



# Oxylife Respiratory Services, LLC

## PATIENT INFORMATION HANDBOOK



### *Mission Statement*

#### *Our Commitment to Quality and Service*

*OXYLIFE Respiratory Services is committed to providing the highest quality home care equipment, supplies and services to our clients, and to providing professional growth opportunities to our employees. We recognize that every client's needs are unique and require personal, compassionate attention. The client's rights, their dignity, maintaining confidentiality, and assuring quality care and services are the highest priorities of our staff. We are committed to an impeccable product that reflects "the old fashioned practices of customer service" for our clients and our referral sources. We do this by providing ample opportunity for training our employees on products, services, and regulations to provide personal care to our customers. OXYLIFE Respiratory Services serves to make a positive difference in the life of each and every client.*



## Hours of Operation and Telephone

<b>Physical Address:</b>	<b>Office Hours</b>
6405 SW 38th St.	8:30am - 5:00pm
Bldg 100 #101-104	Monday thru Friday
Ocala, FL 34474	

**Telephone 866-732-6802; 352-873-2971**

*Contacting Oxylife after Hours, Weekends,  
Holidays and During Declared Emergencies*

**A Manager is on Call 24 hours a day -  
Dial 1 when you hear the recorded prompt to be  
transferred to an on-call Manager, who is available  
24 hrs. / day**

### **PLEASE REMEMBER**

**Oxylife Respiratory Services, LLC is not an Emergency  
Medical, Transportation, or Evacuation Service  
If you have a Medical Emergency, please call 911**

### **FOR THOSE PATIENTS WITH ADVANCE MEDICAL DIRECTIVES**

*Oxylife Respiratory Services, LLC recognizes the rights of all adult patients to self determination. We acknowledge that all persons, over eighteen (18) years old, have the right to formulate an Advance Directive and this company will honor all Advance Directives executed in accordance with current State Law and Federal Regulations.*

*Patients receiving services from one of our Respiratory Therapists who have an Advance Directive or wish to execute an Advance Directive should notify their Respiratory Therapist of their wishes so that it may be documented in their clinical record.*

## PATIENT RIGHTS AND RESPONSIBILITIES

### AS OUR CUSTOMER / PATIENT, YOU HAVE THE RIGHT TO:

- Be treated with dignity, courtesy and to have your property respected;
- Receive reasonable coordination and continuity of services from the referring agency to the home medical equipment services and/or the home infusion services;
- Receive a timely response from our agency when information and/or home medical equipment, and/or pharmaceutical products/services are needed or requested;
- Be fully informed of our policies and procedures;
- Be informed of your eligibility for third party reimbursement as well as any charges for products and/or services that you are required to pay;
- Receive an explanation of all the forms you are requested to sign;
- Receive your products and services without regard for race, religion, political belief, sex, social status, age and/or handicap;
- Receive proper identification from personnel providing services;
- Participate in decisions concerning your equipment, product and supply needs, including the right to refuse service within the confines of law, and be informed of the potential consequences of this action;
- Participate in decisions surrounding the formulation of advance directives and/or the consideration of ethical issues that may arise;
- Have all of your records and communications, both verbal and written, treated confidentially;
- Be told as to whom information will be released and for what purpose;
- Access your clinical records, challenge and have your record corrected for accuracy;
- Express dissatisfaction and suggest changes in any service without fear of coercion, discrimination, reprisal, or unreasonable interruption in service;
- In cases where service was denied by your health plan you have the right to appeal the decision with your health plan.
- Have your pain appropriately assessed and managed;
- Have your personal, cultural and ethnic preferences considered;
- Receive information about how our company receives and reconciles your complaints and/or concerns;
- Be informed of your patient responsibilities; and
- Be assured that all our staff members honor your rights.

