



## **OXYGEN & HOME MEDICAL EQUIPMENT**

### **Customer Service Guide**



#### **Ashland**

606-324-0042

#### **Georgetown**

937-378-4499

#### **Jackson**

740-286-6737

#### **Maysville**

606-564-6821

#### **Athens**

740-249-4323

#### **Hillsboro**

937-393-4423

#### **Lancaster**

740-785-9396

#### **New Boston**

740-456-4363

#### **West Union**

937-544-2783

#### **Coal Grove**

740-532-4000

#### **Inez**

606-298-3674

#### **Louisa**

606-638-9303

#### **Waverly**

740-941-1110

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# Genesis Respiratory, Inc.

## Mission Statement

Our mission at Genesis Respiratory, Inc. is to provide equipment, services and supplies for the client in the home care setting. We maintain the same high quality in equipment and high standards in service we would expect for our own families.

We take an active role in our community by participating in support groups and providing education to other health care professionals or interested persons.

We are active in legislative issues relating to Home Health and will be watchful for our clients best interest as well as our own. We encourage clients to be involved in their plan of service. We have established a program, within our own company, to provide for indigent persons.

## Welcome Letter

Genesis Respiratory, Inc. is a professional and privately owned Home Medical Equipment Company and has been serving our community and surrounding areas since 1977.

We pride ourselves in choosing the highest quality in both equipment and personnel to service our clients. We are pleased to have you as a customer and will make every effort to see that your home medical equipment needs are met. We provide equipment such as: ventilators, home oxygen, apnea monitors, TENS units, CPAP units, beds, wheelchairs, Enteral nutrients and feeding pumps and other items needed in home care. We have a fully experienced staff, willing to meet your needs. Our professional staff includes both registered and certified respiratory therapists, nurses and factory trained delivery and service personnel.

Your questions and comments are important to us. Please call:

**1-740-456-4363 or 1-800-842-6597**

General Office and Business Hours:

NEW BOSTON  
9:00 a.m. to 6:00 p.m.  
Monday thru Friday  
9:00 am-5:00 pm  
Saturday

ASHLAND  
ATHENS  
COAL GROVE  
GEORGETOWN  
HILLSBORO  
INEZ

JACKSON  
LANCASTER  
LOUISA  
MAYSVILLE  
WAVERLY  
WEST UNION

(Wright Care Medical Supplies  
dba Fields Medical Supply)

9:00 a.m. to 5:00 p.m. Monday thru Friday

We have Clinicians on call 24-hours a day. If you have an emergency, call 800-842-6597 anytime day or night. If the numbers can't be reached, please call (740) 574-1845. Keep this information close to your telephone or in a secure place where you can easily refer to it. Look for us on the web at [www.genesisoxygen.com](http://www.genesisoxygen.com).

Thank You,



Rosalie K. Williams  
President

# Notice of Privacy Practices

Genesis Respiratory Services is committed to protecting the confidentiality of your health information. We have policies and safeguards in place to ensure your privacy. Genesis Respiratory Services is also required by state and federal laws to protect the confidentiality of your health information.

## **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.**

The confidential health information that we collect as we deliver care or services to you is called “protected health information”. We can use and disclose your protected health information:

- To provide treatment and to help us provide, coordinate or manage your care and related services among Genesis Respiratory Services personnel and with others involved in your care such as hospitals and other health facilities, family members, your pharmacist, suppliers of medical equipment and your physician.
- To obtain payment such as including your health information on invoices to collect payment. For example, we may be required by your insurer to provide information regarding your health so that they will pay you or Genesis Respiratory Services. We may also need to obtain prior approval from your insurer and explain your need for home care and the care or services that we will provide to you.
- For health care operations such as using your protected health information to evaluate and improve the quality of the services or to write new guidelines to provide more effective nursing care; to conduct supervision of employees or evaluate their performance; to train our employees or student nurses; to determine your satisfaction with our services; for general business planning and development; or for business management and general administrative activities.

**You also have the following rights** regarding the use and disclosure of your protected health information:

- You can request that we restrict its use and disclosures-such as not sharing this information with a particular family member. However, we are not required to agree with every requested restriction and we may end such a restriction if we believe it puts you or your health at risk. You can also decide to end a restriction at any time.
- You can restrict disclosure of your protected health information to a health plan if you have paid out of pocket in full for a health care item or service.
- You can request that confidential communication between you and Genesis Respiratory Services be provided to you in another way. For example, we can send all of our written communication to your daughter’s address, to do so contact our Office in writing.
- With a few limited exceptions, such as psychotherapy notes, you can ask to inspect and obtain a copy of your protected health information. You can also request to change it; please contact our Office. We may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing.
- You also have the right, with limited exceptions, under federal regulations, to receive an accounting of the disclosures we have made of your protected health information other than those used for treatment, payment, operations or disclosures of your health information made to you.

We need your written authorization before we offer you a product or a service or use any of your health information for marketing purposes for which we receive any type of payment from a third party.

If someone takes your protected health information that should not have it, we will tell you, as well as what action you should take.

If you believe that your privacy rights have been violated, you can file a complaint by contacting our office, or you can file a complaint with the Secretary of Health and Human Services. We want to hear your concerns. You will not be retaliated against for filing a complaint.

If anyone wishes to use or access your protected health information for reasons other than to provide treatment, obtain payment or health care operations, we can only release it with your written authorization. You may revoke that authorization at any time.

However, there are some important exceptions to requiring your authorization as stated in the federal regulation. We can provide your protected health information to representatives of the following organizations without your written authorization or without obtaining your agreement or objection:

1. Public health authorities;
2. A government representative responsible for responding to concerns about abuse, neglect or domestic violence as permitted by law;
3. Law enforcement purpose;
4. Local or national health oversight organizations that conduct audits or investigations;
5. Funeral directors, coroners and medical examiners;

And for the purposes of:

6. Judicial or administrative proceedings or in response to a subpoena or discovery request;
7. Organ or tissue donation;
8. Research purposes as approved by a Privacy Board;
9. To avert a serious threat to health or safety; and for
10. Special government functions such as national security;
11. Treatment or payment;
12. If we are being sold, transferred, merged or consolidated;
13. To a business associate of ours for activities undertaken on our behalf;
14. Worker's compensation; and,
15. To you when requested by you.

We may not disclose your health information if you are the subject of an investigation unless your health information is directly related to your receipt of public benefits.

We at Genesis Respiratory Services abide by this Notice effective September 23, 2013. The Notice is available to any individual upon request. Genesis Respiratory Services reserves the right to change this Notice of Privacy Practices. If we do so, we will provide the revised Notice to any patient/client who is receiving care or services, and the changes will apply your protected health information in our possession.

If you have any concerns about this Notice or wish to have additional information, you may contact our office's Privacy Officer. We welcome your questions, as the privacy of your protected health information is one of our most important promises to you.

**Contact us at:** Genesis Respiratory Services, Inc.  
Attention: Privacy Officer  
4132 Gallia Street  
New Boston, OH 45662  
(740) 456-4363

# LETTER OF EXPLANATION OF REIMBURSEMENT

Genesis Respiratory Services provides a very qualified billing service. Genesis will bill your insurance company with the exception of certain conditions. Genesis' billing department processes invoices on a daily basis, with the exception of self pay which is billed monthly.

## **Medicare Billing**

**Accepting Assignment** - This means Genesis will bill Medicare and if the equipment is approved, we will accept Medicare's allowed, however, Medicare will only reimburse us 80% of the allowed leaving a balance of 20% to be billed to the patient or the co-insurance, providing all deductibles have been met. If the equipment is denied, the patient is responsible for the reimbursement.

**Non-assignment** - When there is an expected problem with coverage of an item, we will need to collect the billed amount for the item from the patient and then we will bill Medicare for them and if Medicare reimburses, they will reimburse the patient directly.

