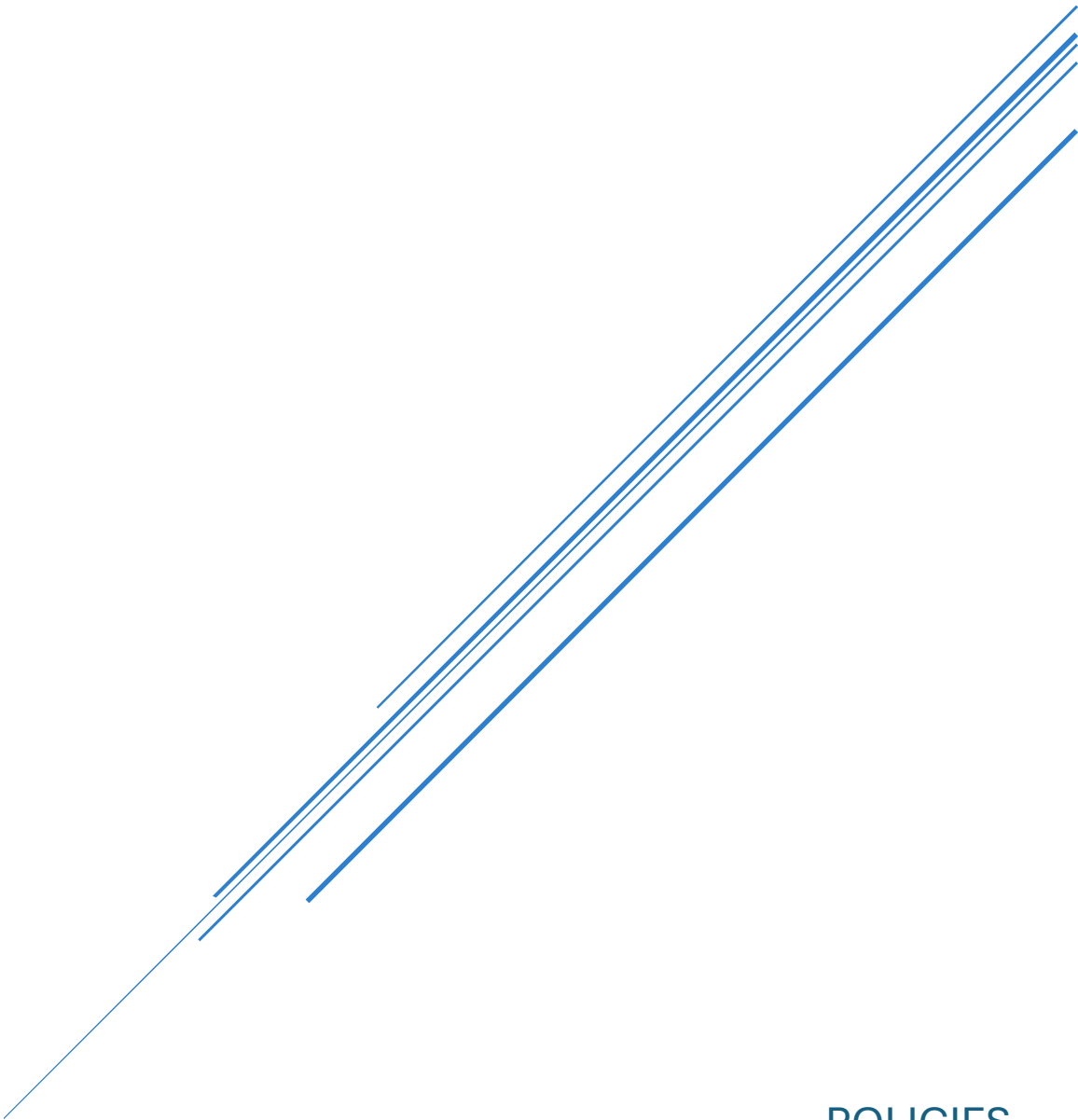


# METROPOLITAN COMMUNITY SERVICES



POLICIES

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# ADVANCE DIRECTIVE NOTICE

## **Minnesota Law**

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

### **What is a Health Care Directive?**

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

### **Why Have a Health Care Directive?**

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

### **Must I Have a Health Care Directive? What Happens if I Don't Have One?**

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

### **How Do I Make a Health Care Directive?**

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following **requirements** to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

### **I Prepared My Directive in Another State. Is It Still Good?**

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

### **What Can I Put in a Health Care Directive?**

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values, and preferences about health care.
- The types of medical treatment you would want (or not want).

- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues, and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

### ***Are There Any Limits to What I Can Put in My Health Care Directive?***

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member, or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

### ***How Long Does a Health Care Directive Last? Can I Change It?***

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

### ***What If My Health Care Provider Refuses to Follow My Health Care Directive?***

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow Metropolitan Community Services to arrange to transfer you to another provider who will follow the agent's directions.

### ***What If I've Already Prepared a Health Care Document? Is It Still Good?***

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations. The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

### ***What Should I Do with My Health Care Directive After I Have Signed It?***

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

### **How to Write Health Care Directives**

[Questions and answers about Health Care Directives](#) from the Minnesota Department of Health is a place to start. The [Minnesota Health Care Directive Planning Toolkit](#) and [Healthcare Directive forms an educational materials](#) from Light the Legacy, offer extensive help. A suggested [Health Care Directive Form](#) is available from the Minnesota Attorney General.

## **MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING**

If you are a mandated reporter, and you know or suspect maltreatment of a vulnerable adult, you must report it immediately (within 24 hours).

### **Where to Report**

- Call the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Or, report internally to Olga Sheveleva, Vice President. If the individual listed above is involved in the alleged or suspected maltreatment, report to Lana Barskiy, President & CEO.

### **Internal Report**

- When an internal report is received, Olga Sheveleva is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
- If that person is involved in the suspected maltreatment, will assume responsibility for deciding if the report must be forwarded to MAARC. The report must be forwarded within 24 hours.
- If you have reported internally, you should receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

### **Internal Review**

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days.
- The internal review must include an evaluation of whether:
  - Related policies and procedures were followed;
  - The policies and procedures were adequate;
  - There is a need for additional staff training;
  - The reported event is similar to past events with the vulnerable adults or the services involved; and
  - There is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

### **Primary and Secondary Person or Position to Review**

The internal review will be completed by the Department Manager. If this individual is involved in the alleged or suspected maltreatment, President/CEO will be responsible for completing the internal review.

### **Documentation of Internal Review**

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

### **Corrective Action Plan**

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

### **Staff Training**

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

For further information, visit [www.mn.gov/adult-protection](http://www.mn.gov/adult-protection)

## **MALTREATMENT OF MINORS MANDATED REPORTING**

### **Who Should Report**

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are mandated (required) to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency

### **Where to Report**

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child-care facility should be made to county child protection services.
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at 651-431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at \_\_\_\_\_ or local law enforcement at \_\_\_\_\_.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500.

### **What to Report**

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the

maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

#### ***Failure to Report***

- A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor.
- A mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

#### ***Retaliation Prohibited***

- An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child who is the subject of the report.
- The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

#### ***Internal Review***

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
  - related policies and procedures were followed;
  - the policies and procedures were adequate;
  - there is a need for additional staff training;
  - the reported event is similar to past events with the children or the services involved; and
  - there is a need for corrective action by the license holder to protect the health and safety of children in care.

#### ***Primary and Secondary Person or Position to Ensure Reviews Completed***

The internal review will be completed by the Department Manager. If this individual is involved in the alleged or suspected maltreatment, President/CEO will be responsible for completing the internal review.

#### ***Documentation of Internal Review***

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

#### ***Corrective Action Plan***

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

#### ***Staff Training***

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation

by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

**Provide Policy to Parents**

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the childcare program and must be available upon request.

## NOTICE OF PRIVACY PRACTICES

**Your Privacy Rights as a Client**

This Notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully.

**Policy**

The Agency is committed to protecting the privacy of your health information. This Notice outlines the policies and procedures that ensure the confidentiality, use, and disclosure of your personal health information in compliance with HIPAA regulations.

**Purpose**

The purpose of this Notice is to ensure that clients are informed of their privacy rights and to maintain compliance with federal HIPAA regulations. We aim to safeguard your health information through consistent application of these policies.

**Key Points of Our Privacy Practices:**

**1. Your Rights Regarding Health Information:**

- You have the right to receive a copy of this Notice at the time of your admission.
- You can request additional copies of this Notice at any time.
- You have the right to inspect, amend, and receive an accounting of the disclosures of your health information.