### YOUR RESPONSIBILITIES INCLUDE:

- Use the equipment, medication and supplies with reasonable care, in the manner that was intended;
- Not alter or modify the equipment and return it in good working order considering normal wear and tear;
- Store medication, supplies and equipment as instructed by our staff and provide reasonable care to prevent these items from being damaged, lost or stolen;
- Promptly report any malfunction or defects in any of the equipment, products or supplies that we have provided so that we can repair or replace it;
- Permit authorized representative of our company access to all rental equipment for repair, replacement, maintenance and/or pick up;
- Keep the equipment, products and supplies in your possession at the agreed upon address unless otherwise authorized by our organization;
- Notify our company if you are hospitalized, plan to leave the area, change health care insurance, physician or treatment;
- Notify our company if your treatment is changed, suspended or otherwise terminated;
- Accept financial responsibility for the equipment, products and supplies provided by our company.

**OXYLIFE RESPIRATORY SERVICES, LLC IS NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES CAUSED DIRECTLY OR INDIRECTLY IN THE USE OF RENTAL EQUIPMENT.**

## PRIVACY NOTICE

### 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

#### **1. Uses and Disclosures of Protected Health Information**

##### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

## **PRIVACY NOTICE (continued)**

**Other Permitted and Required Uses and Disclosures** Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Your Rights**

Following is a statement of your rights with respect to your protected health information.

#### **You have the right to inspect and copy your protected health information.**

**information.** We will make every effort to put it in a format you request and that we are capable of producing – paper copy or electronic. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

#### **You have the right to request a restriction of your protected health information.**

**information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

#### **You have the right to request to receive confidential communications**

**from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us**, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

#### **You may have the right to have your physician amend your protected health information.**

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

### **Complaints**

You may report a complaint to our Privacy Officer at 6405 SW 38th St., Bldg 100 #101-104, Ocala, FL 34474, or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

#### **We will not retaliate against you for filing a complaint.**

**Contracting and Subcontracting arrangement:** Sometimes it is necessary to use a contracted company or individual to service our customers. These sub-contractors must abide by the HIPAA 2013 rules and have a signed HIPAA Agreement on file with Oxylife Respiratory Services, LLC.

**Device Tracking:** Under FDA regulations regarding medical device tracking requirements, a patient has the right to refuse permission to release the patient's name, address, telephone number, and Social Security Number, or other identifying information for the purpose of tracking. The patient then has the right to find another provider to provide this service.

This notice was published and becomes effective on/or before **September 23, 2013**.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

## SAFETY INFORMATION

It is essential that you operate your equipment, store medication and supplies safely and correctly to benefit from their use. The following suggestions will help you safely use these devices.

- Always follow the directions provided by your **Oxylife Respiratory Services, LLC** representative.
- Always use the safety devices provided.
- Never bypass, or cover alarms.
- Always use safety locks and make sure they are in the locked position at all times.
- Never move into or out of a wheelchair unless the brakes are applied.
- Electrical devices should be plugged into a properly grounded outlet that meets the amperage requirements of the equipment. Never expose electrical devices to water or liquid.
- Be sure the floor is free of loose carpeting and throw rugs. Tape down electrical cords that are in a high traffic areas to avoid tripping.
- Do not use extension cords or multi-plugs. Place equipment as close to the outlet as possible.
- If necessary, rearrange furniture to provide for easy access to important areas of your home.
- Use smoke alarms and fire extinguishers and check them regularly.
- Keep important phone numbers near the phone so that they are handy in an emergency.
- Make sure no parts of the body come in contact with moving parts of equipment (wheelchairs, raising and lowering beds, etc.).
- Only responsible individuals familiar with the operation should operate devices. Children and incompetent adults should not operate devices.
- Store medications and supplies as directed and out of the reach of children and pets.
- If your equipment has a battery back-up, keep the equipment plugged into the outlet to keep the battery charged.
- Never touch any electrical fixture or appliance with wet hands, while standing on a damp floor or while in the bathroom.
- Do not warm medications or solutions in the microwave or hot water unless directed.
- If you use oxygen, remember to keep your "No-Smoking" signs visible for family, visitors and emergency workers to see. Be careful and avoid tripping on your oxygen tubing.