## **New Medicare Clients**

If you are new to the Medicare Program you must schedule a physician office appointment to discuss all of your current durable medical equipment. At this visit your doctor needs to document that you are using the equipment, Note the benefits, and Why you need the equipment listing each diagnosis. A new prescription is required for each item and if you are on oxygen you will need testing performed within 30 days of your visit. For any questions please contact our billing department.

## **Medicaid Billing**

In most instances Genesis is responsible for obtaining all paperwork such as PA and CMN's when needed. However, on some pieces of equipment the patient may need to wait until the prior authorization is returned from Medicaid before the equipment is delivered. Medicaid's payment is sent directly to Genesis and is accepted as payment in full. If it is not paid, the equipment must be returned.

## **Private Insurance Billing**

Private insurance billing is the same as all others, Genesis is responsible for obtaining most required documentation. However, if payment is not sent directly to Genesis, the patient is responsible for forwarding the payment to Genesis.

All private insurances differ according to the type of policy you carry. Insurance verification normally takes place, then the equipment can be set up. At time of verification Genesis attempts to obtain policy coverage, reimbursement percentage, and required documentation by the insurance.

In all categories of billing we may, at different times, need the assistance of the patient to help us obtain the required information from the Doctor or Hospital.

If you have any questions you may call the Business Office at 740-456-4363.

# CMS Medicare DMEPOS Supplier Standards

**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. 424.57(c).**

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 the 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.



# CMS Medicare DMEPOS Supplier Standards

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.
26. Must meet the surety bond requirements specified in 42 CFR § 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 CFR 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.

## CLIENT BILL OF RIGHTS

1. Be given information about your rights for receiving home care service.
2. Receive a timely response from Genesis regarding your request for home care services.
3. Be given information of Genesis' policies and procedures and charges for services.
4. Choose your home care provider.
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 service for you.
7. Be free from physical and mental abuse and/or neglect.
8. Be given proper identification by name and title to 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 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 developed plan of service.
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 to another health 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 the confines of the law.
19. Be given information concerning the consequences of refusing treatment.

## CLIENT RESPONSIBILITIES

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies and other pertinent items.
2. Assist in developing and maintaining a safe environment. If you have any ideas or input concerning patient safety with Genesis products or services, call your local Genesis store or call 1-800-842-6597, ext 222.
3. Inform Genesis when you will not be able to keep a home care visit
4. Participate in the development and update of your home care plan of service/treatment.
5. Adhere to your developed/updated home care plan of service/treatment.
6. Request further information concerning anything you do not understand.
7. Contact your doctor whenever you notice any unusual feelings or sensations during your plan of service/treatment.
8. Contact your doctor whenever you notice a change in your condition.
9. Contact Genesis whenever you have an equipment problem.
10. Contact Genesis whenever you have received a change in your home care prescription.
11. Contact Genesis whenever you are to be hospitalized.
12. Give information regarding concerns and problems you have to a Genesis staff member.
13. Contact Genesis prior to any change of address or phone number.
14. Contact Genesis if you acquire any infectious disease during the time you are receiving services and/or care from Genesis.

## Supply Usage

Your insurance carrier may have a maximum quantity of covered supplies for the items you have ordered.

If there is a medical reason that you need the extra supplies, contact us immediately, in order for us to receive additional documentation from your physician and submit to your insurance for possible increase in amounts covered.

You will be responsible for payment of any excess supplies you receive. If we have not received payment within 30 days of billing you, all excess supplies will be on a cash only basis or you will be limited to only the amount your insurance will cover.

We appreciate your cooperation of the appropriate use of the supplies dispensed to you

# Report a complaint about a Health Care Organization

## **When we receive a complaint**

As an accreditor, The Joint Commission can only evaluate complaint information in terms of its relevance to compliance with our standards. The Joint Commission is not the forum for the resolution of individual complaints or disputed matters, nor can we assist to resolve individual concerns.

Joint Commission standards focus on safety and quality of care. Matters of billing, insurance, payment disputes, personnel issues, or labor relations are not within The Joint Commission's scope. We also cannot follow up on complaints about organizations that we do not accredit or certify.

## **How to report a complaint**

If you wish, you can remain anonymous. However, providing a name and either a U.S. mail or e-mail address allows us to contact you for additional information or clarifications, if needed. Should you decide to disclose your name and address, we will keep this information confidential, although we may disclose de-identified details to the organization in question in order to make our evaluation. According to Joint Commission policy, all staff at our accredited or certified organizations must be informed that they may make a complaint without fear of retaliatory actions from their organization.

To report the details about your complaint to The Joint Commission, use one of the following options:

### **Online:**

[Submit a new complaint.](#)

[Submit an update to a complaint.](#) (You must have your complaint reference number)

E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Fax: 630-792-5636

Mail: Office of Quality Monitoring

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Summarize the issue in two pages or less and include the name and full address of the organization in question. For more information, call The Joint Commission's toll free number, (800) 994-6610, available weekdays, 8:30 a.m. to 5 p.m., Central Time.

## **How we respond to complaints**

When we receive a complaint, we will initially evaluate whether it relates to one or more Joint Commission standards. If so, our evaluation will then focus on assessing the organization's overall compliance with those standards. Depending on the nature of the complaint, we may take one or more of the following actions:

- If the complaint raises concerns about a continuing threat to patient safety or if it suggests a failure to comply with Joint Commission standards, we may conduct an unannounced or unscheduled on-site evaluation of the organization.
- We may ask the organization to provide a written response to the complaint.
- If the organization is scheduled for its survey in the near future, we may review the complaint and the organization's compliance with related standards at that time.
- We may incorporate the complaint details into our database that we use to monitor quality issues and track trends.

### **Release of complaint-related information**

Many people who report a complaint to us want to know the details of our evaluation and follow up activities. Although specific details are confidential, we can provide you with the following information, as appropriate, upon written request:

- Whether or not your complaint is relevant to the organization's compliance with any standard(s) and, if so, the standard(s) areas identified.
- The course of action that The Joint Commission has or will take to evaluate the organization's compliance with these standards.
- Any standard(s) for which we issued a requirement for improvement following an on-site evaluation.
- Any change we made to the organization's accreditation or certification decision following an on-site evaluation, which will be reflected in the organization's Quality Report.

In addition, you may wish to refer to the organization's Quality Report to obtain general information about the organization's performance on key quality measures. To view a Quality Report, visit [www.qualitycheck.org](http://www.qualitycheck.org). To obtain a hard copy of the report, contact our Customer Service Center, 630-792-5800. Or, write to us:

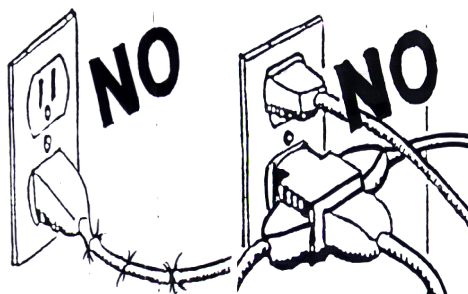
Customer Service Center  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

## **Electrical Safety**

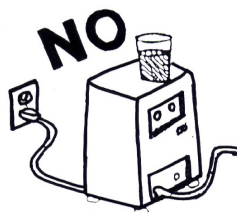
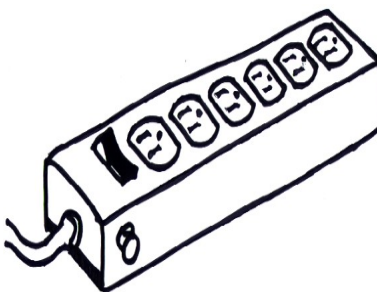
It is necessary for you to have medical equipment in your home so you may take care of yourself at home. Most pieces of medical equipment use electricity to operate. All electrical equipment must be grounded, if not this could cause accidents, electrical shocks or fires. Follow these simple rules to keep you and your family safe from injury that may be caused by electrical equipment in your home, not just medical equipment.