**2. Use and Disclosure of Health Information:**

- The Agency may use your health information for treatment, payment, and healthcare operations without additional consent, as allowed under HIPAA.
- Your health information will not be used for any purpose unrelated to your care without your explicit written permission, except in cases allowed by law (such as public health reporting or law enforcement requests).

**3. Requesting Confidential Communications:**

- You may request that we communicate with you in a particular way or send correspondence to a specific address. We will accommodate reasonable requests to protect your privacy.

**4. Requesting Restrictions:**

- You may request restrictions on certain uses and disclosures of your health information. While the Agency will consider your request, we may not be able to agree to all restrictions.

**5. Employee and Business Associate Responsibilities:**

- All Agency employees and business associates are trained and required to adhere to these privacy practices, which are reviewed annually during employee training sessions.
- Business associates with access to your health information are also required to follow HIPAA regulations and the Agency's privacy practices.

**6. Privacy Officer Role:**



- The Agency has a designated Privacy Officer responsible for ensuring compliance with HIPAA regulations and addressing any concerns you may have regarding the privacy of your health information.

### **Special Instructions**

- **Review and Updates:**

The Notice of Privacy Practices is reviewed with new employees during their orientation and revisited annually with current employees to ensure compliance.

- **Availability of the Notice:**

This Notice is readily available to all clients, employees, and business associates upon request, and is prominently displayed within the Agency.

- **Revisions to the Notice:**

The Agency reserves the right to make changes to this Notice as needed to reflect updates to state and federal laws or internal practices. If changes are made, clients, employees, and business associates will be promptly informed and provided with the revised Notice.

- **Record Retention:**

Copies of both the original and revised Notices of Privacy Practices will be retained by the Agency for a minimum of six (6) years from the date they were created or last in effect.

- **Violations and Disciplinary Actions:**

Any employee or business associate who violates the privacy policies will face disciplinary action, which may include termination of employment or business contracts.

### **How to File a Complaint:**

If you believe your privacy rights have been violated, you have the right to file a complaint with the Agency's Privacy Officer or with the U.S. Department of Health and Human Services. The Agency will not retaliate against you for filing a complaint.

### **Contact Information:**

If you have any questions or concerns regarding this Notice or your privacy rights, please contact our designated Privacy Officer.

*This Notice ensures that you, as a client, understand your rights regarding the protection of your health information and how the Agency is dedicated to safeguarding your privacy in compliance with HIPAA regulations.*

## **RECIPIENT PRIVACY RIGHTS**

As a CFSS recipient, you have the right to privacy and confidentiality regarding your personal health information. Metropolitan Community Services (the "Agency") is committed to protecting these rights in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant regulations.

### **Your Privacy Rights**

1. **Right to Receive a Copy of the Notice of Privacy Practices:**

You have the right to receive a copy of the Agency's Notice of Privacy Practices, which outlines how your health information may be used and disclosed and explains your privacy rights.

2. **Right to Request Restrictions on the Use and Disclosure of Health Information:**

You can request that the Agency limit how your health information is used or disclosed. While we will consider your request, please note that we may not be able to agree to all requested restrictions, particularly if they affect your care.

3. **Right to Confidential Communication:**

You have the right to request that we communicate with you in a certain way or at a specific location to ensure your privacy. For example, you may request that we contact you via mail instead of phone or use a particular phone number.

**4. Right to Access Your Health Information:**

You have the right to inspect and obtain copies of your protected health information. This includes records related to your care, such as medical history, and billing information. You can request copies or review these records, with certain exceptions.

**5. Right to Amend Your Health Information:**

If you believe your health information is incorrect or incomplete, you have the right to request an amendment. We will review your request and make the necessary changes if appropriate. If we deny the request, we will provide an explanation.

**6. Right to an Accounting of Disclosures:**

You have the right to request a list of certain disclosures of your health information made by the Agency, excluding disclosures made for treatment, payment, or healthcare operations, or those made with your authorization.

**7. Right to File a Complaint:**

If you believe your privacy rights have been violated, you have the right to file a complaint with the Agency or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**8. Right to Revoke Authorization:**

If you have given us permission to use or disclose your information, you may revoke this authorization at any time. This revocation will not affect any use or disclosure made before the revocation.

## **Employee Training and Responsibilities**

- All Agency employees receive training on privacy practices and your rights. They are required to maintain the confidentiality of your health information and to follow privacy policies.
- The Agency implements ongoing privacy training to ensure that employees stay updated on changes to privacy laws and regulations.