**Any Safety concerns related to care or services being provided by  
Oxylife Respiratory Services, LLC may be reported to the Manager of  
Customer Service at 866-732-6802.**

## EMERGENCY / DISASTER PREPAREDNESS

### **Disasters:**

Disasters strike anytime and anywhere. It can be a hurricane, tornado, flood, fire, hazardous spill, and an act of nature or terrorism. It can hit suddenly, without warning or builds over days or weeks. You could be affected by one of these events at any time.

### **Emergency Planning:**

Oxylife Respiratory Services, LLC has an Emergency Disaster Plan and is responsible for coordinating all activities related to the continued operation in the event of a Hurricane, Tropical Storm, Natural or Man Made Disaster. We encourage you to take the time now to create your Emergency / Disaster Plan. Emergency Management officials suggest having sufficient food, water, medicine, and other necessary supplies to last at least three (3) days.

### **Deliveries:**

Hurricanes or Tropical Storms: If the county you live in is placed under a Hurricane or Tropical Storm Watch, Oxylife will continue making deliveries. However, once Hurricane or Tropical Warnings have been issued and winds have reached a sustained 35mph, Oxylife will stop deliveries and our Delivery Technicians and Respiratory Therapists will be called off the roads. Once the "All-Clear" has been given by the National Hurricane Center and Emergency Management Officials, Oxylife will resume services. Please remember that it maybe difficult getting to your area due to downed trees, power lines and curfews.

### **Phone System:**

If for any reason Oxylife's telephone system goes down, we will utilize our answering service, cell phones and call forwarding service to continue receiving calls and servicing patients.

### **Emergency Back-Up Oxygen:**

Prior to the start of Hurricane Season, Oxylife will initiate its Pre-Hurricane Delivery of Emergency Back-Up Oxygen to patients. We initiate this plan due to the high possibility of you losing power during and after a storm. Patients need to be self sufficient with emergency back-up oxygen for at least 48 hours after a storm has passed. Don't wait until a storm watch is issued to call and have emergency oxygen delivered - be prepared and have emergency oxygen in place throughout the Hurricane season.

### **Evacuation:**

If you live in an evacuation area or reside in a mobile home and have been given orders to evacuate, you should do so immediately. Remember to take all your necessary medical equipment, medications and emergency supplies with you. Contact Oxylife at the numbers illustrated in this Handbook and let us know where you will be evacuating to so we may service you after a storm or emergency has passed. We will not be able to assist you without you calling us to let us know where you will be temporarily staying before, during and after an emergency / disaster.

### **Public Shelters:**

Public Shelters should be used only as a last resort if you have no where else to go. It is better to stay with family, friends, or in commercial lodging out of the evacuation areas. Public Shelters have no privacy, bedding, limited food and water. Public Shelters will not accept individuals who require continued medical assistance or use of electrical medical equipment.

### **Special Needs Medical Shelters and Evacuation Assistance:**

This information is provided and can be located in your Patient Handbook on page 13.

### **Community Resource Information:**

A list of phone numbers and websites can be found in your Patient Handbook on page 15.

### **Public Announcements:**

Before, during and after a disaster and only if necessary, Oxylife Services will announce via radio or television any special instructions as it relates to the company and your medical services. Listen to your local radio or television station to hear these updated announcements.

**If you have any questions on disaster preparation, please call us at:  
866-732-6802**

## SPECIAL NEEDS REGISTRY PROGRAM

### WHAT IS THE SPECIAL NEEDS PROGRAM:

County Emergency Managers may recommend evacuations in the county you live in due to a Hurricane, Tropical Storm or other Natural Disaster. Special Needs is a program that provides sheltering for individuals with certain special medical needs and / or assistance with evacuation transportation. Pre-registration for the Special Needs Shelter and Evacuation Assistance is open and ongoing throughout the year. It is strongly recommended that you register early to ensure that a shelter will meet your needs.

**\*\*Oxylife Respiratory Services, LLC is available and will gladly assist you in registering\*\***

### Special Needs Shelter:

**Please Note:** A Special Needs Shelter should be used as a place of last refuge if you are required to evacuate. You will not receive the same level of care that you're accustomed to at home. Conditions in a shelter can be very stressful.