1. Make sure you know how to use each piece of equipment. Follow the instructions exactly.
2. Do not use equipment with frayed or cracked cords.
3. The electrical plug should fit snugly into the wall outlet. If it does not, the wall outlet should be replaced. Call an electrician to do this, or someone who is skilled in working with electricity.

4. Do not plug multiple devices into a single duplex outlet. This will overload the fuse/circuit.
5. Do not use extension cords. Place equipment as close to the outlet as possible. If necessary, use a power strip box.
6. Turn off equipment before unplugging it.
7. Remove plugs from the wall by grasping the plug rather than the line cord. Pull straight out with a steady motion.
8. Electrical cords should be taped down in high traffic areas to avoid tripping.
9. All medical equipment for patient use should have 3-pronged plugs.

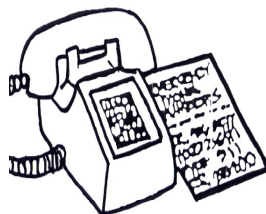


10. Do not touch electrical equipment and the patient at the same time.
11. Keep the area where the equipment is located dry. Be careful not to spill liquids on equipment.
12. Keep an equipment maintenance checklist if you have several pieces of medical equipment at home. Follow the maintenance schedule and procedures as directed by the equipment company.
13. Know where the circuit breaker or fuse box is and how it works. Label the box so you know which circuit/fuse controls each outlet in your house.
14. If any equipment has broken or defective connectors, knobs or switches, call the company where you got the equipment. Be sure to call them for any other problems with the medical equipment.
15. Make sure you have smoke detectors and Class C (red) fire extinguishers at home.
16. NEVER turn off or cover the alarms on the medical equipment.
17. Keep emergency phone numbers next to the phone in case of an emergency.



Include phone number for:

- Fire
- Ambulance
- Local hospital emergency room/Doctor
- Genesis



Be sure to review these safety rules with everyone living with you at home.

## **Storing Cylinders**

1. The Cylinder must be store in a rack or laying down. Avoid direct sunlight or ice/snow exposure.
2. Do not leave cylinders in a vehicle.

## **Fire Prevention**

1. Working smoke detectors must be maintained in the home. A smoke detector's primary function is to provide early notification of a fire. Smoke detectors should be tested monthly.
2. A fire escape plan should be discussed and developed with the patient and their family, especially if the patient has limited mobility. Practice the plan annually.
3. Many home care patients have difficulty walking and they tend to let things pile up near their chair or bed. These piles can become a fuel source for potential fires.
4. Three main sources of risk for home fires are open flames from appliances, such as gas stoves, water heaters, space heaters and oxygen .
5. Burning candles and smoking in the home are high risk situations. Patients and family members should be alerted to the danger of both, especially when oxygen is being used. Whenever possible, there should be a NO SMOKING policy in a home where oxygen is being used.

## **Fire Prevention Continued**

6. Assure that the patient's oxygen equipment is in good repair. Tubing and valves should be assessed regularly.
7. The safe storage of medical oxygen is another safety concern. Oxygen cylinders should be stored upright, in a rack that is in a dry location. They should not be exposed to direct sunlight, where the surface temperature of the cylinder could exceed 130 degrees, nor should they be exposed to ice or snow.
8. Hand lotion, body oil or other items containing oil and grease easily ignite, and should not be used near oxygen.
9. During oxygen use, there should be at least six inches of clearance around an oxygen concentrator at all times, the concentrator should be plugged directly into a wall outlet (limit the use of extension cords), and there should be at least 10 feet of clearance from any open flame.
10. Space heaters in the home should not be near oxygen or flammable materials such as paper and blankets. According to the National Fire Protection Association (NFPA) nearly 75 percent of people are killed in home heating fires that involve space heaters.



## Disinfection Methods for Homecare

Most supplies should be cleaned at least weekly and rinsed after each use. Most disposable supplies should last 2-4 weeks or until non-functional.

### **WHITE VINEGAR SOLUTION**

Prepare your vinegar solution:

1. Use 1 cup of white vinegar with 2-3 cups water.
2. Do not use solution for over 3 days.
3. Keep covered when not in use.

Disinfection:

1. Disassemble equipment.
2. Wash equipment in a mild detergent and rinse.
3. Immerse all parts in the white vinegar solution for 10 minutes.
4. Rinse with hot water and allow to air dry, cover with towel.

***Important: Do not use alcohol based solutions to clean masks or nasal cannulas. They may cause hardening or stiffening.***

### **BLEACH SOLUTION**

Prepare your bleach solution:

1. Use 1 part bleach to 10 parts water (e.g. 1 cup bleach and 10 cups water).
2. For disinfecting the outside of equipment, spray bleach solution and wipe dry.
3. For cleansing of smaller parts, disassemble and soak for 10 minutes.
4. Rinse with hot water and allow to air dry covered with a towel.

### **IVORY SOAP**

Prepare :

1. Disconnect tubing and supplies.
2. Gently wash in a solution of warm water and a mild detergent.
3. Rinse thoroughly.
4. Air dry.

## Fall Reduction Program

**Your safety is important to us! Falls can happen anytime & anywhere and we believe prevention is important!**

Fall and fall injuries:

- Are more common than strokes and the consequences can be just as serious
- Are the most preventable cause of needing nursing home placement
- Lead to problems with daily activities like dressing, bathing, and walking around

Among adults 70 years and older:






- 3 in 10 fall each year
- 2 in 10 who need home health care after being in the hospital will fall during the first month after coming home
- 1 in 10 suffer a serious fall injury such as a broken bone or head injury
- 5 in 10 have problems getting up without help after they have fallen
- Falls cause over 90% of broken hips; only half of those who break their hip get around like they did before their broken hip
- In the United States, 16 percent of all Emergency Department visits and almost 7 percent of all hospitalizations are for fall-related injuries

### PREVENTABLE

Common, treatable health problems and hazards include problems with walking or moving around, medications, foot problems or unsafe footwear, blood pressure dropping too much on getting up, problems seeing, and tripping over hazards at home (for example rugs, oxygen tubing). \*The common health problems for falling are:

- As shown in the figure below, the more of these problems an older adult has, the greater the chance of falling.
- The good news is that you can decrease the chance of falling by improving these problems.

## More Health Problems = greater chance of falling this year


If your number of health problems is:	Your chance of falling is:
0	 (1 person in 10 will fall)
1	 (2 people in 10 will fall)
2	 (3 people in 10 will fall)
3	 (6 people in 10 will fall)
4 or more	 (8 people in 10 will fall)

## Hand Hygiene

1. Employees are recommended to wash their hands using soap and at least tepid running water at the beginning and end of each work shift; immediately after or as soon as feasible following contact with blood or other potentially infectious materials; immediately, or as soon as feasible, after the removal of gloves or other personal infectious materials (e.g. designated food preparation/consumption areas).
2. Any other skin exposed to blood or potentially infectious materials should be washed with soap and water immediately or as soon as feasible after such contact. Any exposed mucous membrane should be immediately, or as soon as feasible, flushed with running water.
3. Hand washing facilities (hot and cold running water, soap and disposable towels or blowers) are readily accessible to employees at or near potential occupational exposure sites in the workplace and are not located in areas where accessibility for washing with appropriate frequency would result in a reasonable chance of environmental surface contamination. Hand washing facilities are located in the basement and on the first floor.
4. When hand washing facilities are not available (e.g. when outside the workplace picking up equipment from patients' homes), hands shall be cleaned with an appropriate antiseptic hand cleanser. Hands shall be washed with soap and running water as soon as feasible.

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds


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

 <p><b>World Health Organization</b></p>	<p><b>Patient Safety</b> A World Alliance for Safer Health Care</p>	<p><b>SAVE LIVES</b> Clean Your Hands</p>
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May 2008

# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds

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

 <p><b>World Health Organization</b></p>	<p><b>Patient Safety</b> A World Alliance for Safer Health Care</p>	<p><b>SAVE LIVES</b> Clean Your Hands</p>
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May 2008

Stop the spread of germs that make you and others sick!