*For any questions about your privacy rights or to exercise any of the rights listed above, please contact the Agency's Privacy Officer.*

We are committed to ensuring your privacy is protected while providing the care and services you need.

# **RIGHT TO REQUEST A RESTRICTION ON USE AND DISCLOSURE OF PHI**

## **Policy**

Clients or their legal representatives have the right to request restrictions on how their protected health information (PHI) is used or disclosed. The Agency will consider these requests and make reasonable efforts to accommodate them, provided that doing so does not compromise the Agency's ability to deliver appropriate care or meet legal and regulatory obligations.

## **Purpose**

The purpose of this policy is to ensure that clients are aware of their rights to request restrictions on the use or disclosure of their PHI, while also ensuring that the Agency can provide safe, effective, and compliant care.

## **Scope**

This policy applies to all employees, contractors, and business associates of the Agency who handle or have access to PHI.

## Procedure

### 1. **Client Awareness of Rights**

Clients or their representatives will be informed of their right to request restrictions on the use and disclosure of their PHI through the **Notice of Privacy Practices** and **Consent to Use and Disclose Health Information** forms provided at the time of admission.

### 2. **Submitting Requests**

All client requests for restrictions on the use or disclosure of their PHI must be made in writing and submitted to the Agency's Privacy Officer or a designated representative.

### 3. **Review and Approval**

The Privacy Officer or designee will review all requests for restrictions. Employees are not authorized to grant or deny requests without prior approval. The Agency may agree to the restriction if it is reasonable and does not interfere with the client's care or the Agency's legal obligations.

### 4. **Granting Restrictions**

If a request for restriction is approved:

- The client will be informed of any potential consequences of the restriction on their care or services.
- The restriction will be documented in the client's clinical record.
- Agency staff and business associates will be notified of the restriction and instructed to comply with it.
- The client will be informed that the Agency may be unable to comply with the restriction in an emergency situation where the client's health or safety is at risk.

### 5. **Revoking or Modifying Restrictions**

If a restriction interferes with the Agency's ability to provide appropriate treatment, the client will be asked to modify or revoke the restriction. Any agreed-upon modifications must be documented and mutually agreed upon by the client and the Agency.

### 6. **Duration of Restrictions**

Once approved, restrictions will remain in effect until the client revokes them or until the Agency determines they are no longer feasible. Written documentation of the restriction will be maintained for six (6) years from the date of its creation or the last effective date, whichever is later.

## Denying Requests for Restrictions

### 1. **Reasons for Denial**

A request for restriction may be denied if:

- The restriction would negatively impact the client's care.
- The restriction is not in the client's best medical interest.
- The request is unreasonable and would make the provision of care impractical or impossible.

### 2. **Notification of Denial**

If a request is denied, the client will receive a written explanation detailing the reasons for the denial. The client will also be given the opportunity to discuss their privacy concerns with the Privacy Officer or designated representative.

### 3. **Alternative Accommodations**

The Agency will work with the client to identify alternative ways to address their concerns and may suggest modifications to the original restriction request that balance the client's privacy preferences with the Agency's ability to provide care.

## Exceptions to Restrictions

1. **Emergencies:**

In the event of an emergency, the Agency may disclose PHI despite an existing restriction if it is necessary to provide care. The client will be notified of any such disclosures as soon as possible after the emergency has been addressed.

2. **Mandatory Disclosures:**

The Agency is required by law to disclose PHI in certain situations (e.g., public health reporting, legal proceedings, law enforcement). These disclosures are not subject to client-requested restrictions.

## Client Rights and Responsibilities:

1. **Revocation of Restrictions:**

Clients have the right to revoke a previously approved restriction at any time by submitting a written request to the Privacy Officer. Revocations will not apply to information that has already been disclosed or used in accordance with the original restriction.

2. **Amending Requests:**

Clients may modify their original restriction request at any time. Modifications will be handled using the same procedure as the initial request.

## Record Retention

All documentation related to client requests for restrictions, including the request itself, approval or denial, and any subsequent modifications or revocations, will be retained for at least six (6) years from the date of the request or the last date it was in effect, whichever is later.

## Violations and Disciplinary Actions

Failure by any employee, contractor, or business associate to comply with an agreed-upon restriction may result in disciplinary action, up to and including termination of employment or contract, and could result in legal penalties.

