

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Agency may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as you attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training on non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical review, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.

- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency.

For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted). The Agency cannot sell your health information for any reason or use your personal health information for marketing purposes without your prior authorization.

For Fundraising Activities. The Agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Agency. The Agency may also release this information to a related Agency foundation. If you do not want the Agency to contact you, notify Privacy Officer and indicate that you do not wish to be contacted.

For Appointment Reminders. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED (*check your State laws to ensure consistency with State law requirements*).

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify and employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections,

licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners. The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. *(If the Agency intends to routinely conduct research it is important to carefully review the authorization requirements for research exceptions and revise the Notice provisions as needed.)*

In the Event of A Serious Threat To Health Or Safety. The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. The agency must agree to restrict disclosure of your personal health information upon your request, if:
 - a. the disclosure is for payment or healthcare operations purposes;
 - b. is not required by law; and
 - c. the protected health information pertains solely to a healthcare item or service for which you, or someone on your behalf other than the health plan, has paid Agency in full.

If you wish to make a request for restrictions, please contact the Privacy Officer.

- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact Privacy Officer. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Privacy Officer. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request. If the Agency maintains your personal health information electronically, the Agency must provide you with electronic access in a form and format requested by you, if the information is readily producible in such format.
- **Right to amend health care information.** You or your representative have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to Privacy Officer. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

- **Right to an accounting.** You or your representative have the right to request and accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact Privacy Officer.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice of its duties and privacy practices and to notify you following a breach of your unsecured protected health information. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Agency and to the Health and Human Services Office for Civil Rights if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to Privacy Officer. If you believe that a covered entity violated your (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rules, you may file a complaint with the Health and Human Services Office for Civil Rights (OCR). OCR is the federal entity that enforces HIPAA. Their website is located at: <http://www.hhs.gov/ocr/hipaa/> and the hotline is 1-866-627-7748 (voice mail). The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

<p>Patient/Client Information - Patient/Client Bill of Rights</p> <p>Patient/Client/Agency Responsibilities</p>

<p>Patient/Client Rights</p>

A patient/client has the following rights:

1. To be informed in advance about the care to be furnished, the plan of care, expected outcomes, barriers to treatment, and any changes in the care to be furnished. The agency must ensure that written informed consent that specifies the type of care and services that may be provided by the agency has been obtained for every patient/client, either from the patient/client or their legal representative. The patient/client or the legal representative must sign or mark the consent form.
2. To participate in the planning of the care or treatment and in planning changes in the care or treatment.
 - An agency must advise or consult with the patient/client or legal representative in advance of any change in the plan of care.
 - A patient/client has the right to refuse care and services.
 - A patient/client has the right to be informed, before care is initiated, of the extent to which payment may be expected from the patient/client, third-party payers, and any other source of funding known to the agency.
3. To have assistance in understanding and exercising his rights. The agency must maintain documentation showing that it has complied with the requirements of this paragraph and that the patient/client demonstrates understanding of rights.
4. To exercise his rights as a patient/client of the agency.
5. To have his person and property treated with consideration, respect, and full recognition of his individuality and personal needs.
6. To be free from abuse, neglect, and exploitation by an agency employee or contractor.
7. To confidential treatment of his personal and medical records.

Patient/Client Information - Patient/Client Bill of Rights

Patient/Client/Agency Responsibilities

8. To voice grievances regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency and must not be subjected to discrimination or reprisal for doing so.
9. In the case of a patient/client adjudged incompetent, the rights of the patient/client are exercised by the person appointed by law to act on the patient's/client's behalf.
10. In the case of a patient/client who has not been adjudged incompetent, any legal representative may exercise the patient's/client's rights to the extent permitted by law.

Attendant Responsibilities Per Service Plan

Bathing and Hygiene	Hair and Nail Care
Assist with Ambulation and Transfers	Dressing
Assist with elimination	Linen Change
Range of Motion	Light Meal Preparation
Transportation	Sitter/companion
Light housekeeping pertaining to the patient/client	

If uncovered services are needed, please notify the Agency or the Nurse so an attempt can be made to assist with this need.

Patient/Client Responsibilities

Patient/client responsibilities include the following:

1. To provide medical and personal information necessary to plan and carry out care, including information on advanced directives.
2. To follow instructions agreed upon by you and the Agency and to inform when instructions are not followed.
3. To provide information and releases when required for billing purposes.
4. To allow the Agency to act on your behalf in filing appeals of denied payments of service and to the fullest extent possible in such appeals.

<p>Patient/Client Information - Patient/Client Bill of Rights</p> <p>Patient/Client/Agency Responsibilities</p>

5. To be available to the staff for home visits at reasonable times.
6. To notify the Agency if you are going to be unavailable for a visit.
7. To provide a safe working environment for the home health staff.
8. To notify the Agency of any changes in treatment made.
9. To inform the Agency of any dissatisfaction with service or care.
10. To participate with the Agency staff in developing a patient/client/family Emergency Preparedness and Response Plan.

<p>Agency Responsibilities</p>

1. To be available to respond to the patient/client in a timely manner.
2. To follow the Individualized Services Plan as agreed upon by the patient/client and the agency.
3. To provide patient/client with amount of assistance requested to complete registration process for evacuation assistance of 2-1-1.
4. To triage patients/clients during an emergency/disaster, offering assistance according to triage level and need.
5. To re-evaluate patients/clients following an emergency/disaster and providing care according to need.

<p>Non-Discrimination</p>

The Agency will not discriminate in admission, treatment, or provision of services. The Agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age (except where age is a factor necessary to normal operation or achievement of statutory objectives), disability, sex, marital status, religion, or source of payment.



Obligations of the Client

Time-Keeping Responsibilities

- I understand that my attendant must be compensated for all hours for which they are directed to work.
- I agree that I have a shared responsibility with my attendant to monitor their hours worked and attest to those hours by my signature on their timesheet.
- I understand that it is my responsibility to notify Helping Restore Ability immediately at 817-469-1977 if I wish to change the number of hours (increase or decrease) that my attendant is scheduled to work.
- I understand that my attendant does not have the authority to agree to change their number of scheduled hours without consulting with their Helping Restore Ability supervisor.

For Clients Using Third Party Payors

- I understand that my Third Party Payor (insurance, Medicaid, etc.) has authorized a limited number of hours of service for me.
- I agree that my signature on the attendant's timesheet indicates my direction and authorization for any additional hours above those authorized.
- I understand that, if I incur any service hours above and beyond those authorized hours, I will be personally responsible to pay Helping Restore Ability at the same hourly rate that would have been paid by my Third Party Payor.
- I agree to pay Helping Restore Ability for any hours of service that I direct my attendant(s) to work above and beyond the hours for which I am authorized by my Third Party Payor.
- I understand that, if I fail to pay Helping Restore Ability for over-usage, and continue to violate the authorized service plan, that my services can be suspended and terminated.