If you have a caregiver, the caregiver must accompany you to the Special Needs Shelter and remain with you until it is safe to return home. A caregiver can be a friend, relative, guardian, neighbor or volunteer. Only one caregiver may accompany you to the shelter. Family members, friends, etc. should go to a regular public shelter. The caregiver will be provided floor space but must provide their own bedding, pillows etc. They should also bring personal snacks, drinks, flashlight, and portable radio.

**CAREGIVERS WHO REGULARLY ASSIST YOU IN YOUR HOME ARE EXPECTED TO CONTINUE TO DO THE SAME CARE IN THE SHELTER.**

### Following is a list of what Special Needs Patients should bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient's medication, supplies and equipment list supplied by the home health agency
- The phone, pager and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNR) form, if applicable;
- Name and phone number of the patient's home health agency
- Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed.
- A copy of the patient's plan of care
- Identification and current address
- Special diet items, non-perishable food for 72 hours and 1 gallon of water per person per day
- Oxygen tanks if you use them
- Glasses, hearing aides and batteries, prosthetics and any other assistive devices
- Personal hygiene items for 72 hours
- Extra clothing for 72 hours
- Flashlight, Radio and extra batteries
- Self-entertainment and recreational items, like books, magazines, quiet games.

### Special Needs Shelters are not appropriate for:

- Pregnant women within six (6) weeks of estimated delivery date
- Patients requiring a ventilator
- Persons suffering from acute infection
- Persons requiring isolation
- Persons who are bedridden or require total care



## Directory of Important Numbers

(Listed by County)

Counties	Area Agency on Aging	Crisis Assistance	Health Department	Special Needs Services	Emergency Management
ALACHUA	352-378-6649	<b>352-264-6789</b>	352-334-7900	352-264-6500	352-264-6500
BAKER	<b>904-391-6600</b>	800-346-6185	904-259-6291	904-259-6111	904-259-0235
BRADFORD	<b>352-378-6649</b>	800-346-6185	904-964-7732	904-966-6336	904-966-6910
BREVARD	<b>407-514-1800</b>	<b>800-273-8255</b>	321-454-7111	<b>321-637-4088</b>	321-637-6670
CITRUS	<b>352-378-6649</b>	<b>352-628-5020</b>	352-527-0068	<b>352-746-6555</b>	352-249-2738
COLUMBIA	<b>352-378-6649</b>	800-346-6185	<b>386-758-1068</b>	<b>386-758-1125</b>	386-758-1383
DIXIE	<b>352-378-6649</b>	<b>352-264-6789</b>	<b>352-498-1360</b>	352-498-1240	352-498-1240
GILCHRIST	<b>352-378-6649</b>	<b>352-463-3410</b>	<b>352-463-3120</b>	386-935-5400	386-935-5400
HAMILTON	<b>352-378-6649</b>	<b>800-346-6185</b>	386-792-1414	<b>386-792-6647</b>	386-792-6647
HERNANDO	<b>352-378-6649</b>	800-273-8255	352-540-6800	<b>352-754-4083</b>	352-754-4083
HILLSBOROUGH	813-740-3888	800-273-8255	<b>813-307-8000</b>	<b>813-307-8015</b>	813-272-6600
INDIAN RIVER	561-684-5885	<b>800-273-8255</b>	<b>772-794-7400</b>	772-567-2154	772-226-3859
LAFAYETTE	<b>352-378-6649</b>	<b>352-264-6789</b>	386-294-1321	<b>386-294-1950</b>	386-294-1950
LAKE	<b>800-262-2243</b>	800-273-8255	352-589-6424	<b>352-343-9420</b>	<b>352-343-9420</b>
LEVY	<b>352-378-6649</b>	352-264-6789	<b>352-486-5300</b>	<b>352-486-5213</b>	<b>352-486-5213</b>
MARION	<b>352-378-6649</b>	352-629-9595	<b>352-629-0137</b>	<b>352-369-8100</b>	352-369-8185
ORANGE	407-514-1800	800-273-8255	<b>407-858-1400</b>	407-836-8960	407-836-9151
OSCEOLA	<b>407-514-1800</b>	800-273-8255	407-343-2000	407-343-2000	407-742-9000
PASCO	<b>727-570-9696</b>	800-273-8255	727-619-0300	<b>727-847-8959</b>	<b>813-929-2750</b>
PINELLAS	<b>727-570-9696</b>	800-273-8255	727-824-6900	<b>727-464-3800</b>	<b>727-464-5550</b>
POLK	813-740-3888	800-273-8255	<b>863-519-7900</b>	<b>863-534-5600</b>	863-298-7000
PUTNAM	<b>352-378-6649</b>	800-346-6185	<b>386-326-3200</b>	386-329-0379	386-329-0379
SEMINOLE	407-514-1800	<b>800-273-8255</b>	<b>407-665-3000</b>	407-665-5102	407-665-5102
SUMTER	<b>352-378-6649</b>	<b>352-628-5020</b>	352-569-3102	<b>352-569-6000</b>	<b>352-689-4400</b>
SUWANNEE	<b>352-378-6649</b>	800-346-6185	386-362-2708	<b>352-364-3405</b>	<b>352-364-3405</b>
UNION	<b>352-378-6649</b>	<b>352-463-3410</b>	<b>386-496-3211</b>	<b>386-496-3211</b>	386-496-4300
VOLUSIA	<b>904-391-6600</b>	<b>800-273-8255</b>	386-274-0500	866-600-9416	<b>386-254-1500</b>

