**SECTION FIVE**

# *Patient and Family/Caregiver Education*

###### Policy No.

###### [Patient Education Process](#PatientEducationProcess) H:5-001

###### [Safe/Effective Use of Medications](#SafeEffectiveUseOfMedications) H:5-002

###### [Pain Management Education](#PainManagementEducation) H:5-003

###### [Safe/Effective Use of Equipment and Supplies](#SafeEffectiveUseOfEquipmentAndSupplies) H:5-004

###### [Basic Home Safety](#BasicHomeSafety) H:5-005

###### Addendum: [Fall Reduction Program](#FallReductionProgram)\* H:5-005.A

###### [Rehabilitation Techniques](#RehabilitationTechniques) H:5-006

###### [Storage, Handling, and Access to Supplies and Gases](#StorageHandlingAndAccessToSuppliesAndGas) H:5-007

###### [Identification, Handling, and Disposal of Hazardous Waste](#IdentificationHandlingDisposalHazardous) H:5-008

###### [Infection Control Precautions](#InfectionControlPrecautions) H:5-009

###### [Natural Disasters/Emergencies](#NaturalDisastersEmergencies) H:5-010

###### Addendum: [Guidelines for Emergency Management](#GuidelinesForEmergencyManagement)\* H:5-010.A

###### [Appropriate Use of Restraints and Supplies](#AppropriateUseOfRestraintsAndSupplies) H:5-011

###### [Signs and Symptoms of Approaching Death](#SignsAndSymptomsOfApproachingDeath) H:5-012

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# PATIENT EDUCATION PROCESS

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-001.1

### PURPOSE

To provide guidelines for giving specific instruction and information to patients and family/ caregivers regarding hospice services.

### POLICY

Patients and family/caregivers will receive education in verbal, visual, and written format, as appropriate. The scope of teaching will be determined by the assessed needs, abilities, learning preferences, and readiness to learn of the patient and family/caregiver, as well as by the plan of care. Education will be the responsibility of each interdisciplinary group member and will focus on, as appropriate:

* 1. Facilitating the patient’s and family/caregiver's understanding of his/her health status, health care options, and consequences of options
  2. Encouraging patient participation in decision‑making about health care options
  3. Increasing patient and family/caregiver potential to follow the plan of care
  4. Maximizing care skills of the patient and family/caregiver
  5. Increasing the patient’s and family/caregiver's ability to cope with the health status, prognosis, and outcomes
  6. Enhancing the patient’s and family/caregiver's role in continuing care
  7. Promoting a healthy lifestyle
  8. Maintaining the patient’s and family/caregiver's health status
  9. Assisting the patient’s and family/caregiver's ability to cope with hospice care and the patient's impending death
  10. Pain and symptom management

### PROCEDURE

* 1. As part of the comprehensive assessment, the following will be assessed and included in the plan of care, as appropriate:
     1. The atmosphere for conducive learning

## Policy No. H:5-001.2

* + 1. The pertinent information needed by the patient and family/caregiver in relation to the care being rendered
    2. The level of knowledge of the patient and family/caregiver in relation to the diagnoses, plan of care, required activities by patient and family/caregiver, lifestyle changes, etc.
    3. The ability and readiness of the patient and family/caregiver to learn
    4. Cultural and religious practices that might affect learning
    5. Emotional barriers that might affect learning
    6. Desire and motivation to learn
    7. Physical and/or cognitive limitations, as well as communication and language barriers to learning
  1. Based on the above, the comprehensive assessment will be used as the basis for planning patient and family/caregiver education. In the event that any barriers to learning exist, these barriers, as appropriate, will be discussed with the patient and family/caregiver as well as the Clinical Supervisor. If they cannot be overcome, the patient's physician will be contacted.
  2. When appropriate, the clinician will use preprinted, hospice-approved patient teaching handouts. When not available, the clinician will, if needed, identify available written or visual materials to aid in the education process.
  3. If a patient's condition prevents him/her from participating in instruction, family/caregivers will receive the information/instruction.
  4. If a patient lives alone and there is no one able or willing to receive the instruction, the physician will be informed, and this information will be documented in the clinical record.
  5. Unless otherwise ordered by the physician (or other authorized licensed independent practitioner), the patient and family/caregiver will receive verbal, and as appropriate, written instructions on:
     1. Hospice philosophy and the nature of palliative care
     2. The patient’s disease process and prognosis
     3. The medical regimen
     4. Medication management and administration
     5. Food and drug interactions