By engaging the services of Helping Restore Ability, Client agrees as follows:

1. Client understands that the attendant retained by *Helping Restore Ability* to perform work or services for Client (hereinafter referred to as "Attendant") is an employee of Helping Restore Ability. Unless Attendant is related to Client within the second degree of affinity or consanguinity, Client is prohibited from employing, or soliciting for employment, Attendant to perform *any* work or services, whether compensated or uncompensated, for Client outside the work or services authorized by *Helping Restore Ability*.
2. Unless Attendant is related to Client within the second degree of affinity or consanguinity, Attendant is prohibited from performing, or soliciting to perform, *any* work or services, whether compensated or uncompensated, for Client outside the work or services authorized by *Helping Restore Ability*. Any such employment or solicitation of such employment will be immediately reported by Client to **Tania Brown** Human Resource Generalist at (817) 469-1977.
3. Client understands and agrees that any work or services performed by Attendant for Client outside the work or services specifically authorized by *Helping Restore Ability* will not be covered by any license maintained by *Helping Restore Ability* or any insurance coverage maintained by *Helping Restore Ability* including any workers compensation coverage.
4. CLIENT AGREES TO INDEMNIFY AND HOLD HARMLESS *HELPING RESTORE ABILITY* AND ALL OF ITS OFFICERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR DAMAGES, JUDGMENTS, ATTORNEYS FEES, INJUNCTIVE OR EQUITABLE RELIEF, INTEREST, PERSONAL INJURY OR DEATH, THAT MAY ARISE OR RESULT FROM WORK OR SERVICES PROVIDED BY ATTENDANT TO CLIENT WHICH WERE NOT AUTHORIZED BY *HELPING RESTORE ABILITY*.
5. Client acknowledges that Attendant is a valuable employee of *Helping Restore Ability* and that Attendant would not be introduced to, or perform any work for, Client in the absence of his/her employment with *Helping Restore Ability*. Therefore, Client agrees that Client will not retain Attendant to engage in any compensated work or services for Client for a period of one year following the later of (i) the date upon which Client ceases to receive services from *Helping Restore Ability*; or (ii) the date Attendant ceases to become an employee of *Helping Restore Ability*; or (iii) in the event of the Client becoming an independent employer, selecting Helping Restore Ability as the Fiscal Management Services Agency (FMSA), and extending an offer of employment to the Attendant, one year from the date Attendant engaged employment with *Helping Restore Ability*. This prohibition does not apply if Attendant is related to Client within the second degree of affinity or consanguinity (see attached chart), or if the attendant was recruited by the Client and engaged as a Family Caregiver specifically for the aforementioned Client.
6. Client understand and acknowledges that Client's failure to comply with the terms of this Agreement may result in the immediate termination of services by *Helping Restore Ability* in addition to any other remedy available to it at law or in equity.



Non-Discrimination Notice

Helping Restore Ability complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Helping Restore Ability does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Helping Restore Ability:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Tania Brown, HR Generalist. If you believe that Helping Restore Ability has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tania Brown, HR Generalists 4300 Beltway Place, Suite 130 Arlington, TX 76018, or call 817-469-1977 ext. 6025. Email tbrown@hratexas.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tania Brown, HR Generalist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English:

Helping Restore Ability complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 817-469-1977.

Arabic:

يلتزم Helping Restore Ability بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 817-469-1977

Chinese:

Helping Restore Ability 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。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 817-469-1977。

French:

Helping Restore Ability respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap. ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 817-469-1977.

German:

Helping Restore Ability erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 817-469-1977.

Gujarati:

Helping Restore Ability લાગુ પડતા સમવાયી નાગરિક અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા લિંગના આધારે ભેદભાવ રાખવામાં આવતો નથી. સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 817-469-1977.

Hindi:

Helping Restore Ability लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 817-469-1977.

Japanese:

Helping Restore Ability は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。817-469-1977 まで、お電話にてご連絡ください。

Korean:

Helping Restore Ability 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다. 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 817-469-1977 번으로 전화해 주십시오.

Laotian:

Helping Restore Ability ປະຕິບັດຕາມກົດໝາຍວ່າດ້ວຍສິດທິພົນລະເມືອງຂອງຮັຖບານກາງທີ່ບໍ່ໄດ້ຮັບໃຊ້ແລະບໍ່ຈຳແນກໂດຍອີງໃສ່ພື້ນຖານດ້ານເຊື້ອຊາດ, ສີ່ຜິວ, ຊາດກຳເນີດ, ສາຍ, ຄວາມພິການ, ຫຼື ເພດ. ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 817-469-1977.

Persian (Farsi):

Helping Restore Ability از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود. **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 817-469-1977 تماس بگیرید.

Russian:

Helping Restore Ability соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 817-469-1977.

Spanish:

Helping Restore Ability cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 817-469-1977.

Tagalog:

Sumusunod ang Helping Restore Ability sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian. PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 817-469-1977.

Urdu:

Helping Restore Ability قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور یہ کہ نسل، رنگ، قومیت، عمر، معذوری یا جنس کی بنیاد پر امتیاز نہیں کرتا. خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 817-469-1977.

Vietnamese:

Helping Restore Ability tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 817-469-1977.

ABUSE, NEGLECT, AND EXPLOITATION

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PURPOSE

To identify suspected or alleged victims of abuse, neglect, and exploitation (ANE) and establish appropriate protocols for reporting and/or referring abuse, neglect, and/or exploitation of a patient/client to the appropriate state agency.

I. Definitions

- A. "Agency" means an entity licensed under Chapter 142, Health and Safety Code.
- B. "Employee" means an individual who:
 - 1. Is directly employed by the Agency, a contractor, or a volunteer;
 - 2. Provides personal care services, active treatment, or any other personal services to a patient/client receiving Agency services; and
 - 3. Is not licensed by the state to perform the services the person performs for the Agency.
- C. "Report" means a report that alleged or suspected abuse or neglect of a patient/client has occurred or may occur.
- D. "Adult Abuse" is defined as:
 - 1. The negligent or wilful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member, or other individual who has an ongoing relationship with the person; or
 - 2. Sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 21.08, Penal Code (indecent exposure) or Chapter 22, Penal Code (assaultive offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.

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- E. "Adult Exploitation" means the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.
- F. "Adult Neglect" means the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.
- G. "Child Abuse" includes the following acts or omissions by a person:
1. Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
 2. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
 3. Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;
 4. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child;
 5. Sexual conduct harmful to the child's mental, emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of young child or children under Section 21.02, Penal Code; indecency with a child under Section 21.11, Penal Code; sexual assault under Section 22.011, Penal Code; or aggravated sexual assault under Section 22.021, Penal Code;

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6. Failure to make a reasonable effort to prevent sexual conduct harmful to a child;
7. Compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code, including conduct that constitutes an offense of trafficking of persons under Section 20A.02(a)(7) or (8), Penal Code, prostitution under Section 43.02(a)(2), Penal Code, or compelling prostitution under Section 43.05 (a)(2), Penal Code;
8. Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Section 43.21, Penal Code, or pornographic;
9. The current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;
10. Causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code;
11. Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code; or,
12. Knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under Section 20A.02(a)(5), (6), (7), or (8), Penal Code, or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of those sections.

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- H. "Child Neglect" includes the following acts or omissions by a person:
1. The leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;
 2. The following acts or omissions by a person:
 - a. Placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
 - b. Failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
 - c. The failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;
 - d. Placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child;
 - e. Placing a child in or failing to remove the child from a situation in which the child would be exposed to acts or omissions that constitute abuse under Family Code Chapter 261 Subdivision (1) (E), (F), (G), or (K) committed against another child.

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3. The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.
- I. "Child Exploitation" means the illegal or improper use of a child or of the resources of a child for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working under the auspices of the Agency or program as further described by rule or policy.
- J. "Cause to believe" means that an Agency or individual knows or suspects, or receives allegation regarding abuse, neglect, or exploitation.