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## Community Resource Information

AGENCY / SERVICE	WEBSITE	PHONE NUMBER
AARP	www.aarp.org	888-687-2277
ABUSE HOTLINE (FLORIDA)	www.reportabuse.dcf.state.fl.us	800-962-2873
AIDS/HIV HOTLINE	www.hrsa.gov	800-352-AIDS
ASTHMA AND ALLERGY FOUNDATION	www.aafa.org	800-727-8462
ALS ASSOCIATION	www.alsa.org	888-257-1717
ALZHEIMER ASSOCIATION	www.alz.org	800-272-3900
AMERICAN DIABETES FOUNDATION	www.diabetes.org	800-342-2383
AMERICAN CANCER SOCIETY	www.cancer.org	800-227-2345
AMERICAN HEART ASSOCIATION	www.heart.org	800-242-8721
AMERICAN KIDNEY FOUNDATION	www.kidney.org	800-622-9010
AMERICAN LUNG ASSOCIATION	www.lungusa.org	800-586-4872
AMERICAN PARKINSON ASSOCIATION	www.apdaparkinson.org	800-223-2732
AMERICAN RED CROSS (Disaster and Emergency Assistance)	www.redcross.org	800-733-2767
AMERICAN SLEEP ASSOCIATION	www.sleepapnea.org	888-293-3650
ARTHRITIS FOUNDATION	www.arthritis.org	800-283-7800
COPD FOUNDATION	www.copdfoundation.org	866-316-2673
DEAF ASSOCIATION Relay Service ZVRS 711 Relay Service	www.nad.org	888-888-1116 "711"
FEMA - (Federal Emergency Management Agency)	www.fema.gov	800-621-3362
FLORIDA COALITION AGAINST DOMESTIC VIOLENCE	www.fcadv.org	800-500-1119
FLORIDA DEPARTMENT OF ELDER AFFAIRS	www.elderaffairs.state.fl.us	800-963-5337
FLORIDA DEPARTMENT OF HEALTH	www.doh.state.fl.us	850-245-4444
FLORIDA DEPARTMENT OF INSURANCE REGULATION	www.floir.com	850-413-3140
FLORIDA EMERGENCY MANAGEMENT	www.floridadisaster.org	850-815-4000
GUIDE DOG FOUNDATION FOR THE BLIND	www.guidedog.org	800-548-4337
MEALS ON WHEELS	www.mowaa.org	888-998-6325
MEDICAID FRAUD AND ABUSE	www.abca.myflorida.com	888-419-3456
MEDICARE FRAUD	www.medicare.gov	800-447-8477
MULTIPLE SCLEROSIS SOCIETY	www.nationalmssociety.org	800-344-4867
NATIONAL HURRICANE CENTER	www.nhc.noaa.gov	N/A
POISON CONTROL HOTLINE	www.aapcc.org	800-222-1222
PULMONARY FIBROSIS FOUNDATION	pulmonaryfibrosis.org	888-733-6741
SENIOR PLACEMENT SERVICES	www.ssa.gov	800-772-1213