## Policy No. H:5-001.3

* + 1. Nutrition interventions, modified diets, and oral health
    2. Prescribed treatments
    3. Pain management
    4. Consequences of noncompliance
    5. Basic home safety
    6. Personal hygiene and grooming
    7. Infection prevention and control
    8. Safe, effective use of equipment and supplies
    9. Environmental and mobility safety
    10. Emergency preparedness
  1. Documentation of patient and family/caregiver education will consist of:
     1. Describing what was taught to the patient (if using preprinted materials, document the name of the handout)
     2. Describing the patient’s response to the teaching, including the level of understanding and the ability to repeat or demonstrate what was taught
     3. Describing any additional learning needs not currently met
     4. Describing teaching planned for subsequent visits
  2. When applicable and available, audiotapes, videotapes, books, booklets, etc. will be made available to patients to assist in the educational process.
  3. Community resources will be accessed, as appropriate and available, based on patient and family/caregiver needs.
  4. Patient and family/caregiver education will be interdisciplinary and interactive as appropriate to the plan of care. At interdisciplinary group meetings, patient education and learning needs/processes will be discussed by all clinicians involved with the care.
  5. The patient’s and family/caregiver’s knowledge, skills, and behaviors will be assessed during hospice visits. Re‑education, when appropriate, will be provided.
  6. Individual needs and learning styles will be evaluated when identifying appropriate methods and resources for patient education.

# SAFE/EFFECTIVE USE OF MEDICATIONS

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-002.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding the safe, effective use of medication.

To promote correct administration of medication by patients and family/caregivers.

### POLICY

Patients and family/caregivers will receive information regarding the safe and effective use of medications, in accordance with applicable hospice policies.

Ohio Living Home Health & Hospice will encourage patient and family/caregiver participation in his/her own hospice care and will explain the correct administration of medications by the patient or family/caregiver, as ordered by the attending physician (or other authorized licensed independent practitioner) or purchased over the counter. Teaching will also include the safe storage of medications.

### PROCEDURE

* 1. As part of the comprehensive assessment, the patient and family/caregiver will be assessed as to their knowledge and skill required for safe and effective use of medications.
  2. The components of the medication assessment used to determine patient and family/caregiver knowledge and skill related to medication administration will include, but not be limited to:
  3. Name, dosage, route, duration, time, and usage of medication, intended use as well as expected actions of drug therapy
  4. Preparation, self-administration, and use of medication, including over-the-counter products
  5. Safeguards against contamination
  6. Compounding and administration techniques (if applicable)
  7. Significant side effects, adverse reactions/interactions (including drug-to-drug and drug–food interactions) as well as contraindications and how to avoid and respond to such factors

## Policy No. H:5-002.2

* 1. Self‑monitoring of drug therapy
  2. Proper storage and expiration dating of medications
  3. Refill information
  4. Actions to take in the event of a missed dose
  5. Proper disposal of unused or expired medications, especially controlled substances/Schedule II drugs
  6. Other information, as applicable
  7. Based on the assessment(s), the clinician will review written hospice information available for patient and family/caregiver instruction.
  8. Using the written information, the clinician will review the key points required, based on patient knowledge and skills, as well as identified needs. This may include:
  9. Teaching the patient the purpose and side effects of medications, and the patient’s role in identifying and preventing medication errors.
  10. Assisting the patient in setting up medications for the first time.
  11. Assessing the patient's ability to self-administer medications correctly, and document the patient’s response and comprehension.
  12. Answering questions/concerns expressed by the patient and family/caregiver regarding patient's self-administration of medications.
  13. Instructing the patient and family/caregiver regarding safe storage of medications:
      1. Medications should be stored separately from other poisonous drugs and chemicals.
      2. Medication should be removed from storage during instruction and administration times.
      3. Medications should be kept out of the reach of children, pets, and confused or   
         disoriented patients.
      4. The nurse will plan with the patient and family/caregiver for the safe, therapeutic storage of drugs during the assessment process.
      5. Drugs requiring refrigeration should be stored inside the refrigerator.

## Policy No. H:5-002.3

* + 1. Urine testing and other diagnostic materials should be stored away from all medications, heat, light, and moisture.
  1. The clinician will include information, when appropriate, regarding poison control center numbers, allergies, pharmacy numbers, and emergency actions.
  2. Documentation of patient and family/caregiver instruction in the clinical record will include:
  3. Information taught
  4. Patient and family/caregiver understanding
  5. Return demonstrations
  6. Response to teaching
  7. Updating medication profile

# PAIN MANAGEMENT EDUCATION

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-003.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding identification and management of pain.

### POLICY

Patients and family/caregivers will receive information regarding pain and the management of pain as an integral part of hospice care. (See “[Pain Assessment](#PainAssessment)” Policy No. H:2-050.)