POLICY

- I. Agency employees, contractors, and volunteers will be aware of signs and symptoms indicating possible abuse, neglect, and/or exploitation and will be oriented upon hire and sign an acknowledgment affirming compliance with Agency policy. Agency employees, contractors, and volunteers will attend an ANE inservice annually thereafter.
- II. All Agency employees, contractors, and volunteers are required, and have the legal obligation, to report suspected abuse, neglect, and/or exploitation to the Texas Department of Family and Protective Services (TDFPS), the Texas Department of Aging and Disability Services (DADS) and Agency management.
- III. If there is cause to believe abuse, neglect, or exploitation of the patient/client has occurred by an Agency employee, representative, volunteer or contractor, the incident(s) will be reported to TDFPS and DADS immediately, meaning within 24 hours, upon witnessing the act or upon receipt of the allegation.
- IV. The Agency or staff members will not implement retaliatory action against any person who reports suspected abuse, neglect, and/or exploitation of the patient/client receiving services.
- V. Patients/clients receiving services will be informed of this policy, verbally and in writing, during the admission process.

ABUSE, NEGLECT, AND EXPLOITATION**PC.3****Page 6 of 8****PROCEDURE**

- I. Agency staff, contractor, or representative will:
 - A. Immediately report assessment of the patient's/client's condition that might indicate abuse, neglect, or exploitation to the Agency supervisor. Symptoms that may indicate a need for further investigation include the following:
 1. Injuries to the trunk of the body that indicate intentional rather than accidental harm,
 2. Injury with a patterned appearance to it, i.e., marks from a belt or a ring,
 3. Bruised skin from a grasp,
 4. The patient/client reports an abusive incident,
 - B. When appropriate, acquire input from other disciplines providing care regarding concerns.
- II. Agency Management will:
 - A. Initiate an investigation of known or alleged acts of ANE immediately upon witnessing the act or upon receipt of the allegation or upon having cause to believe ANE occurred.
 - B. Report findings and the Agency's intentions to report the suspected abuse, neglect, or exploitation to the appropriate entities to the patient's/client's attending physician. Medical Social Services may be ordered by the physician, as appropriate.
 - C. Report if there is cause to believe abuse, neglect, or exploitation of the patient/client has occurred by a staff member, representative, volunteer or contractor immediately, meaning within 24 hours to:
 1. Texas Department of Family and Protective Services at 1-800-252-5400, or through the DFPS secure website at www.txabusehotline.org, and

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2. Texas Department of Aging and Disability Services (DADS) at 1-800-458-9858 or www.dads.state.tx.us/services/crs/incidentforms/SRI/index.cfm
- D. Will immediately suspend any Agency employee or contractor suspected of abuse, neglect, or exploitation and an investigation will be conducted by the Agency and State agency. If the investigation validates the claim, the employee or contractor will be terminated and the incident(s) reported to appropriate state department, state licensing board, or law enforcement official.
- E. The Agency will send a written report, using the Provider Investigation form, of the investigation to DADS Consumer Rights and Services no later than the **tenth day** after reporting the act, verbally or online, to Department of Family and Protective Services and DADS. Documentation will be kept confidential by the Agency to the extent required by state law.
- F. The Agency will file a report of child abuse, child neglect, or child exploitation immediately, meaning within 24 hours, with DFPS, local or state law enforcement agency, the state agency that operates, licenses, certifies, or registers the agency in which alleged abuse occurs or other agency designated by the court to be responsible for the protection of children.
- G. Identify the following, if known in the Child Abuse report:
 1. Name and address of child;
 2. The name and address of person responsible for the care, custody, or welfare of the child;
 3. Any other pertinent information concerning the alleged suspected abuse, neglect, or exploitation.
- H. Report any incidents of family violence to a local law enforcement agency.
- I. Track and keep copies of reports filed with the state or local law enforcement.

ABUSE, NEGLECT, AND EXPLOITATION

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- III. If the Agency contracts with DADS for Community Services, the following requirements will apply, also.
- A. The patient/client and the legally appointed representative will be instructed verbally and in writing at the time of admission and at least every 12 months thereafter on how to report he or she has been abused, neglected, or exploited.
 - B. The Agency will take necessary actions to secure the safety of the patient/client if there is suspected abuse, neglect, or exploitation.
 - C. If abuse, neglect, or exploitation is confirmed by the investigative authority and the Agency is notified of the confirmation, the Agency will take appropriate action to prevent the reoccurrence of abuse, neglect or exploitation, including, when warranted, disciplinary action against the employee, subcontractor, or volunteer confirmed to have committed abuse, neglect, and/or exploitation.
 - D. The Agency will review incidents of confirmed abuse, neglect, or exploitation of which it has been notified at least annually and will identify program process improvements that will prevent the reoccurrence of such incidents, thus improving service delivery.
 - E. In addition to not taking retaliatory action against the patient/client if he or she alleges abuse, neglect, or exploitation that did not occur, the Agency will not take retaliatory action against an employee, subcontractor, volunteer, or any other person who files a complaint, presents a grievance, or otherwise provides good faith information relating to possible abuse, neglect, or exploitation against him or her.
 - F. The Agency will not take retaliatory action against the patient/client if someone on his or her behalf files a complaint, presents a grievance, or otherwise provides good faith information relating to possible abuse, neglect, or exploitation of the patient/client.

CLIENT RIGHT TO COMPLAINT

Helping Restore Ability is committed to ensuring our clients', their healthcare providers' and our caregivers' rights to voice conflicts and to make recommendations for resolutions of conflicts without fear of coercion, discrimination, reprisal or unreasonable interruption of care.

Helping Restore Ability will investigate complaints made by a client, client's family or guardian, or a client's health care provider regarding:

- Treatment or care that was furnished by Helping Restore Ability.
- Treatment or care that Helping Restore Ability failed to furnish.
- Lack of respect for the patient's property by anyone furnishing services on behalf of Helping Restore Ability.

To make a complaint to Helping Restore Ability:

1. Call 817-469-1977 or send mail to Helping Restore Ability, 4300 Beltway Place, Suite 130, Arlington, TX 76018 or email eglas@hratexas.org. Telephone hours are 8 am to 5 pm Monday through Thursday and 8 am to 4 pm Friday. You may direct your complaint to your case manager, Care Coordinator, Human Resources Director or the Chief Executive Officer. All these persons are empowered to receive and document your complaint for immediate submittal to the appropriate staff member for investigation.
2. The appropriate personnel will investigate the complaint as soon as possible by talking with you, the attendant or anyone else who might assist in resolving the problem. Depending on the nature of the complaint, additional administrative personnel will contact you for more information. Investigation and documentation will be completed within 5 days after receipt of a complaint unless special circumstances require a delay.
3. You will be informed of the action taken to resolve your complaint by mail within 30 days. You will be asked to indicate whether or not you were satisfied with the resolution of the complaint and to return it to the office. A record of your complaint and the action taken will be kept on file by Helping Restore Ability.
4. If you indicate you are not satisfied by the resolution of your complaint, you will be contacted by phone to discuss other options for resolution.

At any time, you may make a complaint regarding your services or Advanced Directives to Texas Health and Human Services via:

- Phone: 1-800-458-9858, Monday through Friday, 7 am to 7 pm,
- Email: ciicomplaints@hhsc.state.tx.us,
- Fax: 512-438-2724 or 512-438-2722,

or

- Mail: Texas Health and Human Services Complain and Incident Intake
Mail Code E-249, P O BOX 149030, Austin, TX 78714-9030.