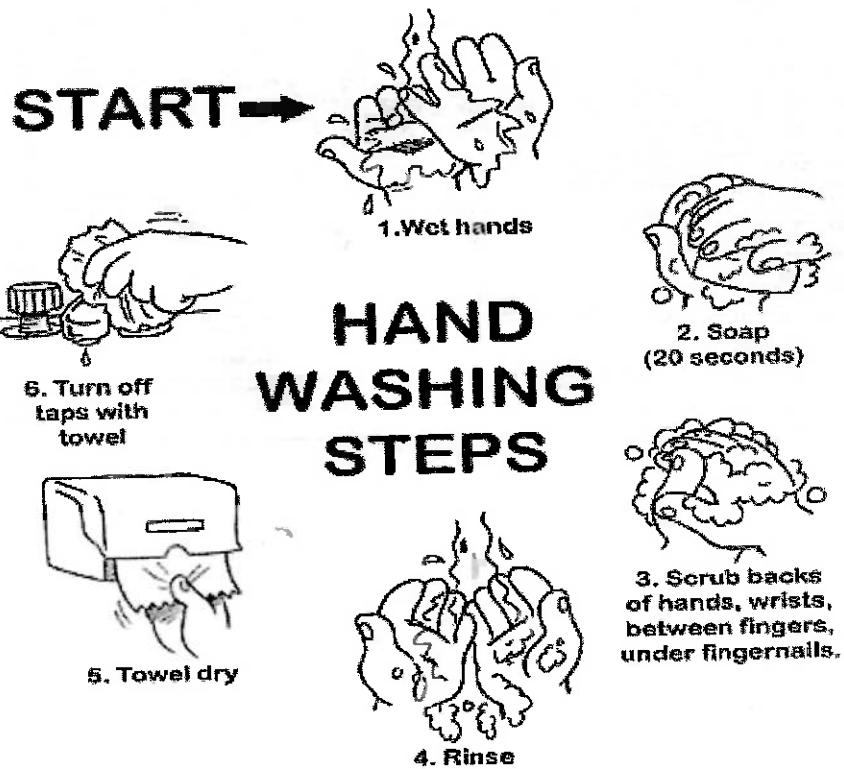
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## HAND WASHING

Frequent and proper hand washing can prevent the spread of germs and infection in your home environment. Follow the directions below when washing your hands.

### PROPER HAND WASHING TECHNIQUE

1. Wet your hands with warm, running water.
2. Apply liquid or clean bar soap.
3. Rub your hands together vigorously for at least 20 seconds.
4. Scrub all surfaces including the backs of your hands, wrists, between your fingers and under your fingernails.
5. Rinse well. Make sure the water is running from your wrists down to your fingers.
6. Dry your hands with a clean towel.
7. If you are in a public restroom, let the water run when you finish rinsing your hands. After your hands are dry use the paper towel to turn off the faucet.





## OXYGEN SAFETY AND FIRE SAFETY



What you and your family should know:

- o **DO NOT** Smoke – Oxygen and Smoking is Dangerous
- o **No one should smoke in the home**
- o **Do not use candles, matches or gas powered lanterns**
- o **Keep oxygen system and oxygen tubing 10 feet away from any heat source**
- o **Keep flammable material away from any oxygen source**
- o **Have a "NO SMOKING" sign in view at all times**
- o **Have a least one working "smoke detector" and test it monthly**
- o **Have a fully charged "fire extinguisher" and check it monthly**
- o **Oxygen should be used and stored in a well ventilated area**
- o **DO NOT store oxygen cylinders under a bed, in a closet or behind curtains**
- o **Greasy / Oily hands should be washed before handling oxygen**
- o **DO NOT use Petroleum Jelly; Oil Based Skin Lotions; Hair Spray; Nail Polish; Nail Polish Remover and Aerosol Sprays**
- o **Never place oxygen tubing under clothing, bedding, carpets or rugs**
- o **Oxygen Cylinders should be in stands or carts. All cylinders not in a stand or cart should be placed on their side in a well ventilated area**
- o **Do not store or transport oxygen cylinders in the trunk of a vehicle**
- o **If you go out to a restaurant, family or friends home be aware of smokers around you, candles burning or any other flammable source**
- o **Using oxygen increases the risk of fires and fires will burn hotter and faster**
- o **Have at least two ways out of your home and everyone should be familiar with the routes**
- o **Practice your emergency escape plan at least twice a year**