### PROCEDURE

1. The clinician will identify patients with pain or who are at risk for pain during each patient assessment.
2. The patient and family/caregiver will receive verbal or written instructions, as appropriate, regarding:
   1. The pain process
   2. The risk for pain
   3. The pain assessment process
   4. The importance of effective pain management
   5. Methods for pain management, when identified as part of treatment
   6. Potential limitations of pain management modalities
   7. Side effects of pain treatment
3. Documentation of patient and family/caregiver instruction and understanding in the clinical record will include:
   1. Information taught
   2. Patient and family/caregiver understanding
   3. Response to teaching
   4. Additional learning needs

# SAFE/EFFECTIVE USE OF

# EQUIPMENT AND SUPPLIES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-004.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding the safe, effective use of medical equipment and/or supplies.

### POLICY

Patients will receive information regarding the safe and effective use of home medical equipment (HME) in accordance with applicable hospice policies including, but not limited to, “Safe and Appropriate Use of Medical Equipment and Supplies” (see Policy No. C:2-069) and “Medical Equipment Malfunction” (see Policy No. C:2-071). When medical equipment is supplied by another organization, hospice personnel will be supportive in the patient teaching role.

### PROCEDURE

1. As part of the comprehensive assessment, the patient will be assessed as to the medical equipment being used within the home. Included in the assessment is the identification of the home medical equipment (HME) company providing the equipment and any patient instruction materials left in the home.
2. The clinician will, through interview and observation, determine patient and family/caregiver level of understanding in the use of the equipment and supplies ordered for care.
3. If the patient and family/caregiver have identified knowledge and skill deficits regarding the use of the HME or supplies and the Case Manager has a sound knowledge base regarding the equipment or supplies, the Case Manager will provide additional instruction to the patient and family/caregiver.
4. If the patient and family/caregiver have identified knowledge and skill deficits regarding the use of the HME and the Case Manager does not have a sound knowledge base regarding the equipment, the Case Manager will contact the HME company to further instruct the patient and family/caregiver.
5. Hospice will maintain generic patient teaching tools from the company for common pieces of HME found in the home, including but not limited to:
   1. Oxygen

## Policy No. H:5-004.2

* 1. Humidifiers
  2. Oxygen concentrators
  3. Oxygen cylinders
  4. Suction machines
  5. Mechanical lifts
  6. Trapeze bars
  7. Pressure pads/pumps
  8. TENS units
  9. Canes, walkers, wheelchairs
  10. Hospital beds
  11. Lift chairs
  12. Bathroom aids

1. Specific operational information related to these items will be obtained from the company providing the equipment. This will include such information as:
   1. Basic purpose and description of the equipment
   2. Basic operating instructions
   3. Troubleshooting
   4. Safety precautions and warnings
   5. Cleaning and/or disinfecting
   6. Infection control precautions as applicable
   7. Backup equipment and accessories, if applicable
   8. Emergency plans, when applicable
   9. Correct use of the equipment

## Policy No. H:5-004.3

* 1. Checklists, when appropriate
  2. Maintenance to be performed by patient
  3. Storage and/or transport of equipment

1. If equipment operation has not been explained to the patient by the HME company the hospice clinician will provide or arrange education or contact the company to provide further information and/or instruction, as needed.
2. Documentation of patient and family/caregiver instruction in the clinical record will include:
   1. Information taught
   2. Patient and family/caregiver understanding
   3. Return demonstrations
   4. Response to teaching

# BASIC HOME SAFETY

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-005.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding basic home safety.

### POLICY

Patients will receive information regarding basic home safety in accordance with applicable hospice policies including, but not limited to, “Environmental Safety—Patient” (see Policy No. C:2-065) including:

1. Fire response
2. Electrical safety
3. Environmental and mobility safety
4. Bathroom safety

### PROCEDURE

1. As part of the comprehensive assessment, the patient's home will be assessed for potential hazards.
2. Based on the results of that assessment, the patient and family/caregiver learning needs   
   will be identified.
3. Using the assessment, written and verbal information appropriate to the patient's environment will be used as a basis for patient instruction.
4. The information that will be reviewed with every patient will include, as indicated:
5. *Fire safety* –Smoking, smoke detectors, fire escape route, burns, electric blankets, heating pads, oxygen therapy precautions, space heaters, cooking safety, and flammable liquids.
6. *Electrical safety* –Extension cords, electrical cords, overloaded circuits, outlets, light bulbs, grounding, and electrical appliances.