Complaints regarding Utilization Review or HMO services can be made directly to:

Texas Department of Insurance Consumer Protection, PO Box 149091, Austin, TX 78714 at 800-252-3439.

Human Resources Policy and Procedure Manual

POLICY 202 – HARASSMENT

Policy:

It is the policy of Helping Restore Ability to promote a productive work environment and not to tolerate verbal or physical conduct by any employee, client, volunteer, or nonemployee that harasses, disrupts, or interferes with another's work performance or that creates an intimidating, offensive, or hostile environment.

Comment:

(1) All employees, clients, volunteers and other nonemployees have a responsibility to maintain a work environment that is free from harassing or disruptive activity including, but not limited to, exercising good judgment and to avoid making any comment or engaging in any behavior that could be perceived to be offensive, harassing, inappropriate or derogatory. No form of harassment will be tolerated, including harassment for the following reasons: race, color, national origin, religion, disability, pregnancy, age, military status, or sex. Special attention should be paid to the prohibition of sexual harassment.

(2) Each supervisor and manager has a responsibility to keep the workplace free of any form of harassment, and in particular, sexual harassment. No supervisor or manager is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal or willingness to submit to sexual advances will affect the employee's terms or conditions of employment.

(3) Other sexually harassing or offensive conduct in the workplace, whether committed by supervisors, managers, nonsupervisory employees, or nonemployees, also is prohibited. This conduct includes:

- (a) Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances, or propositions;
- (b) Verbal harassment of a sexual nature, such as lewd comments, sexual jokes or references, and offensive personal references;
- (c) Demeaning, insulting, intimidating, or sexually suggestive comments about an individual;
- (d) The display in the workplace of demeaning, insulting, intimidating, or sexually suggestive objects, pictures, or photographs;
- (e) Demeaning, insulting, intimidating, or sexually suggestive written, recorded, or electronically transmitted messages (such as e-mail, instant messaging, and Internet materials).

Any of the above conduct, or other offensive conduct, directed at individuals because of their race, color, sex, national origin, religion, disability, pregnancy, age, or military status also is prohibited.

(4) Any employee who believes that a supervisor's, manager's, employee's clients, volunteer', or other nonemployee's actions or words constitute unwelcome harassment has a responsibility to report or complain about the situation as soon as possible. The report or complaint should be made to the agency's Director of Human Resources at 4300 Beltway Place, Suite 130, Arlington, TX 76018, phone 817-469-1977.

(5) All complaints of harassment will be handled and investigated promptly and in as impartial and confidential manner as possible. Employees are required to cooperate in any investigation. A timely resolution of each complaint should be reached and communicated to the parties involved.

(6) Any employee, supervisor, or manager who is found to have violated the harassment policy will be subject to appropriate disciplinary action, up to and including termination. Any client, volunteer or other nonemployee that is found to have violated the harassment policy may have services and/or engagement reassigned or terminated. The Agency prohibits any form of retaliation against employees for bringing bona fide complaints or providing information about harassment.

DRUG FREE WORKPLACE

HR.1
Page 1 of 2**PURPOSE**

To establish procedures for a drug-free workplace.

POLICY

- I. The Agency conducts drug testing as specified below:
 - ☐ Agency does not perform drug testing of employees
 - ✓ **Pre-employment** – applicants are tested as a condition of employment and are not hired if they fail to produce a negative test.
 - ✓ **Random** – Testing is performed on randomly selected employees who have direct contact with clients and is unannounced and unpredictable.
 - ✓ **For Cause** – Staff who have direct contact with clients will be subject to “for cause” (reasonable suspicion) testing when the Agency or its client has reason to believe that drug or alcohol use or a violation of the policy has occurred.
 - ✓ **Post-Accident** – Staff who have direct contact with clients will be subject to testing if involved in an on-the-job accident, near-miss accident, or an incident where injury or property damage did occur or might have occurred.
- II. The agency uses the following identified method/type of drug testing:
 - ☐ N/A
 - ☐ Urine
 - ☐ Hair
 - ☐ Saliva
 - ☐ Blood
 - ✓ Other: Helping Restore Ability/Calla administers drug and/or alcohol test by saliva and/or urine drug testing.
- III. The Agency will provide a copy of the policy to anyone applying for services from the Agency, employees on hire and any person who requests the information.
- IV. In order to both implement the Agency policy and to be in compliance with the Federal Law, employees are notified that:
 - A. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on Agency paid time. Violation of this policy can result in disciplinary action, up to and including termination of employment.

DRUG FREE WORKPLACE**HR.1**
Page 2 of 2**RATIONAL**

The Agency and its employees must be alert, responsive and able to perform work in a safe and productive manner. Working “under the influence” of drugs or alcohol creates a risk to the safety and well being of the individual and patients/clients.

PROCEDURE

- I. The Agency educates all employees during orientation and patients/clients upon admission regarding the drug testing policy.
- II. Employees must sign an acknowledgment of receipt of the policy. A signed statement will be maintained in the employees’ personnel files.
- III. All employees are responsible for reporting instances of possible abuse. Reported instances of abuse will be thoroughly and confidentially investigated. Management personnel will terminate the employee if results of the investigation indicate alcohol or drug use or abuse.
- IV. The employees are notified of the following:
 - A. There are substantial dangers of drug and alcohol abuse in the workplace.
 - B. It is the Agency policy to maintain a workplace free of illegally used drugs and abuse of alcohol.
 - C. Management and the Human Resources Department are prepared to advise what counseling and rehabilitation programs are available.
 - D. The Agency may at its sole discretion, require an employee to participate in an appropriate counseling and rehabilitation program as the result of substance abuse violations. Refusal to participate in such a program and to submit to “for cause” (reasonable-suspicion) testing during the course of treatment for a reasonable period of time will be grounds for termination.
 - E. Employees taking legally prescribed or over-the-counter drugs that might impair mental or physical functions must notify management prior to reporting to work and/or prior to taking the drug after the start of work. A doctor’s note may be required.
 - F. Employees must notify management of drug convictions within five days of such conviction. Management will notify Human Resources immediately.
 - G. If the employee is performing services under a government contract, the Agency will notify the government contracting officer within ten days of the Agency’s receipt of a notice of conviction.
- V. The Agency may also require an employee to submit to drug and/or alcohol screening when required by state or federal law, regulation or contractual obligation not otherwise anticipated by this policy.

ADVANCE DIRECTIVES**RI.1****Page 1 of 7****PURPOSE**

- I. To ensure that patients/clients and their legal representatives are informed of patient/client rights under federal and state law to make and direct decisions concerning medical care; including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives such as a "Living Will", "Medical Power of Attorney", "Out-Of-Hospital DNR", or "Declaration of Mental Health Statement".
- II. To guide Agency staff in implementing the provisions of the Patient Self-Determination Act and Texas' Advance Directives Act.
- III. To provide for education of staff and the community on issues concerning advance directives and related advance care documents.

Definitions**Artificial Nutrition and Hydration**

The provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

Cardiopulmonary Resuscitation (CPR)

Any medical intervention used to restore circulatory or respiratory function that has ceased.

Declarant

Person who has executed or issued a directive.

Declaration for Mental Health Treatment

This document allows the patient to make decisions in advance about mental health treatment and specifically three types of mental health treatment: psychoactive medication, convulsive therapy and emergency mental health treatment. The instructions that the patient includes in this declaration will be followed only if a court believes that they are incapacitated to make treatment decisions. Otherwise, the patient will be considered able to give or withhold consent for the treatments.