Common Causes of Household Fires:

- o **Smokers using oxygen**
- o **Careless smokers**
- o **Candles or Incense burning and left unattended**
- o **Cooking utensils left on a hot stove unattended**
- o **Improper use of extension cords**
- o **Overloaded electrical outlets**
- o **Improper placement and use of electric space heaters**
- o **Improper use or malfunctioning BBQ grill**

## FALL PREVENTION

Falling is the most frequently reported accident at home  
Ways to Reduce Your Chances of Falling

### AROUND YOUR HOME

#### Bathrooms

- o Consider installing a raised toilet seat
- o Consider installing grab bars inside the bath; shower area and next to the toilet
- o Shower and Tub floors should have non-skid surfaces (mats or strips)

#### Floors

- o Secure loose rugs and mats with carpet tape
- o Keep the areas where you walk free of clutter, electrical cords, telephone cords and small objects
- o Repair holes or tears in carpeting
- o Avoid waxing wooden floors

#### Lighting

- o Keep night lights on in hallways, bedrooms and bathrooms
- o Have flashlights in convenient locations
- o Turn on a light before entering a room in your house
- o Make sure you can turn on a light while in bed, before getting up

#### Kitchen

- o Items should be kept on lower shelves
- o Do not stand on a chair to reach anything

#### Stairs

- o Handrails should be installed in all stairways
- o Stairs should be well lit
- o Stairs should have non-skid surfaces

### PERSONAL HABITS

- o Find out if medications might make you feel dizzy, unsteady or drowsy
- o Consider using a cane or walker
- o Don't walk with only socks on your feet
- o Wear shoes that are supportive with non-slippery soles
- o Don't have more than two alcoholic drinks per day
- o Take time to make sure your balance is steady before sitting up or standing
- o Avoid rushing to answer the phone or door

### EMERGENCIES

- o Consider getting an Emergency Alert System that has an alert button that you wear around your neck or wrist
- o Make sure you can easily reach a phone

### ARE YOU AT RISK FOR FALLING? TAKE THE HENDRICH II FALL RISK ASSESSMENT

Confusion or Disorientation	= 4	Depression	= 2
Vertigo or Dizziness	= 1	Bladder or Bowel Urgency	= 1
Use your arms to get out of a chair or		(Gender) - Male	= 1
Require assistance from another person	= 2 - 4*		
*the more attempts need the higher the score			
Take the following medication			
Xanax or Alprazolam	= 1	Librium	= 1
Klonopin or Clonazepam	= 1	Valium or Diazepam	= 1
Dalmane	= 1	Ativan or Lorazepam	= 1
Serax or Oxazepam	= 1	Restoril or Temazepam	= 1
Tegratol or Carbamazepine	= 2	Felbatol	= 2
Neurontin or Gabapentin	= 2	Phenobarbital	= 2
Dilantin or Phenytoin	= 2	Valproic Acid or Depakote	= 2