## Policy No. H:5-005.2

1. *Environmental and mobility safety* –Fall prevention techniques, wheelchair safety, walker safety, exits/passageways, use of handrails, loose carpets, stairway safety, adequate lighting, emergency medical plan, disaster plan. (See “Fall Reduction Program” Policy No. H:5-005.A.)
2. *Bathroom safety –Nonskid mats, s*lippery surfaces, grab bars, water temperature
3. During subsequent home visits, clinicians will continually assess the patient and family/caregiver compliance to home safety and re-instruct when safety issues surface.
4. Documentation of patient and family/caregiver instruction in the clinical record will include:
5. Information taught
6. Adaptations made to the environment
7. Patient and family/caregiver understanding
8. Return demonstrations in use of equipment, if appropriate
9. Response to teaching
10. Additional learning needs

##### ADDENDUM H:5-005.A

##### Fall Reduction Program

*Reference*

[*http://www.champ-program.org/*](http://www.champ-program.org/)

**Fall Reduction Program**

Following are guidelines included in the Ohio Living Home Health & Hospice Fall Reduction program. This list is a guideline and is not all-inclusive.

**Definition**

*Fall-* A fall is defined as a movement downward, typically rapidly and freely without control, from a higher to a lower level. Falls can be either witnessed or unwitnessed and may require a physician’s order.

**Procedure**

1. All falls (witnessed and unwitnessed) will be reported to the patient’s attending physician.
2. Falls will be tracked through the agency QAPI program to for data collection, analysis, and trending.
3. Incident reports will be completed as appropriate
4. Patient/family education is included in the Patient Family Guide given at the time of admission
5. EMR tool will be utilized to determine fall risk. Fall risk assessment tool will be used at the time of admission, condition changes and with re-certification
6. Patient/family will receive fall prevention education at the time of admission and document education in the EMR
7. As part of the comprehensive assessment, the patient and family/caregiver will be assessed for knowledge regarding fall prevention
8. Hospice staff will reeducate patient/family on an ongoing basis about fall prevention and document education in the EMR

Staff education about the Fall Prevention Program will be provided at orientation and as needed. Education will include but is not limited to:

1. Major risk factors for falling, such as taking certain classes of medications, vision issues, and strength and balance deficits
2. How to perform a fall risk assessment
3. How to plan and implement the correct interventions based on the assessment results
4. When to appropriately refer to other disciplines
5. How to complete incident reports for patient falls reporting

# REHABILITATION TECHNIQUES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-006.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in habilitation or rehabilitation techniques to facilitate adaptation and/or functional independence.

#### Definitions

1. *Habilitation*: Educational, medical, social, and other measures undertaken for individuals born with limited functional abilities.
2. *Rehabilitation:* The combined and coordinated use of educational, medical, social, and vocational measures for training or retraining individuals disabled by disease or injury. The goal is to enable individuals to achieve their highest possible level of functional ability.

### POLICY

Patients will receive, when appropriate, information and instructions regarding habilitation or rehabilitative techniques in accordance with applicable Ohio Living Home Health & Hospice policies

### PROCEDURE

* 1. As part of the comprehensive assessment, the patient will be assessed regarding functional limitations that need to be addressed to ensure adaptation to the home environment.
  2. The functional assessment will include, but not be limited to, activities of daily living:
  3. Dressing
  4. Feeding
  5. Hygiene
  6. Activity/exercise
  7. Homemaking/housekeeping
  8. Toileting/elimination

## Policy No. H:5-006.2

* 1. Based on the assessment, a physician's (or other authorized licensed independent practitioner’s) order will be obtained, and a referral will be made to physical, speech, and/or occupational therapy, as needed and if appropriate.
  2. The patient’s physical status and functional abilities will be evaluated by a rehabilitation professional before instruction and treatment is initiated.
  3. The therapists, when involved in the care of the patient, will be responsible for instructing the patient in habilitation or rehabilitation techniques in response to identified needs. When a therapist is not involved in the care, the Case Manger will be responsible.
  4. Verbal and/or written information regarding habilitation or rehabilitation techniques will be provided to the patient and family/caregiver, based on their ability to adapt to their environment.
  5. Information regarding potential benefits and risks of habilitation or rehabilitation services will be provided to the patient in order to make an informed decision regarding services and treatment.
  6. Documentation of patient and family/caregiver instruction in the clinical record will include:
     1. Information taught
     2. Adaptations made to the environment
     3. Patient and family/caregiver understanding
     4. Return demonstrations in use of rehabilitation equipment, if appropriate
     5. Response to teaching
     6. Additional learning needs

# STORAGE, HANDLING, AND ACCESS

# TO SUPPLIES AND GASES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-007.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in storage, handling, and access to supplies and medical gases.