ADVANCE DIRECTIVES

RI.1

Page 2 of 7

Health Care or Treatment Decision

Consent, refusal to consent, or withdrawal of consent to health care, treatment, service, or a procedure to maintain, diagnose, or treat an individual's physical or mental condition, including such a decision on behalf of a minor.

Irreversible Condition

Condition, injury or illness that may be treated but is never cured or eliminated; that leaves the person unable to care for or make decisions for person's own self; and that without life sustaining treatment, is fatal.

Life Sustaining Treatment

Treatment that, based on reasonable medical judgement, sustains life of a patient and without which the patient will die. The term includes life sustaining medications and artificial life support; it does not include pain management medication or a medical procedure that provides comfort care, or palliative care.

Living Will/Directive to Physician

Type of advance directive in which an individual puts in writing their wishes about medical treatment should they be unable to communicate at the end of life. The Texas Directive permits the withholding or withdrawing of life-sustaining medical treatment in the event of a terminal or an irreversible condition that would result in death without life-support.

Medical Power of Attorney

A document that enables the patient to appoint someone they trust to make decisions about their medical care if they cannot make those decisions themselves. This type of advance directive may also be called a "health care proxy" or "appointment of a health care agent." The person appointed may be called the health care agent, surrogate, attorney-in-fact, or proxy.

Qualified Patients

Patient with a terminal or irreversible condition that has been diagnosed and certified in writing by attending physician.

Terminal Condition

Incurable condition that according to reasonable medical judgement will produce death within six (6) months, even with available life-sustaining treatment.

ADVANCE DIRECTIVES**RI.1
Page 3 of 7****Witnesses**

Two competent adult witnesses must sign the form acknowledging the signature of the patient or the person acting on the patient's behalf except when signed by two (2) physicians in Section C of OOHDNR.

Witness 1 must meet all of the following qualifications and that individual may not be:

A person designated to make a treatment decision for the patient;

Related to the patient by blood or marriage;

Entitled to any part of the estate;

Be a person who has claim against the estate of the patient;

The attending physician or the attending physician's employee;

An employee of a health care facility in which that patient is being cared for, if involved in providing direct patient care to the patient; or

An officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or any parent organization of the health care facility.

Witness 2 may be any competent adult.

The declarant, in lieu of signing in the presence of witnesses, may sign the directive and have the signature acknowledged before a notary public.

The declarant, witness, or notary public may sign the directive or a written revocation of the directive using:

A digital signature that:

Uses an algorithm approved by the Department of Health;

Is unique to the person using it;

ADVANCE DIRECTIVES**RI.1**
Page 4 of 7

Is capable of verification;

Is under the sole control of the person using it;

Is linked to data in a manner that invalidates the digital signature if the data is changed;

Persists with the document and not by association in separate files; and

Is bound to a digital certificate; or

An electronic signature that:

Is capable of verification;

Is under the sole control of the person using it;

Is linked to data in a manner that invalidates the electronic signature if the data is changed; and

Persists with the document and not by association in separate files.

POLICY

- I. The Agency recognizes the right of a patient/client and their legal representative under federal and state law to make decisions regarding medical care, including the right to formulate advance directives. The Agency will not withhold care based on whether or not the individual has an advance directive. However, if at any time Agency staff is unable to honor an advance directive elected by the patient/client, the patient/client will be notified and, if the patient/client or designated representative requests, will be transferred to another appropriate agency or organization.
- II. The Agency does not participate in the withdrawal of life sustaining care.
- III. Life sustaining procedures the Agency is unable and/or unwilling to withhold in accordance with a patient's/client's advance directive and/or as discussed with the patient/client or their designated representative, family, physician, and/or the

ADVANCE DIRECTIVES**RI.1**
Page 5 of 7

Agency's Governing Body are :

- A. Artificially Administered Nutrition,
- B. Artificially Administered Hydration,
- C. Mechanical Breathing Machines - (Oxygen, Ventilator, etc,)
- D. Total Parenteral Nutrition,
- E. Blood Transfusions,
- F. Life Sustaining Medications - (All routes),
- G. Dialysis, (the Agency will not withdraw followup support services such as assessments and coordination of care because the patient/client is at the end of life),
- H. Any other methods recognized as artificial life support,
- I. Surgical Procedures (discussed on an individual basis with the patient/client or designated representative, family, physician, and/or the Agency's Governing Body),
- J. CPR (Unless the patient/client has a standing DNR or meets other legal criteria for no CPR)

PROCEDURE

- I. Agency staff will distribute to and review with the patient/client or their legal representative written information relating to the patient's/client's right to refuse medical or surgical treatment and the right to formulate advance directives, as well as Agency policies relating to advance directives at the time of the initial assessment, prior to the provision of care to the patient/client.
- II. Agency staff will inquire whether the patient/client has an advance directive at the time of the initial assessment. If an advance directive is not in place and the patient/client expresses the desire to establish an advanced directive, then a

ADVANCE DIRECTIVES

RI.1

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medical social services referral may be initiated to facilitate the proper execution of documents.

- A. If an advance directive is in place, Agency staff will request a copy for the patient's/client's medical record and the medical record will be "flagged" appropriately.
 - B. Agency staff will make every effort to obtain a copy of any patient's/client's advance directive and file this copy in the medical record. If the patient/client does not provide the Agency with a copy, this will be documented in the patient's/client's medical record.
- III. If at the time of notice, the patient/client is incompetent or otherwise incapacitated and unable to receive the notice, the Agency will provide the required written notice in the following order of preference, to:
- A. The individual's legal representative;
 - B. A person responsible for the health care decisions of the patient/client;
 - C. The individual's spouse;
 - D. The individual's adult child;
 - E. The individual's parent; or
 - F. The person admitting the patient/client.
 - G. If the Agency is unable, after a diligent search, to locate an individual listed above, the Agency is not required to provide notice. The Agency will provide notice if at any time the patient/client becomes able to receive the notice.
- IV. The patient's/client's advance directive status will be communicated to all staff involved in the patient's/client's care in one of the following ways:
- A. Identifying the chart(s).
 - B. List in the on call book.

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- C. Verbal and written communication.
- V. Agency staff will document in the medical record (i.e. the Consent Form, Plan of Care form), information about any type of advance care directive the patient/client may have. Agency staff will encourage the patient/client to forward a copy to his or her physician if the physician does not have a copy.
- VI. Agency staff will direct the patient/client and their caregiver or representative to the patient's/client's physician, lawyer, MSW or other community resource if the patient/client requests additional information or wishes to develop an advance directive.
- VII. Agency staff may complete or witness an advance care document or participate in the decision-making process relating to whether to have an advance care document.
- VIII. If, at any time, a patient/client refuses medical treatment, Agency staff will discuss the refusal with the physician and document both the refusal and the physician notification in the patient's/client's medical record and complete a Physician Verbal Order form if appropriate.
- IX. Agency staff will not provide any medical treatment that the patient/client has not consented to receive.
- X. Agency staff will not withhold treatment or otherwise discriminate against patients/clients based on whether or not the patient/client has an advance directive.
- XI. Agency staff will recognize and honor properly executed advance directives as evidence of the patient's/client's desire to have medical treatment withheld or discontinued as specified.
- XII. The Agency will provide functions relating to advance directives such as, but not limited to, educating Agency personnel and the community served on advance directives and other bioethical issues, assisting the patient/client and family as needed, and aiding in the development of guidelines on advance directives and other bioethical issues.