# Cover your Cough



Cover your mouth  
and nose with a  
tissue when you  
cough or sneeze

or  
cough or sneeze into  
your upper sleeve,  
not your hands.



Put your used tissue in  
the waste basket.



# Clean your Hands

after coughing or sneezing.



Wash hands  
with soap and  
warm water  
for 20 seconds

or

clean with  
alcohol-based  
hand cleaner.



Illinois Department of Public Health • Division of Infectious Diseases • 525 W. Jefferson St. • Springfield, IL 62761 • 217-785-7165 • TTY 800-547-0465

# Contact Precautions for Infectious Diseases

## 1. Universal Precautions

- a. To prevent contact with blood or other potentially infectious materials, universal precautions will be observed by all employees identified at risk of occupational exposure to blood borne pathogens and by any other employee who may be confronted with a potential exposure to blood or other potentially infectious materials.
- b. Under circumstances in which differentiation between body fluid type is difficult or impossible, all body fluids will be considered potentially infectious materials requiring the observance of universal precautions

## 2. Handling/Cleaning Contaminated Equipment

- a. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it can be demonstrated that decontamination of such equipment is not feasible. The contaminated device or equipment will be cleaned in a manner appropriate to decontaminate the device. Equipment will be cleaned with a cleaning solution and disinfected with a disinfectant (i.e. 10:1 bleach solution). Appropriate personal protective equipment will be worn when cleaning equipment. (i.e. gloves)
- b. When it is not possible to decontaminate equipment prior to servicing or shipping (e.g. highly technical or sensitive equipment and/or limited access contaminated parts), at least partial decontamination (such as flushing lines and wiping the exterior) shall be accomplished. If decontamination of a portion of the equipment is not feasible, a bio-hazard label shall be attached indicating which portion of the equipment remains contaminated or the entire piece of equipment should be red-bagged. Only completely decontaminated equipment will be returned to inventory for redistribution.
- c. Transportation of contaminated or partially contaminated equipment shall be communicated to all affected employees and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
- d. The placement of medical devices and equipment in transport vehicles for delivery or pick-up will be done in such a manner so as to maintain the physical separation of contaminated equipment from clean, uncontaminated devices and equipment. Contaminated equipment will never be placed in an area of the transport vehicle designated for clean, uncontaminated devices or equipment.

- e. To minimize the spread of contamination, devices or equipment that are obviously contaminated (having evidence of blood or body fluids in contact with the equipment) when picked up from a patient's residence will be treated in the following manner prior to being loaded on the transport vehicle: Personal protective equipment will be used. Contaminated equipment will be cleaned, tagged and bagged promptly after being brought back in to the company.
- f. Once cleaned and decontaminated, the equipment will be marked or labeled in such a manner as to identify the equipment as clean. With the exception of (b) above, only clean, decontaminated equipment will be returned to inventory, sent for maintenance and servicing or be otherwise transported from the workplace.

## Apnea Monitoring Program

### Terminology

**APNEA:** To stop breathing. Any cessation of breathing for longer than fifteen seconds is considered abnormal.

**PERIODIC BREATHING:** Is a series of 3 or more periods of shortness of breath or apnea interrupted by regular respirations lasting no more than 20 seconds.

**PROLONGED APNEA:** Means prolonged apnea greater than 20 seconds or a briefer episode associated with bradycardia, pallor or cyanosis.

**SHORT APNEA:** Means a period of apnea more than 3 seconds, but less than 20 in duration.

**PROLONGED SLEEP APNEA:** Apnea which is longer than 20 seconds in duration and occurs during sleep in an otherwise normal infant.

**SUDDEN INFANT DEATH SYNDROME (SIDS):** The completely unexpected and unexplained death of an apparently well or virtually well baby. Also known as crib death.

### CRITERIA FOR APNEA MONITORING

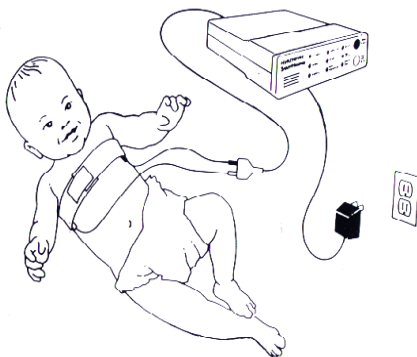
1. Apnea (or periodic breathing) which is accompanied by color changes, loss of responsiveness and/or tone, which requires intervention to restore normal respirations.
2. Abnormal pneumogram study.
3. Positive family history for apnea or SIDS (although research to date does not indicate routine monitoring of subsequent children). Parent anxiety will be a contributing factor with these infants.

### **Benefits**

The use of an apnea monitor will allow parents and caregivers to live somewhat normal lives because the alarms on the monitor will alert them to problems with client or equipment, when used properly. The monitor in and of itself can not save a life, but it may allow a parent or caregiver to do so.

### **Beginning the Monitoring Period**

Apnea monitoring should be discussed with the family and the primary physician before the monitoring is initiated. The primary caregivers of the infant must be thoroughly instructed on the proper method of CPR and proper use of equipment and supplies. These instructions will be provided by either the hospital personnel or by a qualified individual from Genesis. If the hospital does the initial instruction, Genesis will follow-up when the patient comes home. The apnea monitor itself, function, alarms and proper usage will be thoroughly gone over with caregivers.



### **Follow-Up Visits**

A telephone call will be placed to the home within 10 business days of setup to answer any questions the caregiver may have. If you do not have a phone, we ask that you call so we know how you are doing with the monitor. We stress the importance of having a phone and provide letters that are directed at the telephone company. We also provide a letter directed at the electric company and emergency transporters.

Follow-ups consist of equipment checks, downloading and supplies. We ask that you bring the monitor in to our nearest store to be checked and downloaded every 4-8 weeks. Supplies will be provided. We ask that you call when you begin using your last set of supplies, so that we can mail you your supplies. During the check, we look at compliance and proper use of the monitor. We will mail/email or fax a copy of download report to the physician.

### **Discontinuance**

If downloads come back normal, a monitor should be discontinued by the physician. The time period for monitoring will depend upon the client's condition, progress and physician's orders. (But the monitor may not be covered if the download is normal and the doctor does not discontinue it.)

***Notice: Apnea monitors are equipment that must be tracked for FDA and if we can not locate them at any given time, we must report their unavailability to the Federal and local authorities.***



# CPAP/Program

## Terminology

**APNEA:** to stop breathing. Any cessation of breathing for longer than 15 seconds is considered abnormal.

**APAP:** Automatic Positive Airway Pressure (this means the CPAP machine adjusts itself)

**BIPAP:** two different positive airway pressures from one machine

**CPAP:** one Continuous Positive Airway Pressure exerted over the nose via a machine.

**OBSTRUCTIVE SLEEP APNEA (OSA):** Apnea is due to the airway being blocked.

**MIXED APNEA:** Obstructive Sleep Apnea and Combined Central (no signal from the brain)

**APNEA HYPOPNEA INDEX (AHI):** An index of sleep apnea severity

The most common reason for usage of CPAP is OSA. These are some of the symptoms you may have, but you may not have all of them

- Snoring
- Inability to stay awake/fatigue
- Morning headaches
- Personality changes/depression
- Audible pauses in breathing
- Unexplained weight gain
- Hypertension

## Criteria for CPAP/BiLevel Sleep Therapy

Most clients using this type of equipment have been diagnosed as having sleep apnea, but other diagnoses may require this device, to include neuromuscular disorders and post-polio syndrome. Medicare's criteria is a sleep study that shows an AHI of 15 or greater, or 5-15 with documented symptoms. To maintain your insurance reimbursement past the 90th day of rental of your CPAP/BiPAP equipment, you must be compliant with the following Medicare requirements.

