have a tissue, cover your mouth with your upper sleeve, not your hands. Wear a face mask if you are sick, or if others around you are sick.

Avoid close contact with people who are sick. If you are sick, keep your distance from others. Do not share food or utensils.

Avoid touching your eyes, nose or mouth. Germs may spread if you touch something that is contaminated, and then touch your eyes, nose or mouth.

Take proper care of yourself. Get plenty of sleep, remain physically active (within your limits), manage your stress, drink plenty of fluids and eat nutritious food.

WASH YOUR HANDS

Wash your hands frequently and correctly, even if you wear gloves. It is the single most important step in controlling the spread of infection.

Always wash hands before tending to a sick person; touching or eating food; and treating a cut or wound.

Always wash hands after:

- Tending to a sick person
- Treating a cut or wound
- Using the bathroom
- Touching animals or their waste
- Touching soiled linens
- Touching garbage
- Changing diapers
- Coughing, sneezing or blowing your nose

If you have visibly dirty hands, or they are contaminated in any way, wash them using liquid soap and warm running water for at least 20 seconds. Remove jewelry, apply soap, wet your hands and rub them together. Wash all surfaces, including wrists, palms, back of hands, between fingers and under nails. Rinse and dry your hands with a clean towel that has not been shared or a paper towel. Use a towel to turn off the faucet.

If you do not have visibly dirty hands, use a hand sanitizer with 60-90% ethyl or isopropyl alcohol. Apply a dime-size amount (or the amount recommended on the label) in one palm, then rub hands vigorously, covering all surfaces of hands and fingers, until they are dry.

DISPOSABLE ITEMS AND EQUIPMENT

This may include paper cups, tissues, dressings, bandages, plastic equipment, catheters, incontinence supplies, plastic tubing and gloves.

Store these in a clean, dry area. Throw away used items in waterproof (plastic) bags. Fasten the bags securely and throw them in the trash.

NON-DISPOSABLE ITEMS AND EQUIPMENT

This may include dirty laundry, dishes, thermometers, toilets, walkers, wheelchairs, bath seats, suction machines and oxygen equipment.

Wash dirty laundry separately in hot, soapy water. Handle it as little as possible so you don't spread germs. If the patient has a virus, add a mix of 1 part bleach and 10 parts water to the load.

Clean equipment as soon as you use it. Wash small items (not thermometers) in hot, soapy water, then rinse and dry them with clean towels. Wipe thermometers with alcohol before and after each use. Store them in a clean, dry place. Wipe off equipment with a normal disinfectant or bleach mix. Follow the cleaning instructions that came with the item.

Pour liquids in the toilet. Clean their containers with hot, soapy water, then rinse them with boiling water and let them dry.

SHARP OBJECTS

This may include needles, syringes, lancets, scissors, knives, staples, glass tubes and bottles, IV catheters and razors.

Put used sharps in a clean, hard plastic or metal container with a screw-on or tight lid. Seal it with heavy-duty tape and dispose of it in the trash or according to area regulations. Do not overfill sharps containers or re-cap used needles. **Do not** use glass or clear plastic containers. **Never** put sharps in containers that will be recycled or returned to a store.

BODY FLUID SPILLS

Put on gloves and wipe the fluid with paper towels. Use a solution of 1 part *bleach and 10 parts water to wipe the area again.* Double bag used paper towels and throw them in the trash.



Your Professional Palliative Care Staff

Nurse Practitioner: _____


Medical Director: _____

Social Worker: _____

Other: _____

(973) 888-9100

Important Phone Numbers *(Patient to complete)*

 Ambulance/Police/Fire
911 or _____

 Hospital


 Doctor

 Insurance Company

 Non-Emergency Transportation

 Pharmacy

 Poison Control
1-800-222-1222 or 911

 Medical Equipment (Oxygen)

 Electric Company

 Phone Company

 Water Company

 Family