FAMILY EMERGENCY PREPAREDNESS and RESPONSE PLAN

This booklet is a plan template and is intended to give you a format and possible suggestions about information you might want to include in a family disaster plan. It is not all inclusive and should be modified as needed. You should adapt this plan to your own specific needs or requirements.

Keep this plan updated with current and correct information.

NOTE: It is important to store this document in a secure location to reduce the risk of losing personal information that could lead to possible ID theft and fraud.

In addition, this document should be stored in a water tight container and on a computer disk.

Table of Contents

- Household Member and Pets Inventory
- Household Information and Emergency Numbers
- Utility and Service Contract/Insurance and Other Information
- Family/Friends/Neighbors and Out of Area Contact Information
- Work and Social Contacts
- Reunion Information and Important Notes and Procedures
- Medication List
- Pharmacy/Doctors/Specialists
- Home Layout and Design
- Utility Control
- Disaster Supply Kit
- Other Sources of Information

Household Members

Household Members	Relation/Birthdate	Social Security

Pets	Pet Rabies Vaccination #	Vet Name and Number

Household Information

Home Address:					
Phone 1:		Phone 2:			
E-mail 1:					
E-mail 2:					
Car Information:					
Car 1:	Make	Model	Year	License #	
Car 2:	Make	Model	Year	License #	
Car 3:	Make	Model	Year	License #	
Emergency Numbers:					
CALL 911 FOR EMERGENCY					
Doctor #1:					
Doctor #2:					
Doctor #3:					
Fire Number:					
Police Number:					
Ambulance Number:					
Poison Control Number:					
Hospital Emergency Room Number:					
Name/Number:					
Name/Number:					

Note: After a disaster, 911 may not be working. Use these numbers as you listed above.

Contacts

Utility and Service Contacts

Organization Name Water/Sewer	Address	Contact
	Note	Phone
Organization Name Electric	Address	Contact
	Note	Phone
Organization Name Gas	Address	Contact
	Note	Phone
Organization Name Phone/Cable	Address	Contact
	Note	Phone
Organization Name Home Medical	Address	Contact
	Note	Phone

Insurance/Other Information (Health, Auto, Home and Life)

Name	Policy #/Other Information	Phone

Contacts

Name	Address/Physical Location to Home	Phone	E-mail Address	Cell Phone Number

Note: Identify two neighbors. Agree to check on each other.

Out- of-Area Contact #1			
Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Important: During disasters, use phone for emergencies only. Local phone lines may be tied up. Make one call out-of area to report in. Let this person contact others.

Out- of-Area Contact #2			
Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Contacts

Work, School, and Other Contacts

Household Member Name	Work/School/Other	Disaster Procedure*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedure*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedure*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedure*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedure*
	Address	
	Phone	

*Note: * Disaster Procedures: Household members should know each other's disaster procedures for work, school, or other places where they spend time during the week.*

Procedures

Reunion Procedures

In or Around House/Apartment	Inside House/Apartment
	Outside House/Apartment
When Family is Not Home	Priority Location (Leave note in a designated place where you will be: i.e., neighbor, relative, park, school, shelter, etc.)

Note: Identify and discuss with household members the reunion places if a disaster prevents anyone from entering the home. Also, reunion and evacuation procedures need to include children at school and house members with disabilities. Talk to school officials. Write down procedures.

Important Notes and Procedures

Note: People with disabilities are advised to identify two or three people at work, school, neighborhood, etc., who will assist them in the event of a disaster. In addition, please contact your local department of social services, local office on aging, and local office of disabilities to discuss registering your specific need (DIAL 211).

Medication List

User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine

Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications. Take them with you if you have to evacuate to a shelter, friend's house, or other family members.

Last Update for this Page:	Date: _____
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Pharmacy/Doctors/Specialists

Pharmacist Name(s)	Pharmacy Name	Phone/Address
	Pharmacy Name	Phone/Address
Specialist Name	Area of Concern	Phone
	Organization	Address
Specialist Name	Area of Concern	Phone
	Organization	Address

Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		

Note: Fill this and all sections out in pencil. Update regularly.

Pharmacy/Doctors/Specialists (con't)

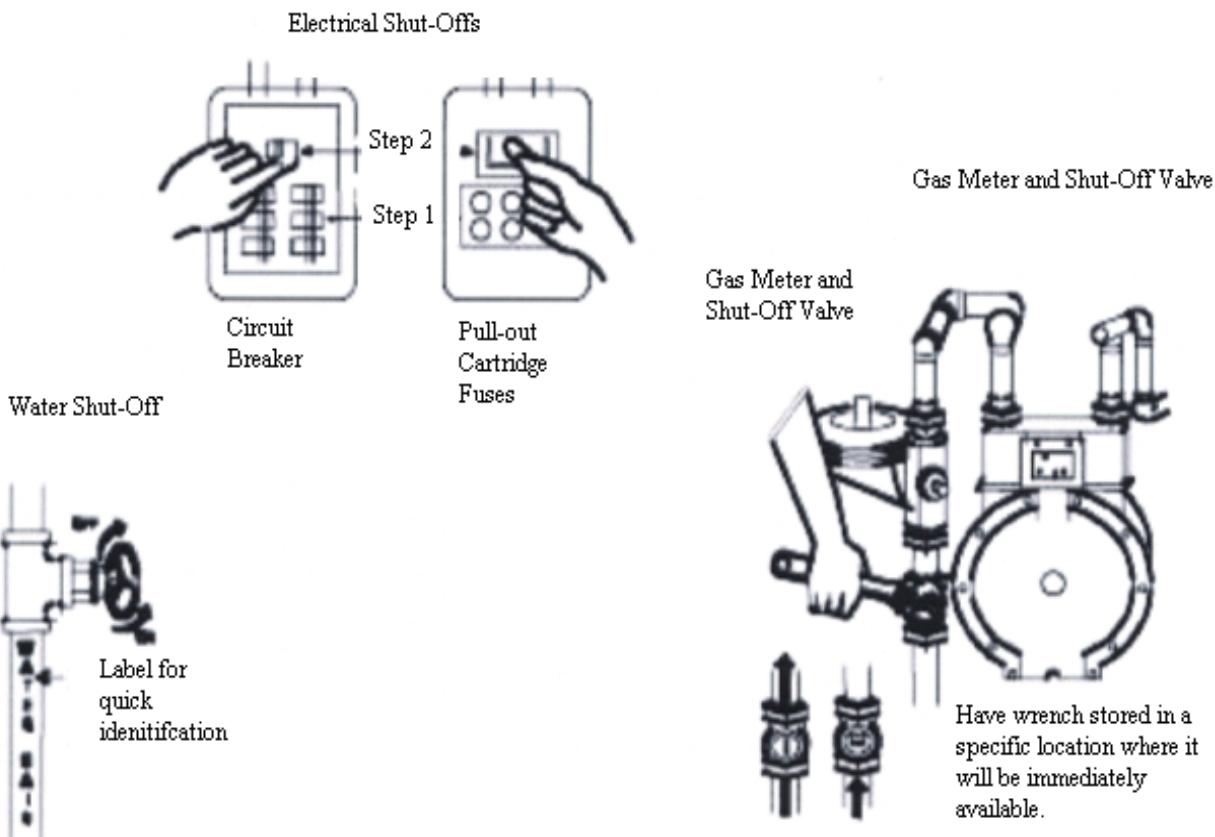
Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		
Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		

Last Update for Pharmacy/Doctors/Specialists: Date: _____

Home Layout/Diagram

Draw a layout of your home. Make sure you include locations of utility shut-offs and safety equipment like fire extinguishers, disaster supplies, evacuation plans, etc.