1. You must use your CPAP/BiPAP for a minimum of 4 hours per night for 21 days out of a 30 day period during the first 3-months of rental.

2. You must make yourself available for CPAP/BiPAP downloads or servicing by bringing your equipment into one of our locations or allowing our representative access to your equipment at the required times.

3. You must make an appointment with the treating physician between the 31st and 91st day after initiating therapy with your CPAP/BiPAP for re-evaluation.

Then you must be able to tolerate having the nasal mask in place, as the mouth must remain closed when you breath through your nose. It always requires a physician's order that will state the pressure settings to be set on the machine.

## Benefits

The proper use of CPAP will cause a splinting effect and keep the airway open. This allows you, the patient, to get a good nights rest.

## **Polysomnographs**

These are sleep studies usually done in the hospital, although some preliminary and follow-up studies can be done in the home. These sleep studies also allow the correct pressure settings to be obtained. Most reimbursement sources require 2 sleep studies with one of those being done while the client is on CPAP. A split night study may also be done.

## **Beginning Use of CPAP**

This type of therapy is generally discussed with the client by the physician before Genesis receives the order. Genesis will make arrangements to set up the equipment and supplies. We will give instructions on the proper and safe use of the CPAP/BiPAP unit and accessories. Cleaning instructions will include:

How often:	Headgear and mask should be disinfected weekly though you will probably want to wipe the mask off daily.
Cleaning solution:	There are 3 methods of disinfection that can be used. See page 18 of this guide.
Filters:	If the filter is a sponge-type, it may be washed the same as the mask and headgear. If the filter is a polymer fibrous type, it will need to be replaced when it changes from white to yellow or gray.
Humidifier:	If a humidifier is being used, it will need to be cleaned daily with a mild detergent (page 18) and will require distilled water being used in the humidifier chamber.

## **Sleep Therapy Follow-Up**

A phone call will be made within 10 business days to check response. A follow up call or visit will follow at one month, two months, three months, six months, and nine months during the rental period only. Any other follow-ups required will be determined by the Respiratory Therapist, Clinical Coordinator and/or the physician and/or insurance payor.

If you respond well to CPAP/BiPAP, your insurance may decide to purchase the unit for you. We suggest annual equipment checks. We realize most of you work the same hours our store is open, but we will be happy to work with you to arrange compatible appointments for you to bring your equipment in to be serviced. There are usage meters on the units we are required to monitor as well as your times of usage. If there are problems or questions between visits, please call us. See Page 5 of this guide.

## **Discontinuance**

A CPAP/BiPAP unit should only be discontinued on the advice of your physician. Some of the reasons you may want to call your physician are:

- runny nose/sinus infections
- middle ear infection
- severe skin irritation

The physician may want you to discontinue use of the unit until these problems are resolved.

DESCRIPTION	OH MC	OH MCD	KY MC	KY MCD
TUBING WITH HEATER ELEMENT	1/3MTH	1/YR	1/3MTH	1/3MTH
FULL FACE MASK	1/3MTH	1/YR	1/3MTH	1/YR
FULL FACE MASK INTERFACE	1/MTH	NONE	1/MTH	1/MTH
REPLACEMENT CUSHION	2/MTH	1/6 MTH	2/MTH	2/MTH
REPLACEMENT PILLOWS	2/MTH	1/6 MTH	2/MTH	1/MTH
NASAL MASK	1/3MTH	1/YR	1/3MTH	1/3MTH
HEADGEAR	1/6MTH	1/YR	1/6MTH	2/YR
CHINSTRAP	1/6MTH	1/6 MTH	1/6MTH	2/YR
TUBING	1/3MTH	1/YR	1/MTH	1/MTH
DISPOSABLE FILTER	2/MTH	1/MTH	2/MTH	2/MTH
NON DISPOSABLE FILTER	1/6MTH	4/YR	1/6MTH	2/YR
REPLACEMENT CHAMBER	1/6MTH	NONE	1/6MTH	2/MTH
DESCRIPTION	WV MC	WV MCD		
TUBING WITH HEATER ELEMENT	1/3MTH	1/MTH		
FULL FACE MASK	1/3MTH	1/6MTH		
FULL FACE MASK INTERFACE	1/MTH	1/6MTH		
REPLACEMENT CUSHION	2/MTH	2/MTH		
REPLACEMENT PILLOWS	2/MTH	2/MTH		
NASAL MASK	1/3MTH	1/3MTH		
HEADGEAR	1/6MTH	1/6MTH		
CHINSTRAP	1/6MTH	1/6MTH		
TUBING	1/MTH	1/MTH		
DISPOSABLE FILTER	2/MTH	2/MTH		
NON DISPOSABLE FILTER	1/6MTH	1/6MTH		
REPLACEMENT CHAMBER	1/6MTH	2/YR		

# CPM Program

## Terminology

**CPM MACHINE:** A CPM machine is one that provides a continuous passive motion to the knee after surgery. Passive movement is gentle and natural.

## Criteria

A CPM machine requires an order from a physician. It is generally ordered after surgeries such as total knee replacement or an injury requiring continuous passive motion.

## Benefits

The CPM will promote relaxation through its rhythmic movement and therefore less pain. It will improve range of motion by repetitive stretching.



## Beginning the CPM Program

After receiving the order, Genesis will provide equipment and softgoods. The technician will educate the client and caregivers in the safe and proper use of equipment and supplies. CPM should begin within 2 days following the surgery or as directed by the physician for other injuries.

## Follow-Up

Clients will need to call if there are any problems or questions. See Page 3.

## Discontinuance

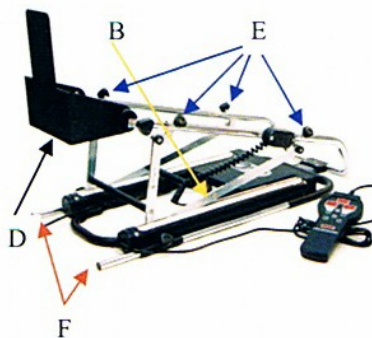
These machines are usually for 3 weeks or less. If the CPM is needed longer than 3 weeks the client will contact Genesis.



# Model 1850

## Quick Reference Guide

### Safety Guidelines



- A) Plug power supply securely into wall outlet & ensure all cords are out of the walk way
- B) To power on unit, on/off switch is located on the back of the control box
- C) Check that all softgood Velcro is securely fastened
- D) Foot assembly should be in upright position - Tighten foot adjustment knobs
- E) Tighten all adjustment knobs
- F) To prevent migration, extend bed stabilizer tubes and tighten knobs

### Controller Overview

- A) To change settings, press and hold the function to be changed and the up or down arrow simultaneously. **NOTE:** A 5 degree difference between flexion and extension is required for normal operation.
- B) Depress the start/stop button to lock in the settings or changes.
- C) To view patient compliance meter, simultaneously press the flexion and speed buttons. To clear, press the extension, flexion, speed and pause buttons simultaneously.
- D) To activate lock-out feature, remove the plate located on the back of the pendant and slide the switch to the locked position.  
**Be sure to replace plate.** The display will read "LOC" should an attempt be made to alter the settings.