### POLICY

Patients will receive, when appropriate, information and instruction regarding storage, handling, and access to supplies and medical gases, in accordance with applicable Ohio Living Home Health & Hospice policies.

#### Definitions

1. *Medical Equipment:* An assistive device or piece of equipment used by hospice personnel and patient and family/caregiver to meet the patient's needs, such as wheelchairs, walkers, canes, lifts, and monitors.
2. *Home Care Supplies:* Those disposable items used by hospice personnel and patients and family/caregivers to meet the patient's needs, such as sterile dressings, syringes, catheters, tubing, and gloves.
3. *Oxygen and Related Equipment:* Any equipment used to deliver the gas to the patient, such as oxygen tank and tubing.

### PROCEDURE

* + - 1. As part of the comprehensive assessment, the patient will be assessed as to any medical gases and/or sterile supplies to be used in the home setting, as well as the name of the home medical equipment company providing such service/equipment.
      2. The selection, delivery, setup, initial instruction, and maintenance of home medical equipment are the responsibility of the equipment company.
      3. The initial home assessment will include, but not be limited to:
         1. Use of oxygen and oxygen-related equipment, including medical gas cylinders
         2. The areas where medical gases are stored
         3. The environment, including temperature where gases are stored

## Policy No. H:5-007.2

* + - * 1. Use of sterile supplies related to care being provided by hospice
      1. At the start of care or whenever supplies are initially utilized, the patient and family/caregiver using supplies (sterile and non‑sterile) will designate an appropriate area in the home for storage.
      2. The patient and family/caregiver will be instructed, as applicable, on:
         1. Storage of medical gases in a stable, ventilated, protected area
         2. Protection from heat extremes
         3. Safe filling of portable oxygen units
         4. Proper handling of sterile supplies
         5. Response to emergency situations and/or accidents in the home
         6. Delivery of and access to supplies
      3. Documentation of patient and family/caregiver instruction in the clinical record will include:
         1. Information taught
         2. Adaptations made to the environment
         3. Patient and family/caregiver understanding
         4. Return demonstrations in use of medical equipment and/or supplies, if appropriate
         5. Response to teaching
         6. Additional learning needs

# IDENTIFICATION, HANDLING, AND DISPOSAL

# OF HAZARDOUS WASTE

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-008.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in the identification, handling, and disposal of hazardous materials and wastes.

### POLICY

The patient and family/caregiver will receive, when appropriate, information and instruction regarding the identification, handling, and disposal of hazardous materials and wastes, in accordance with applicable Ohio Living Home Health & Hospice policies including, but not limited to, “Hazardous Waste Handling” (see Policy No. C:2-053), “Contaminated Materials Disposition” (see Policy No. C:2-051), “Contaminated Waste Disposal” (see Policy No. C:2-052), and “Communication of Hazards to Personnel” (see Policy No. C:2-059).

### PROCEDURE

1. As part of the comprehensive assessment, the patient will be assessed for educational needs related to the identification, handling, and disposal of hazardous materials and wastes.
2. The assessment will include, but not be limited to:
   1. The potential need for and use of puncture-resistant needle containers
   2. The potential need for and use of bags for soiled dressing/linens
   3. The potential need for and use of gloves and protective clothing
3. The assessment will include the appropriate actions for both hospice personnel and the patient and family/caregiver while receiving hospice services.
4. The patient who has the potential for handling and disposing of hazardous materials will receive information on OSHA's bloodborne pathogens standards, as well as hospice home safety information that addresses hazardous waste in the home setting.
5. The materials will be reviewed initially with the patient and family/caregiver to assess their understanding of the actions to be taken to protect themselves. Completion of this instruction and full understanding are necessary prior to the patient and family/caregiver assuming care and performing interventions, which may put them at risk.

## Policy No. H:5-008.2

1. On subsequent visits, the Case Manager will observe the patient and family/caregiver performing appropriate care activities using information learned. Failure to perform activities according to accepted standards will result in re‑instruction.
2. Documentation of patient and family/caregiver instruction in the clinical record will include:
3. Information taught
4. Adaptations made to the environment
5. Patient and family/caregiver understanding
6. Return demonstrations in use of equipment/procedures, if appropriate
7. Response to teaching
8. Additional learning needs

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# INFECTION CONTROL PRECAUTIONS

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-009.1

### PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in infection control precautions.

### POLICY

The patient and family/caregiver will receive, when appropriate, information and instruction regarding infection control precautions, in accordance with applicable Ohio Living Home Health & Hospice policies including, but not limited to “Standard Precautions” (see Policy No. C:2-046 and “Hand Hygiene” (see Policy No. C:2-048).