Utility Control



Electricity:

In the event that you need to turn off the electricity in your house, go to the breaker box and do the following:

1. Turn off smaller breakers one by one.
2. Flip the "main" breaker last.

To re-energize your home, reverse the steps above.

Water:

In the event you need to shut water off inside your home, find the main water valve and turn it to your right. To open the flow of water back into the house, turn it to your left.

Gas:

IMPORTANT - Only turn off your gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company.

Propane:

If you live in an area that uses outdoor propane or LPT you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve see above.

Never run a generator inside; doing so may cause carbon monoxide poisoning and possibly death!

Shelter-in-Place Disaster Supply Kit

- ☐ Water - at least 1 gallon daily per person for 3 to 7 days
- ☐ Food - at least enough for 3 to 7 days
 - Non-perishable packaged or canned food/juices
 - Foods for infants or the elderly
 - Snack foods
 - Non-electric can opener
 - Cooking tools/fuel
 - Paper plates/plastic utensils
- ☐ Blankets/Pillows, etc.
- ☐ Clothing - seasonal/rain gear/sturdy shoes
- ☐ First Aid Kit/Medicines/Prescription Drugs
- ☐ Special Items - for babies and the elderly
- ☐ Toiletries/Hygiene Items/Moisture Wipes
- ☐ Flashlight/Batteries
- ☐ Radio - Battery operated and NOAA weather radio
- ☐ Cash (with some small bills)
 - Banks and ATMs may not be open or available for extended periods.
- ☐ Keys
- ☐ Toys, Books, and Games
- ☐ Important documents - in a waterproof container or water tight re-sealable plastic bag
 - Insurance, medical records, bank account numbers, Social Security card, etc.
- ☐ Tools - keep a set with you during the storm
- ☐ Vehicle fuel tanks filled
- ☐ Pet care items
 - Proper identification/immunization records/medications
 - Ample supply of food and water
 - A carrier or cage
 - Muzzle and leash

Other Sources of Information

FEMA

1-800-621-FEMA (3362)

<http://www.fema.gov/>

Red Cross

<http://www.redcross.org/index.html>

Department of Aging and Disability

www.dads.state.tx.us/hurricane/index.cfm

Texas Evacuation Routes

www.txdps.state.tx.us

Assistance with evacuation - 211

www.211texas.org/211/

Important Numbers to Contact after a Disaster:

FEMA:

(Apply for disaster funds)

Local Department of Social Services:

(Emergency food stamps, emergency Medicaid, emergency financial assistance)

HOME SAFETY CHECKLIST

Prevention is the best approach to safety. The National Safety Council states that four million serious accidents happen in the home each year. Periodic room-by-room checks are recommended. Agency staff will assess the home and inform the patient or family on recommendations to increase safety. *Check appropriate areas of need.*

Fire Prevention Checklist

Install smoke alarms. Properly working smoke alarms decrease your chances of dying in a fire by half. Place smoke alarms on every level of your residence and office. Test and clean smoke alarms once a month. Replace smoke alarms once every 10 years.

Make sure windows are not nailed or painted shut. Make sure security gratings on windows have a fire safety opening feature so they can be easily opened from the inside.

Store flammable liquids in approved containers in well-ventilated storage areas.

Never smoke in bed or when drowsy or medicated. Never smoke near flammable liquids.

Don't wear long-sleeved or loose clothing that can come in contact with a burner or flame.

Inspect extension cords for frayed or exposed wires or loose plugs.

Install A-B-C-type fire extinguishers in your residence and teach family members how to use them.

During a fire, if your clothes catch on fire, you should:

- **Stop, drop, and roll** - until the fire is extinguished. Running only makes the fire burn faster.

To escape a fire, you should:

- **Check closed doors for heat before you open them.** If you are escaping through a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame before you open it. Never use the palm of your hand or fingers to test for heat - burning those areas could impair your ability to escape a fire.
- Crawl low under any smoke to your exit - heavy smoke and poisonous gases collect first along the ceiling.
- Close doors behind you as you escape to delay the spread of the fire.
- Stay out once you are safely out. Do not reenter. Call 911.

Fall and Other Injury Prevention Checklist

Wear well-fitting shoes with non-skid soles.

Use a cane or walker if you need to.

Have good lighting and use night lights in hallways, bathrooms and stairways.

Have grab bars installed in bathrooms and handrails on stairs.

Keep stairways and passageways free of clutter.

Remove throw rugs.

Wipe up spills promptly.

Have your vision and hearing checked regularly and wear your glasses or hearing aid if you need them.

Don't wear loose or long clothing that can cause tripping when standing on a ladder or step stool.

Let your doctor know right away if you are dizzy, weak, or unsteady.

Avoid rushing to the bathroom. If you feel you need to rush, try going at frequent, scheduled times or consider using a bedside commode.

When you rise from bed or from a chair, take your time. Make sure the position change has not caused dizziness before you start walking.

Store hazardous materials (including bleaches and cleaning products) in a safe place and away from food.

Don't use pesticides or other poisonous substances in areas where food is prepared.

Let the toaster cool and unplug it before reaching into it with a fork or other utensil.

Bathroom Safety Checklist

Make sure that electrical appliances (such as hair dryers, radios, shavers, heaters, etc.) are not placed where they can fall into the bathtub or come in contact with water.

Install grab bars on the side of the bathtub.

Use a skid-resistant bath mat by the tub or shower.

Have a special container for used razor blades and other sharp objects. Don't toss them into the wastebasket.

Don't store medications in the bathroom. Instead, keep them in a closet or another dry cool place that can be locked.

Leave a night light on in the bathroom and in dark hallways.

Safety Checklist For Weather Precautions

Floods

If a flood is likely in your area, you should:

- Listen to the radio or television for information.
- If you are in a low-lying area, move to higher ground quickly.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.

Do not drive into flooded areas. If flood waters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

Tornado

Be alert to changing weather conditions.

Listen to NOAA Weather Radio or to commercial radio or television newscasts for the latest information.

Look for approaching storms.

Look for the following danger signs:

- Dark, often greenish sky
- Large hail

- A large, dark, low-lying cloud (particularly if rotating)
- Loud roar, similar to a freight train.

If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

If you are under a tornado WARNING, seek shelter immediately!

- Go to an interior room- one without windows- such as a bathroom or closet.
- Cover yourself with a mattress or cushions.

Thunder Storms and Lightning

The following are facts about thunderstorms:

- They may occur singly, in clusters, or in lines.
- Some of the most severe occur when a single thunderstorm affects one location for an extended time.
- Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour.
- Warm, humid conditions are highly favorable for thunderstorm development.
- About 10 percent of thunderstorms are classified as severe - one that produces hail at least three-quarters of an inch in diameter, has winds of 58 miles per hour or higher, or produces a tornado.

The following are facts about lightning:

- Lightning's unpredictability increases the risk to individuals and property.
- Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall.
- "Heat lightning" is actually lightning from a thunderstorm too far away for thunder to be heard. However, the storm may be moving in your direction!

The following are guidelines for what you should do if a thunderstorm is likely in your area:

- Postpone outdoor activities.

- Get inside a home, building, or hard top automobile (not a convertible).

Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside.