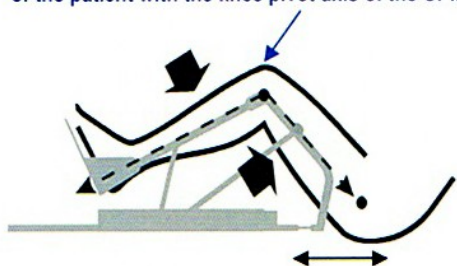
**KNEECPM.com**  
800.273.5233



## Model 1850 Patient Set Up Fitting the Patient

- Determine the length of the patient's femur by measuring from the greater trochanter (hip joint) to the center or joint line of the knee.
- Transfer this measurement to the thigh cradle beginning approximately 1.5 to 2 inches away from the hip pivot assembly measuring to the knee axis of the unit. Adjust the thigh cradle to match this measurement by loosening the thigh adjustment knobs and sliding the thigh cradle to the proper length.
- Loosen the calf cradle adjustment knobs and extend the foot assembly. Do not remove this assembly -- only slide far enough for patient placement. Position the patient's leg in the unit with softgoods in place.
- Slide the foot assembly toward patient accordingly leaving one half inch gap between the patient's foot and the foot plate. Tighten the calf cradle adjustment knobs securely.
- The foot assembly may be adjusted in plantar flex or dorsi flex positions. Loosen the adjustment knobs on the foot assembly, adjust the foot plate to the desired positioning and securely tighten the adjustment knobs.

**Remember: The goal is to align the knee axis of the patient with the knee pivot axis of the CPM**



Begin measurement 1.5\" - 2\" from hip pivot assembly

Visit the digital headquarters for additional product information

**KNEECPM.com**

800.273.5233

# Nutritional Program

## **Terminology**

**NUTRITION:** The process involved in the ingestion and use of nutrients for proper functioning of the body.

**NUTRIENTS:** Major groups called carbohydrates, fats and proteins.

Nutrition is the processes involved in the ingestion of nutrients being broken down and used for the body's proper functioning.

There are three major categories of nutrients: carbohydrates, fats and proteins.

The metabolic processes of the body break down these nutrients as they are ingested and creates new substances needed to sustain life.

Nutrition is important to every cell; it allows every cell to do its work. Every cell is a member of a system which provides certain life sustaining services for the body. These metabolic processes are continually occurring. Even when the body is asleep these internal mechanisms are active.

**Adequate nutrition must be supplied on a daily basis.**

## **Criteria**

When the body isn't able to take in adequate nutrition, a physician may order some supplemental nutrients; also, a feeding tube and/or pump may be needed, depending upon the severity of the problem.

## **Benefits**

This program enables the client to receive much needed nutrients in a home care setting and enables the client to remain at home with the family.

## **Beginning the Nutritional Program**

Once equipment, supplies and/or nutrients have been ordered, arrangements will be made to deliver those items ordered. There will usually be a home nursing agency involved and they will actually connect the equipment to the client. Genesis staff will educate nursing and caregivers about the equipment and proper care of the nutrients (See Special Care of Nutrients in this section).

### **Follow-Up**

Our office will check with tube fed clients as needed for re-ordering supplies and nutrients. If, however, for any reason, the nutritional needs change, please let us know at least one week before supplies are exhausted. We will also call when the order is in and is ready to be picked up. If for some reason they can not be picked up, please speak with the Customer Service Department to make arrangements for delivery.

### **Discontinuance**

Nutrients, equipment and supplies are prescribed by a physician and will need to be discontinued by the physician as well.

### **Special Care of Nutrients**

- Shake cans before using
- Clean the top of the can before opening
- Nutrients can be stored at room temperature until opened, then they need to be covered and kept refrigerated.
- Discard any nutrient that has been open for 48 hours.
- Use nutrients before the expiration date on the bottom of the can.





# Oxygen Program

## Overview & Introduction to Genesis' Respiratory Program

This manual will tell you about your oxygen delivery equipment and will serve as a reference as you use your equipment.

### What is Oxygen Therapy and Why Would I Need It?

Oxygen is one of the gases in the air we breathe. Oxygen therapy is any form of oxygen used by a patient to help fuel brain and muscle cells and ease the workload of the heart. It is prescribed by a physician to treat disease or condition. Methods of delivery of this therapy includes concentrators, liquid O<sub>2</sub>, cylinders and all devices used in conjunction with O<sub>2</sub> delivery systems.

Oxygen Therapy at home helps the client improve:

- Sleeping
- Alertness
- Mood
- Memory
- Increased Energy Level
- Reducing the Necessity of Hospitalization

Some of the conditions that may require oxygen therapy include:

- Chronic Bronchitis
- Emphysema
- Asthma
- Cor Pulmonale
- Lung Cancer
- Congestive Heart Failure (CHF)
- Cystic Fibrosis
- Occupational Lung Disease (Black Lung, White Lung, asbestos, etc.)

### Indications

- Hypoxemia
- Increased work of breathing
- Increased myocardial work
- Increased pulmonary hypertension

### Physiological Effects

- Decreased respiratory rate and tidal volume
- Decreased heart rate and force
- Dilate pulmonary vessels
- Constrict systemic vessels
- Improved mental functioning

## Precautions/Hazards

- O<sub>2</sub> toxicity
- Hypoventilation (patients on O<sub>2</sub> drive)
- Absorption atelectasis (high O<sub>2</sub> concentration)
- Retrolental fibroplasia (premature infants)
- Dehydration (lack of humidification)
- Decreased surfactant production (high O<sub>2</sub> concentration)
- Fire

Although oxygen is nonflammable, it vigorously accelerates combustion and materials burn at a higher temperature. Some materials that will not burn in air will burn vigorously in an oxygen enriched environment. For this reason oxygen must be used with caution and common sense.

**DO NOT** use oil or alcohol based lotions or products while wearing oxygen!

**DO NOT** smoke near oxygen tubing or equipment!

### 3 Basic Systems Used to Deliver Oxygen in the Home

1. Oxygen Concentrators and Portable Oxygen Concentrators
2. Liquid Oxygen
3. Compressed Gas Cylinders

### Terminology

**CONCENTRATOR:** this is a machine that is powered by electricity and actually makes its own concentrated oxygen of approximately 93 - 95% purity. This is used for low-flow oxygen therapy.

**OXYGEN SATURATION :** the percentage of oxygen being carried in the blood.

**LIQUID OXYGEN :** used for high flows of oxygen or for clients with probable high activity level.



### Benefits

Supplemental oxygen helps to decrease shortness of breath and work of breathing. The quality of their lives may be much improved with the use of home oxygen.

### Criteria

For oxygen therapy at home, there will be significant drops of the oxygen level in the blood. Shortness of breath is not enough by itself to qualify for oxygen according to Medicare guidelines. More and more, insurance companies are adapting Medicare policies. An oxygen saturation of 88% or below and/or an arterial PO<sub>2</sub> (pressure of oxygen) of 55 mm Hg or below is the qualifying criteria for Medicare and Medicaid.

### Beginning Respiratory Therapies

Home oxygen requires a physician's order before it can be dispensed. Genesis provides education on oxygen equipment, safety, and hazards of home oxygen.

### **Follow-Up**

A follow-up will be done within 10 business days of setup and an equipment maintenance visit will be at least every 2-years. If supplies or oxygen are needed between visits (and if no emergency exists), please try to have someone come by the store nearest you to pick them up. Routine maintenance of oxygen will include checking/cleaning filters, analyzing concentrator output and monitoring the safe use of equipment.

**LIQUID OXYGEN CLIENTS** will be placed on a schedule to have the base units filled or exchanged.

### **Discontinuance**

Oxygen must be discontinued by a physician and any changes in the order must be ordered by a physician and reported to Genesis.

### **Traveling Oxygen**

You should notify us at least 2 weeks in advance if you are planning to be traveling with your oxygen to allow us time to make arrangements for you.

### **Notification to Utility Companies**

It is the responsibility of the patient and/or caregivers to let their utility companies know that someone at this address is on life sustaining medical equipment.

## **Ohio Tobacco Quit Line**

The Ohio Tobacco Quit Line is a FREE telephone service that helps Ohioans quit smoking and using tobacco.

**Who can call?** Ohioans who want to quit using tobacco or are concerned about a family member or friend's tobacco use.

**When can I call?** Ohioans can call toll free 800-QUIT-NOW:

- Monday—Thursday: 9 a.m. to 11 p.m.
- Friday: 9 a.m. to 9 p.m.
- Saturday—Sunday: 10 a.m. to 6:30 p.m.  
(24-hour voice mail, they'll call you back)  
www.ohioquits.com for more info.