### PROCEDURE

* 1. As part of the comprehensive assessment, the patient and family/caregiver will be assessed for knowledge regarding infection control.
  2. Based on the assessment and patient needs, the patient and family/caregiver will receive information and instruction on standard precautions, including such information as:
  3. Hand washing
  4. Protecting skin membranes
  5. Use of antiseptic cleaners
  6. Disposing of sharps in puncture‑resistant containers
  7. Breaking of needles
  8. Food and drink in the patient care area
  9. Transmission of infections
  10. Personal protective equipment
  11. Cleaning and decontamination schedules, if appropriate
  12. Handling of soiled laundry and linen
  13. Emergency responses

## Policy No. H:5-009.2

* 1. When appropriate, the patient and family/caregiver will receive verbal and written information on standard precautions.
  2. The use of standard precautions must be demonstrated by the patient and family/caregiver prior to them assuming responsibility for care.
  3. Ongoing assessments will continually address the use of standard precautions.
  4. Documentation of patient and family/caregiver instruction in the clinical record will include:
     1. Information taught
     2. Adaptations made to the environment
     3. Patient and family/caregiver understanding
     4. Return demonstrations in use of equipment, if appropriate
     5. Response to teaching
     6. Additional learning needs

# NATURAL DISASTERS/EMERGENCIES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-010.1

### PURPOSE

To provide guidelines for specific instruction and information for patients and family/caregivers in relation to emergency preparedness and actions to take in the event of a natural disaster and/or emergency.

### POLICY

Patients and family/caregivers will receive information on an emergency management plan during the initial visit. (See “[Guidelines for Emergency Management](#GuidelinesForEmergencyManagement)” Addendum H:5-010.A.)

### PROCEDURE

1. As part of the comprehensive assessment, the patient and family/caregiver will be assessed regarding their emergency management plan for the home, and any special needs will be noted.
2. The patient’s and family/caregiver’s understanding will be assessed on an ongoing basis. Instruction will be in accordance with applicable organization policies, including, but not limited to, “Emergency Management Plan” (see Policy No. C:2-010.)
3. The patient and family/caregiver will be assessed and instructed regarding the components of an emergency preparedness/natural disaster plan that will include, but not be limited to:
   1. Emergency phone access, including ambulance, police, fire, gas, electric, water
   2. Emergency supplies, including food, water, heat, light, day‑to‑day necessities, and needed medical supplies
   3. Disaster follow‑up, including battery-powered access to local radio stations
   4. Procedures to follow if care is disrupted by a natural disaster
   5. Actions to take in preparation and during natural disasters, such as flood, storms or earthquakes
   6. Actions to take in case of fire
   7. Evacuation plans for the home

## Policy No. H:5-010.2

1. Written information will be presented and reviewed, based on patient and family/caregiver knowledge, skills, and identified needs.
2. The Case Manager will document all patient and family/caregiver education information in the clinical notes. Noncompliance and/or lack of understanding will be documented, and a plan for instruction will be developed as part of the plan of care.

##### ADDENDUM H:5-010.A

##### GUIDELINES FOR EMERGENCY MANAGEMENT

##### Severe Weather/Earthquakes

* + 1. Have emergency equipment and medical supplies readily available.
    2. Close all drapes.
    3. Move away from windows.
    4. CLOSE exit doors.
    5. Go to inside room of building with no windows, if available.
    6. Do not enter damaged portions of the building until instructed.
    7. Monitor weather bulletins/radio announcements.
    8. Do not exit building until instructed.

##### REMAIN CALM. DO NOT PANIC.

##### Floods

*(Flood warnings, alerts, or an actual flood)*

#### Precautions before the flood:

1. Make sure emergency supplies and equipment are readily available.
2. Do not touch any electrical equipment unless it is dry.

#### Precautions if evacuation of building is ordered:

1. Travel only routes designated.
2. Do not try to cross a stream or other water areas unless you are sure it is safe.
3. Monitor local radio broadcast.
   1. Watch for fallen trees, live wires, etc.
   2. Watch for washed-out roads, earth slides, broken water lines, etc.
   3. Watch for areas where rivers, lakes, or streams may flood suddenly.

#### After the flood:

1. Do not enter the building until an all-clear has been given.
2. Do not use any open flame devices until the building has been inspected for possible gas leaks.
3. Do not turn on any electrical equipment that may have gotten wet.
4. Shovel out mud while it is still moist.