**TOTAL = \_\_\_\_\_ (Total of 5 or Greater = High Risk) - Contact Your Physician**

## OXYGEN TANK DURATION CHART

### Using Regulator:

LPM	"H" TANK	"E" TANK	"D" TANK	"C" TANK	"B" TANK	"B" TANK Conserve Flow	HELIOS PLUS Portable	HELIOS Marathon Conserve Flow	HELIOS Marathon Continuous Flow
1/4	16 Days	30 Hrs	16 Hrs	10 Hrs	6 Hrs	/	/	/	/
1/2	8 Days	17 Hrs	10 Hrs	6 Hrs	5 Hrs	/	/	/	/
1	4 Days	8 Hrs	5 Hrs	3.25 Hrs	2.75 Hrs	10 Hrs	13 Hrs	20 Hrs	10.5 Hrs
2	2 Days	4.5 Hrs	3.5 Hrs	2.0 Hrs	1.35 Hrs	6.25 Hrs	10 Hrs	18 Hrs	5.5 Hrs
3	33 Hrs	3.5 Hrs	2.25 Hrs	1.25 Hrs	.75 Hrs	4.75 Hrs	6.5 Hrs	11 Hrs	3.5 Hrs
4	25 Hrs	2.75 Hrs	1.75 Hrs	1.03 Hrs	.50 Hrs	4 Hrs	5 hrs	/	2.5 Hrs
5	20 Hrs	2.25 Hrs	1.5 Hr	.75 Hrs	.25 Hrs	3 Hrs	/	/	2 Hrs
6	16 Hrs	1.75 Hrs	/	/	/	/	/	/	1.5 Hrs

NOTE: All Times Shown Are Based On A "FULL" Tank (2,000 psi)

### How to use this table:

1. Look up the LPM (liters per minute) you are using on the table above
2. Identify the type / size of oxygen system you are using
3. From the table above you will be able to determine how many hours your oxygen will last

## OCD CYLINDER DURATION CHART

### Using Conserving Device (Pulse Dose)

Flow Rate LPM	ML-6 Cylinder	"C" Cylinder	"D" Cylinder	"E" Cylinder
.5	17.2 hours	24.2 hours	41.9 hours	68.9 hours
.75	11.4 hours	16.2 hours	28.0 hours	45.9 hours
1.0	8.6 hours	12.1 hours	21.0 hours	34.4 hours
1.5	5.7 hours	8.1 hours	14.0 hours	23.0 hours
2.0	4.3 hours	6.1 hours	10.5 hours	17.2 hours
2.5	3.4 hours	4.9 hours	8.4 hours	13.8 hour
3.0	2.9 hours	4.0 hours	7.0 hours	11.5 hours
3.5	2.4 hours	3.5 hours	6.0 hours	9.8 hours
4.0	2.1 hours	3.0 hours	5.2 hours	8.6 hours
5.0	1.7 hours	2.4 hours	4.2 hours	6.9 hours
6.0	1.4 hours	2.0 hours	3.5 hours	5.8 hours

Note: Usage times for conserving devices vary depending upon cylinder size, device type, and patient. This chart is meant to be a general guide only; your actual usage times may vary.



## Complaint Process

### Process:

1. The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to upper management. These complaints will be documented in the Complaint Book, and completed forms will include the patient's name, address, telephone number, and health insurance claim number; a summary of the complaint; the date it was received; the name of the person receiving the complaint; and a summary of actions taken to resolve the complaint.
2. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by an Oxylife employee within five days after receipt of the complaint. If there is no satisfactory resolution of the complaint, the President will be notified.
3. A written follow up of the resolution will be sent to the customer within 14 days of the occurrence.
4. The patient will be informed of this complaint resolution protocol at the time of service. The patient will be advised if the situation requires feedback.



## How to Report Fraud, Waste and Abuse

### To Report to Oxylife:

Please call 866-732-6802 or write to Oxylife Respiratory Services, LLC at 6405 SW 38th St., Bldg 100 #101-104, Ocala, FL 34474. Ask for a manager.

### To Report to Medicare:

Contact the Office of the Inspector General at the agency of Health Care Administration (AHCA) by phone at 800-HHS-TIPS, by fax at 800-223-2164, or by mail at Office of Inspector General, HHS TIPS Hotline, PO Box 23489, Washington, DC 20026. You may also call 800-633-4227.

### To Report to Medicaid:

Contact the office of the Attorney General at the agency of Health Care Administration (AHCA) by phone at 866-966-7226, or write Medicaid Program Integrity Unit at 2727 Mahan Drive, MS #6, Tallahassee, FL 32308. Phone 888-419-3456 or file a complaint online at <http://myfloridalegal.com>.