**What happens when I call?** When you call the Ohio Tobacco Quit Line, you'll receive FREE::

- Support and advice from an experienced Quit Specialist.
- A personalized quit plan and self-help materials.
- The latest information about medications that can help you quit.

**Three good reasons to call it quits.**

- **Your family**—Live a healthier, longer life and watch your family grow. They need you.
- **Your health**—Tobacco use causes cancer, heart disease, chronic bronchitis, asthma, and emphysema. To name a few.
- **The cost**—The average smoker spends \$500—\$3,000 a year on cigarettes. Costly in more ways than one.

# Aerosol Therapy Program

## Terminology

**AEROSOL:** liquids broken up by a dry gas source.

**NEBULIZER:** the product or piece of equipment that carries compressed air or oxygen to a chamber where an aerosol is created.

**UNIT DOSE:** Premixed Medication available in easy to use vials.



## Benefits

Aerosol treatments deliver medication directly into the lungs. Aerosol treatments in the home will usually be given to enlarge the airways, prevent bronchospasm or help promote removal of secretions.

## Criteria

Medication must be prescribed by a physician.

## Follow-Up

Genesis provides a 24 hour on-call respiratory therapist to answer any questions. We can call to check if you need your medications refilled.

## Discontinued

You should follow your physicians instructions for discontinuing treatment. If equipment is being rented and you are no longer using it, please return it to Genesis.

# Ventilator Program

## Terminology

**TRACHEOSTOMY:** An opening into the trachea that permits an entrance to the lower airway

**VENTILATOR:** A machine powered by battery or electricity that can give pre-set volumes of air at selected times and/or may supply oxygen enriched air on demand as initiated by the patient. It has several alarms and is definitely a life-giving piece of equipment.

## Benefits

Genesis believes the most important part of our ventilator program is that the client can enjoy a more fulfilling life. We at Genesis work closely with the client and caregivers to make this philosophy a reality.

## Criteria

A home ventilator is used for clients whose breathing capabilities have been impaired enough to endanger the life of the user. There must be caregivers in the home who can be trained to take care of the ventilator, client and supplies in a safe and appropriate manner.

## Beginning the Ventilator Program

The client's physician will usually contact Genesis a week or two before the client is ready to be discharged. The Clinical Coordinator or Respiratory Therapist will contact the respiratory department, the charge nurse and the family to begin putting together the training procedures for the caregivers. There are many aspects of care that must be learned by the caregivers before discharge from the hospital or health care facility can take place.

Areas to be covered will include operations of the ventilator supplies and how to use them, cleaning procedures, and emergency procedures. The hospital/health care facility staff will teach suctioning, trach changes, and trach care.

## Follow-Up

A respiratory therapist from Genesis will assist with getting the client home and settled in. From discharge day to approximately the 5th week, the respiratory follow-up visits will gradually decrease to one visit per month. The schedule will depend upon the patient, caregiver and therapists comfort level.

During visits, clients may be assessed, equipment checked, log sheets reviewed and the level of supplies are checked.

## Discontinued

Any change in settings or discontinuance will require an order from the physician.

## Notification to Utility Companies

It is the responsibility of the patient and/or caregivers to let their utility companies know that someone at this address is on life sustaining medical equipment.

# TENS Therapy Program

## **Terminology**

**TENS:** Transcutaneous Electrical Nerve Stimulation is a non-invasive, non-narcotic method of pain management.

**HI-RATE TENS:** This is preferred for long-term pain management of chronic pain and the dull throbbing pain associated with acute post-operative pain.

**LOW-RATE TENS:** It is used for short-term therapy. It is less comfortable. It is used in addition to the conventional Hi-Rate TENS.

## **Benefits**

TENS therapy allows clients another alternative treatment to control their pain besides increasing pain medication or surgery. It is totally portable, uses a self-contained battery source and can be used any time it is needed. Because of the size of the device, it is easily concealed as the patient uses it.

## **Criteria**

TENS is especially effective for the treatment of clients with chronic, intractable pain or acute post-operative pain.

## **Beginning TENS Therapy**

TENS therapy requires a physician's order and can be initiated by a physical therapist in the hospital or at Genesis. There will be a trial period after which, if the trial was successful, the TENS unit may be purchased, depending upon the reimbursement source. The client will be trained on the proper and safe use of the TENS unit and how to use the supplies that go with it.

## **Follow-Up**

The follow-up is usually a co-coordinated effort between the client and Genesis. If TENS therapy is effective, arrangements will be made so Genesis can continue to provide supplies.

## **Discontinuance**

The TENS unit will usually only be ordered for 30 days of use for post-operative situations. For conventional TENS use, the physician will order the unit to be discontinued if it is not effective.

## Other Services

### **ALTERNATING PRESSURE PADS**

These are prescribed by a physician if the client has or is susceptible to pressure sores. **Caution:** *the pad is made of a plastic-like material and is punctured easily by sharp instruments such as pins or scissors. This pad can be washed down with vinegar or bleach solution (as described on page 18)*

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### **BATHROOM ITEMS**

These include bath or shower chairs, elevated toilet seats, safety rails and transfer benches. These items may be prescribed by a physician and can be purchased over the counter. Medicare doesn't cover this item, but Ohio Medicaid may. **Caution:** *these items all need to be used as directed. Legs should be adjusted for the client's bathtub or shower. Rubber feet should be replaced as needed and any of the cleaning solutions on page 18 can be used to disinfect. It is advisable to have caregiver assist the client in the use of this equipment.*



### **BEDSIDE COMMODES**

A physician's order is required for reimbursement. These are for client's who are confined to a single room or single level where there is no toilet facility. **Caution:** *make sure all legs are adjusted the same and the silver locks are locked into the hole. The client may need assistance in order to be used safely. Any of the disinfection solutions on page 18 can be used.*

### **BLOOD GLUCOSE MONITORS**

These require a physician's order when a client is diabetic who may have widely fluctuating blood sugar levels. The client or caregiver will be trained to use the monitor and the needed supplies can be obtained through Genesis. **Caution:** *follow manufacturer's guidelines for cleaning and calibrating the monitor.*



## **BRACES/ORTHOPEDICS**

These require a physician's order for reimbursement. They are sometimes needed for short periods, but most of the time they will be used long-term. They require proper fitting and adjustment. **Caution: braces can be washed in a normal manner, however, bleach should never be used and they should not be dried in a dryer. If weight changes, metal stays will need to be re-fitted. If pain increases or numbness occurs, call physician.**

## **HOSPITAL BEDS**

A physician's order is required for reimbursement. The order is given for any one of several reasons such as: the need for positioning that can not be obtained in a regular bed, elevation of the head of the bed over 30°, full length traction or require immediate change in body position. **Caution: Side rails must always be in place before leaving the patient's home. Disinfect with any of the solutions on page 18. If the bed fails, check plug-in or fuse, as these are the most common causes of failure.**

## **INCONTINENCE PRODUCTS**

These require a physician's order for reimbursement, but they are rarely paid for, with the exception of Medicaid or Passport. Genesis provides retail packaging as well as bulk packaging for added savings. We provide a wide selection of incontinent products.