- Secure outdoor objects that could blow away or cause damage.
- Shutter windows and secure outside doors. If shutters are not available, close all window blinds, shades, or curtains.
- Avoid showering or bathing. Plumbing and bathroom fixtures can conduct electricity.
- Use a corded telephone only for emergencies. Cordless and cellular telephones are safe to use.
- Unplug appliances and other electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage.
- Use your battery-operated NOAA Weather Radio for updates from local officials.

High Temperatures and Heat

The following are guidelines for what you should do if the weather is extremely hot:

- Stay indoors as much as possible and limit exposure to the sun.
- Stay on the lowest floor out of the sunshine if air conditioning is not available.
- Use a fan if air conditioning is not available.
- Consider spending the warmest part of the day in public buildings such as libraries, movie theaters, or malls.
- Eat well-balanced, light, and regular meals. Avoid using salt tablets unless directed to do so by a physician.
- Drink plenty of water. Persons who have epilepsy or heart, kidney, or liver disease, are on fluid-restricted diets, or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Limit intake of caffeine and alcoholic beverages.
- Dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.
- Protect your face and head by wearing a wide-brimmed hat.

- Avoid strenuous work during the warmest part of the day. Use a buddy system when working in extreme heat, and take frequent breaks.

Earthquakes

Minimize your movements during an earthquake to a few steps to a nearby safe place. Stay indoors until the shaking has stopped and you are sure exiting is safe.

If you are indoors:

- Take cover under a sturdy desk, table, or bench or against an inside wall, and hold on. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Stay in bed, if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- Stay inside until the shaking stops and it is safe to go outside. Most injuries during earthquakes occur when people are hit by falling objects when entering into or exiting from buildings.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- DO NOT use elevators.

If you are Outdoors:

- Stay there.
- Move away from buildings, streetlights, and utility wires.

Winter Storms and Cold

The following are guidelines for what you should do during a winter storm or under conditions of extreme cold:

- Listen to your radio, television, or NOAA Weather Radio for weather reports and emergency information.
- Have a battery operated radio, flashlight or lantern, and a supply of batteries.
- Keep an emergency supply of ready-to-eat food and a supply of drinking water.

- Eat regularly and drink ample fluids, but avoid caffeine and alcohol.
- If you must go outside, dress for the weather. Wear layers of clothes, with a wind- and water-resistant layer on the outside, cover your head, and wear gloves or mittens. Take frequent breaks to avoid overexerting yourself in the cold.

Hurricanes

If a hurricane is likely in your area, you should:

- Listen to the radio or TV for information.
- Secure your home, close storm shutters, and secure outdoor objects or bring them indoors.
- Have emergency supplies: nonperishable ready-to-eat food, drinking water, flashlight, battery operated radio, and batteries.
- Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed.
- Turn off propane tanks.
- Ensure a supply of water for sanitary purposes such as cleaning and flushing toilets. Fill the bathtub and other large containers with water.
- Have supplies ready for evacuation- clothing, eyeglasses, medications, and important papers in waterproof containers.

You should evacuate under the following conditions:

- If you are directed to do so by local authorities. Be sure to follow their instructions.
- If you live in a mobile home or temporary structure - such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground.
- If you live in a high-rise building - hurricane winds are stronger at higher elevations.
- If you live on the coast, on a flood plain, near a river, or on an inland waterway.
- If you feel you are in danger.

If you are unable to evacuate, go to your wind-safe room. If you do not have one, follow these guidelines:

- Stay indoors during the hurricane and away from windows and glass doors.
- Close all interior doors - secure and brace external doors.

- Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm - winds will pick up again.
- Take refuge in a small interior room, closet, or hallway on the lowest level.

Poison Prevention Checklist

- ✓ Label all poisons.
- ✓ Keep all substances in their original containers.
- ✓ Store cleaning agents away from food and medications.
- ✓ **Poison Control Phone Number - 1-800-222-1222**

Hazardous Waste Disposal

Place all needles and syringes, or other sharp objects, in a hard plastic or metal container with a screw top or re-enforced top with heavy duty type tape.

Place soiled bandages, disposable pads/sheets and medical gloves, masks and gowns in securely fastened plastic bags before placing them in the garbage can with other trash.

Oxygen (O₂) Safety/Medical Gases

Store medical gas cylinders on their sides in a stable protected area (protected from heat extremes.)

Use O₂ in an area free from smoking materials such as cigarettes or cigars; open flames such as gas stoves, candles, fire place; and electrical medical equipment with frayed cords.

Post signs to warn visitors that oxygen is in use and they should not smoke.

Do not use petroleum based products near oxygen flow, i.e., vaseline on lips/nose

Hand Hygiene

Good handwashing is the single most important step in preventing the spread of infections.

Hand Hygiene With Soap And Water

Wet hands and wrists with warm water.

Apply soap and rub palms together to work up lather. Rub briskly for 15 seconds.

With hands placed in a downward position, clean all surface areas of hands:

- Between fingers, around and under nails, and wrists
- Rinse thoroughly

With hands held upright, dry thoroughly with a clean paper towel.

- While washing, try to prevent clothing (e.g. shirt cuffs) from getting damp or wet.
- Avoid splashing onto self or surrounding area, if possible.

Hand Hygiene With Alcohol Gel

Apply product per manufacturer's instructions.

Rub hands together until product dries.

Respiratory Hygiene

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

If you don't have a tissue, 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 using the hand hygiene described above.

Avoid contact with people who have influenza-like symptoms.

Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.



HELPING RESTORE ABILITY

A Non Profit Serving Texans with Disabilities

General Contact Information

Office Address: 4300 Beltway Place, Suite 130, Arlington TX 76018

Office Number: (817) 469-1977 Toll-Free: (866) 471-9999

Office Fax: (817) 461-2334

Hours of Operation: Monday - Thursday 8:00 AM - 5:00 PM Friday 8:00 AM - 4:00 PM

Karina Brewer, Intake Coordinator for PAS Work Phone: (817) 635-6031 Email: kbrewer@hratexas.org	Monday – Thursday 8:00 AM to 5:00 PM Friday 8:00 AM to 4:00 PM	Contact the Intake Specialist when: <ul style="list-style-type: none"> You have questions or concerns about your service plan and authorized tasks. You are going to be hospitalized or are entering a rehabilitation facility. You are being released from the hospital or rehabilitation facility
Abby Starling, Care Coordinator for PAS Work phone: (817) 635-6038 Email: astarling@hratexas.org	Monday – Thursday 8:00 AM to 5:00 PM Friday 8:00 AM to 4:00 PM	Contact the Care Coordinator when: <ul style="list-style-type: none"> You are going to be unavailable for services due to doctor visits, personal appointments, vacation, etc. Attendant missed visits and need for temporary attendant replacement that occurs during regular business hours. Attendant performance issues.
Briann Brown, Director of Care Coordination Email: bbrown@hratexas.org	Monday – Thursday 8:00 AM to 5:00 PM Friday 8:00 AM to 4:00 PM	Contact the Director of Care Coordination when: <ul style="list-style-type: none"> You are unable to reach the Intake Specialist or Care Coordinator after 24 hours.
After Hours Phone Line (Non-Medical) Cell Phone: (817) 564-1489	Monday – Thursday 8:00 AM to 5:00 PM Friday 8:00 AM to 4:00 PM	Contact this number if an Attendant missed visits and it is <i>after hours</i> .
Medical Emergency – Dial 911	24 hours a day 7 days a week	Dial 911 to report a medical emergency