#### Flash floods:

1. Remember, flash floods can happen without warning.
2. When a flash flood warning is issued, take immediate action.

##### Follow all instructions issued without delay

##### Snow Emergency

*(Snow emergency or winter storms)*

1. Keep a one (1) to two (2) week supply of heating fuel, food, and water on hand in case of isolation at home.
2. Keep your car properly serviced, with snow tires and filled with gas.
3. Keep emergency supplies in the car: container of sand, shovel, windshield scraper, tow chain or rope, flares, blanket and flashlight.
4. Dress appropriately – wear several layers of loose, lightweight, warm clothing, mittens, and winter headgear to cover head and face.
5. Carry a cellular phone (if available).
6. Drive with all possible caution. If caught in a blizzard, seek refuge immediately. Keep car radio on for weather information
7. If your car breaks down—turn flashers on or hang a cloth from the radio aerial; stay in your car. If your car is stuck in snow or traffic jam and car is running, crack windows to prevent carbon monoxide poisoning and keep exhaust pipe free of snow. If engine is not running, you do not need to crack windows.

(See “[Emergency Management Plan](#EmergencyManagementPlan)” Policy No. C:2-010.)

# APPROPRIATE USE OF RESTRAINTS AND SUPPLIES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-011.1

### PURPOSE

To provide guidelines for the instruction of family/caregivers regarding the appropriate, safe, and effective use of patient restraints.

### POLICY

Patients and family/caregivers will receive information regarding the appropriate, safe, and effective use of restraints, alternatives to the use of restraints, and attention to the needs of the patient in restraint. Every effort will be used to avoid restraining patients. A physician’s (or other authorized licensed independent practitioner’s) order is required for the application of any restraint.

#### Definitions

* + - 1. *Restraint:* Any method (chemical or physical) of restricting a patient's freedom of movement, physical activity, or normal access to the body.
      2. *Physical Restraints:* Specially designed devices including: an arm board, side rails on a bed, a wrist or hand restraints, or lap belts. Household materials intended for other purposes can also be used as a restraint, such as a sheet tied around the waist and chair, or a sheet tucked over a person and under the mattress to keep a person in bed.
      3. *Chemical Restraints:* Any drugs that are used to control behavioral symptoms. Behavioral symptoms are actions used when a patient is unable to communicate verbally due to a medical condition, which expresses distress. Some examples of behavioral symptoms include: anger, agitation, screaming, continuous wandering, pacing, repetitive actions, or paranoia.
      4. *Psychoactive Drugs:* The most common drugs that are used as chemical restraints. Psychoactive drugs include major tranquilizers or antipsychotics, sedatives/hypnotics, antidepressants, and minor tranquilizers or anxiolytics, and other drugs used to treat a physical illness that has psychoactive effects.

### PROCEDURE

1. As part of the comprehensive assessment, each patient will be assessed regarding devices or medications being used within the home as restraints.
2. The clinician will, through interview and observation, determine the patient and family/caregiver level of understanding in the appropriate use of the restraint.

## Policy No. H:5-011.2

1. If the patient and family/caregiver have identified knowledge and skill deficits, the Case Manager will provide additional instructions to the patient and family/caregiver, including:
   1. How the device or medication acts as a restraint
   2. Correct and appropriate application of the device or the use of the medication
   3. Attention to the needs of the patient while the device or medication is being used
   4. Any alternatives to the use of the device or medication purely as a restraint
2. Hospice will maintain generic written and pictorial teaching tools for common devices used as physical restraints. These tools will be used whenever the family/caregiver chooses to restrain the patient. The teaching tools will include:
   1. Definition of the restraint
   2. Why family/caregivers choose to use the restraint
   3. The dangers associated with the use of the restraint
   4. Alternatives to using the restraint
3. Teaching materials will be provided for patients and family/caregivers that address the potential for psychoactive medications to be used as chemical restraints. The material may be provided by the pharmacist directly to the family/caregivers or to the hospice nursing personnel to discuss with them during home visits. The materials will include:
   1. The definition of a chemical restraint
   2. The actions and uses for a psychoactive drug
   3. At what point this type of drug is considered a chemical restraint
4. The clinician will assess on an ongoing basis the appropriate use of devices or medications used as restraints. Any suspected abuse/neglect will be reported according to “[Assessment of Possible Abuse/Neglect](#AssessmentofPossibleAbuseNeg)” (see Policy No. H:2-054).
5. Documentation of instruction in the clinical record will include:
6. Information taught
7. Patient and family/caregiver understanding
8. Return demonstrations
9. Response to teaching

# SIGNS AND SYMPTOMS OF APPROACHING DEATH

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-012.1

### PURPOSE

To provide guidelines for recognizing the signs and symptoms of approaching death and taking appropriate action.