## **LYMPHEDEMA PUMP**

Requires a physician's order to initiate therapy. They are used for intractable lymphedema (excessive accumulation of lymph fluid due to occlusion of lymph vessels). They may be used on one or more extremity and must be discontinued by a physician. Client and caregivers are trained to set pressures and fit the sleeves. **Caution: the sleeves may be disinfected by wiping down with any of the solutions on page 18.**

## **LIFT CHAIRS**

A seat lift mechanism is covered if all of the following criteria are met: The patient must have severe arthritis of the knee or hip or have a severe neuromuscular disease. The seat lift mechanism must be part of the physicians' course of treatment and be prescribed to effect improvement, or arrest deterioration in the patient condition. The patient must be completely incapable of standing up from a regular armchair or any chair in their home. Once standing, the patient must have the ability to ambulate





## ***PATIENT LIFTS***

These require a physician's order for reimbursement and are for persons who would otherwise be bed confined. Caution: safety locks must be used and it will usually require more than one person to safely use the device. Place the short chain toward the shoulder and the long chain toward the leg. Disinfection can be done with any of the solutions from page 18 and slings can be washed in a washing machine.



## ***SUCTION MACHINES***

Are used to help remove secretions. Two types of machines are available. *Portable* which is battery powered and stationary which requires the unit to be plugged into an electrical outlet. You must have an order from your physician for this equipment.



## ***WALKAIDS***

There are many types of walkaids from simple wooden canes to wheeled walkers with seats. In order for them to be reimbursed, they must be ordered by a physician. Then it will depend upon your diagnosis and type of insurance as to what you will qualify for. They are nearly all adjustable in height and many are made of light-weight materials, such as aluminum. ***Safety Precautions:*** *Replace rubber leg covers when worn and you should use approved tips when you have to walk and there is a possibility of icy conditions.*

## ***WHEELCHAIRS***

Genesis provides standard wheelchairs which include: hemis, lightweights, extra heavy duty and standard weight chairs. The physician must write a prescription that includes: diagnosis, length of time needed and any special needs the client may have. The caregiver/patient will be instructed on how to use the wheelchair and any accessories properly. ***Safety Precaution:*** *Always set handbrakes on both sides of the wheelchair before you attempt to help the client either in or out of the chair. Watch client's clothes and hands around the wheels. Use a safety belt if the client is a fall risk*



# Pandemic

## Pandemic

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

### Plan for a Pandemic

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

### Limit the Spread of Germs and Prevent Infection

- **Avoid close contact** with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- If possible, **stay home** from work, school, and errands **when you are sick**. You will help prevent others from catching your illness.
- **Cover your mouth and nose** with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- **Washing your hands** often will help protect you from germs.
- **Avoid touching your eyes, nose or mouth**. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- **Practice other good health habits**. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

# Winter Storms and Extreme Cold

While the danger from winter weather varies across the country, nearly all Americans, regardless of where they live, are likely to face some type of severe winter weather at some point in their lives. Winter storms can range from a moderate snow over a few hours to a blizzard with blinding, wind-driven snow that lasts for several days. Many winter storms are accompanied by dangerously low temperatures and sometimes by strong winds, icing, sleet and freezing rain. One of the primary concerns is the winter weather's ability to knock out heat, power and communications services to your home or office, sometimes for days at a time. Heavy snowfall and extreme cold can immobilize an entire region.

The National Weather Service refers to winter storms as the “Deceptive Killers” because most deaths are indirectly related to the storm. Instead, people die in traffic accidents on icy roads and of hypothermia from prolonged exposure to cold. It is important to be prepared for winter weather before it strikes.

## **During Winter Storms and Extreme Cold**

- Stay indoors during the storm.
- Walk carefully on snowy, icy, walkways.
- Avoid overexertion when shoveling snow. Overexertion can bring on a heart attack—a major cause of death in the winter. If you must shovel snow, stretch before going outside.
- Keep dry. Change wet clothing frequently to prevent a loss of body heat. Wet clothing loses all of its insulating value and transmits heat rapidly.
- Watch for signs of frostbite. These include loss of feeling and white or pale appearance in extremities such as fingers, toes, ear lobes, and the tip of the nose. If symptoms are detected, get medical help immediately.
- Watch for signs of hypothermia. These include uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness, and apparent exhaustion. If symptoms of hypothermia are detected, get the victim to a warm location, remove wet clothing, warm the center of the body first and give warm, non-alcoholic beverages if the victim is conscious. Get medical help as soon as possible.
- Drive only if it is absolutely necessary. If you must drive: travel in the day; don't travel alone; keep others informed of your schedule; stay on main roads and avoid back road shortcuts.
- Let someone know your destination, your route, and when you expect to arrive. If your car gets stuck along the way, help can be sent along your predetermined route.
- If the pipes freeze, remove any insulation or layers of newspapers and wrap pipes in rags. Completely open all faucets and pour hot water over the pipes, starting where they were most exposed to the cold (or where the cold was most likely to penetrate).

- Maintain ventilation when using kerosene heaters to avoid build-up of toxic fumes. Refuel kerosene heaters outside and keep them at least three feet from flammable objects.
- Conserve fuel, if necessary, by keeping your residence cooler than normal. Temporarily close off heat to some rooms.

### **After Winter Storms and Extreme Cold**

- Go to a designated public shelter if your home loses power or heat during periods of extreme cold. Text **SHELTER** + your ZIP code to **43362** (4FEMA) to find the nearest shelter in your area (example: *shelter 12345*).
- Continue to protect yourself from frostbite and hypothermia by wearing warm, loose-fitting, lightweight clothing in several layers. Stay indoors, if possible.

### **Mail Order**

From time to time, Genesis may use carries to deliver HME and/or supplies. The following bullet points may apply if these services are utilized.

- The patient is aware and agrees to all shipping, handling or other charges (if applicable).
- The patient receives appropriate educational materials within the shipment for use of the product(s) and any relevant contact numbers or additional education assistance.
- Tracking Shipments are in place to ensure that the product(s) are delivered to the recipient in a timely manner (tracking numbers are used for this applicable).
- Genesis has a return policy that is found on page of our customers service guide.

## **Community Resources**

If you require assistance and need to find out what community resources are available in your area follow the links below.

The sites will ask you what type of services you are looking for and where you are located and give you the contact information of the nearest agency(ies) that may be able to assist you.

For Ohio: <http://www.referweb.net/ohio/>

For Kentucky: <http://chfs.ky.gov/dcbs/>

For Anywhere in the United States: <http://www.211.org/>

\* A printed list of Community Resources is available upon request.

## Advance Directives

Advance directives allow you to indicate how you'd like decisions about your health care to be made in the event that you become physically or mentally unable to do so for yourself. Advance directives are a very useful guide, but do require much thought and communication with the family physician and caregivers.

At Genesis, Advance Directives are only encouraged for our ventilator clients. These directives must come through the physician. If resuscitation is requested, caregivers will be instructed on methods of resuscitation, including cardio-pulmonary resuscitation (CPR). If resuscitation is declined, then appropriate action would be discussed with caregivers.

## Warranties

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

Genesis Respiratory 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 medical equipment where the manual is available.

## Return Policy

Customer satisfaction is our number one priority. If for any reason the customer is not 100% satisfied, simply have them return the item for exchange, or refund within 14 days of the date of purchase. They must retain their receipt for cash refund, if they do not have a receipt, then exchange for item of equal or lesser value.

If a check has been written within the last 14 days then give them a store coupon until it clears, if there is nothing else they would like in exchange. There can not be a return on items that have been used (such as foot massagers, the paraffin therapy bath, or any item used or worn next to the skin such as diabetic shoes, stockings, back braces, thera-beads, etc.)

After 14 days if the item is broken or defective, we will need to contact the manufacturer to check on warranty, and their return policy.

## Special Orders

Special order Items will require ½ down at the time of ordering with the balance due when the order comes in. There will be a 15% restocking fee withheld from the down payment, if they do not take the order when it comes in.

**Notes:**

**Notes:**

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Genesis provides for emergency maintenance, replacement and back-up equipment on a 24-hour basis, year round. However, supplies should be obtained during normal store hours, call the location nearest you for any equipment or supply emergency.

## **Emergency Calls / After Hours Calls**

**After hours, please call**

**740-456-4363**

**or**

**800-842-6597**

**[www.genesisoxygen.com](http://www.genesisoxygen.com)**