### POLICY

Family/caregiver will receive written instructions describing signs and symptoms of approaching death and appropriate actions to take.

### PROCEDURE

|  |  |
| --- | --- |
| Symptoms to Observe | Action to Take |
| 1. The arms and legs may become cool to the touch and you may notice underside of the body becoming much darker in color. | 1. Keep warm blankets on the family member's body to prevent him/her from feeling overly cold. Do not use electric blankets. |
| 1. The patient will gradually spend more and more time sleeping during the day and at times will be difficult to arouse. | 1. Plan your time with your family member for those occasions when he/she seems more alert. |
| 1. The patient may become increasingly confused about time, place, and identity of close and familiar people. | 1. Remind your family member frequently what day it is, what time it is, and who is in the room and talking to him/her. |
| 1. Incontinence (loss of control) of urine and bowel movements is often not a problem until death becomes imminent. | 1. Consult your nurse/aide about buying pads to place under the incontinent patient. |
| 1. Oral secretions may become more profuse and collect in the back of the throat. You may have heard friends refer to a “death rattle.” | 1. Provide a cool mist humidifier to increase the humidity in the room. Elevating the head of the bed with pillows will make breathing easier. Turn the patient often to either side, keeping off of the back. Ice chips, a straw, and cool, moist washcloths will relieve feelings of dehydration. Let the nurse know if this is a significant change. |

## Policy No. H:5-012.2

|  |  |
| --- | --- |
| Symptoms to Observe | Action to Take |
| 1. Clarity of hearing and vision decrease slightly. | 1. Keep lights on in the room when vision decreases and never assume that the patient cannot hear you. Hearing is the last of the five (5) senses to be lost. |
| 1. You may notice your loved one becoming restless, pulling at bed linen, and having visions of people or things which do not exist. | 1. Talk calmly and assuredly with the confused person so as not to startle or frighten him/her further. |
| 1. Your family member will have decreased need for food and drink. | 1. Ask the nurse for a nutrition sheet for information about supplements. |
| 1. During sleep, you may notice breathing patterns change to an irregular pace. This pattern is referred to as periods of “apnea.” | 1. Elevating the head of the bed often relieves the person who has irregular breathing patterns. |

#### How You Would Know Death Has Occurred

1. No breathing
2. No heartbeat
3. Loss of control of bowel and bladder
4. No response to shaking or shouting
5. Eyes fixed on a certain spot or eyelids slightly open
6. Jaw relaxed and mouth slightly open

# COMMUNITY RESOURCES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-013.1

### PURPOSE

To provide guidelines for the use of community resources for patient and family/caregiver education.

### POLICY

Hospice personnel, as well as the patient and family/caregiver, will have access to community resources in the provision of patient education appropriate to patient and family/caregiver needs.

### PROCEDURE

1. Hospice will maintain a list of community resources and appropriate contacts that have patient education materials available for use in the hospice setting.
2. Resources available may include, but not be limited to:
   1. American Diabetic Association
   2. American Heart Association
   3. American Lung Association
   4. Cancer Society
   5. Drug and pharmaceutical companies
   6. National groups supporting diseases, such as ALS, MS, etc.
   7. Support groups, such as Ostomy, Y-Me, etc.
3. Hospice will use this information in conjunction with other materials developed by hospice.
4. Use of community and outside resources should be documented in the clinical record.

# EDUCATIONAL RESOURCES

## Effective Date: 8/6/14 Review/Revised Date: 8/6/14, 3/1/16, 4/18/17 Policy No. H:5-014.1

### PURPOSE

To provide guidelines for identifying and providing educational resources required to achieve learning objectives for patients and family/caregivers.

### POLICY

Ohio Living Home Health & Hospice will select and provide educational resources for the patient, based on patient and family/caregiver educational needs.

### PROCEDURE

1. Hospice will provide educational resources that include, but will not be limited to:
2. Members of the hospice interdisciplinary group
3. Written instructions developed by hospice pertinent to services, pain and symptom management, treatments, medications, etc.
4. Community resources
5. Educational methods will be based on the patient’s and family/caregiver’s ability to   
   comprehend information and may include, but will not be limited to, any of the following methods:
   1. Verbal instruction
   2. Written instruction
   3. Demonstration and return demonstration
   4. Verbal demonstration
   5. Role playing

## Policy No. H:5-014.2

* 1. Videos/DVDs
  2. Computer CDs/websites

1. When appropriate, hospice will arrange for additional education to be provided by community resources.

Patient and family/caregiver education will be provided in a language and at a level the patient and family/caregiver can be expected to understand, including the use of special devices, interpreters, and other aids needed to meet the patient's specialized needs.