## Contact Information

For any questions regarding requests for restrictions or to file a request, please contact the Agency's Privacy Officer.

*This policy ensures that the Agency considers and, where possible, accommodates client requests for restrictions on the use and disclosure of PHI, while also ensuring that appropriate care and legal obligations are met.*

# GRIEVANCE POLICY

As a client of our home care agency, we want you to know that you have the right to complain about the care or services provided by the agency. We encourage you to let us know if you have any concerns right away. You may call the office at 952-658-8995 between 8:30 am and 5:00 pm (Mon-Thu) and 8:30 am – 2:00 pm (Fri). Below we have listed the steps you may take.

- The complaint/grievance process will be reviewed with you when you begin receiving services and any time there are changes.
- The complaint/grievance process will be left in your client folder in the home
- The complaint form will be left in your home chart for your use if you want to write your concerns and send to us.
- At any time that you have a complaint or concern, you may call the office and talk to the nursing supervisor. Many times, the concern can be addressed right away, and no further action is needed.
- If the complaint is not resolved right away:

- The agency representative will investigate your concerns and respond to you within seven (7) days to either resolve the concern or communicate the process will take longer and a response will be provided within thirty (30) days.
- The response will be provided in writing, and will identify the concern, the investigation, findings and actions taken.
- If you are not satisfied with the response, you may contact the the Ombudsman.
- We strive to meet your needs and want to know if you have any concerns.
- You may complain at any time without fear of retaliation. Please contact us any time you have a concern or questions or suggestions. We are here for you.

**Contact OOLTC by Phone**

Toll free 1-800-657-3591 or 651-431-2555. Calls will be routed regionally.

TDD/TTY: 711

OOLTC has access to interpreter services through the use of [Language Line Solutions](#) and will schedule services upon request.

**Contact OOLTC by Email**

Email: [MBA.OOLTC@state.mn.us](mailto:MBA.OOLTC@state.mn.us)

**Contact OOLTC by Fax**

Fax: 651-431-7452

**Contact OOLTC by Mail**

Office of Ombudsman for Long-Term Care

P.O. Box 64971

St. Paul, MN 55164-0971

# CLIENT GRIEVANCE / COMPLAINT FORM

Date Grievance/Complaint was received \_\_\_\_\_

Name of Individual Affected by Grievance / Complaint \_\_\_\_\_

Description of Grievance/Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of Investigation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Written Response (copy attached) \_\_\_\_\_

[Within seven (7) days]

If Complainant Files Appeal, Date of Response (copy attached) \_\_\_\_\_

[Within thirty (30) days]

Resolution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Review of Complainant's Written Grievance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_

Date \_\_\_\_\_

# CLIENT GUIDE FOR RESPONDING TO NON-MEDICAL EMERGENCIES

**Introduction** This guide provides important information on how to respond to non-medical emergencies, such as fires, tornadoes, extreme temperatures, power outages, and floods. Your safety is our priority, and this guide will help you know what to do in these situations.

## Fire Emergency

### What to Do:

#### 1. If You See a Fire:

- Get out of the house immediately. Do not try to put out large fires yourself.
- Call 911 as soon as you are safely outside.
- If possible, use a fire extinguisher on small fires, but do not put yourself at risk.

#### 2. Evacuation:

- Use the nearest exit, avoiding elevators. If possible, help others evacuate, especially if they have mobility issues.
- If you must go through smoke, stay low to the ground to avoid inhaling smoke.
- Once outside, move to a safe meeting point away from the building.

#### 3. After You Evacuate:

- Do not return to the building until authorities say it is safe to do so.
- Contact the Agency to report your condition and any assistance you may need.

## Tornado Emergency

### What to Do:

#### 1. Tornado Warning:

- If you receive a tornado warning or hear sirens, act quickly.
- Move to the lowest level of your home (e.g., basement), or if that is not possible, go to an interior room without windows (such as a bathroom or closet).

#### 2. Shelter in Place:

- Use pillows, blankets, or mattresses to cover yourself for protection from flying debris.
- Stay away from windows, doors, and exterior walls.

#### 3. After the Tornado:

- Check for injuries and seek medical attention if necessary.
- If your home is damaged, be cautious when moving around. Watch for hazards such as broken glass or downed power lines.
- Notify your Agency of your safety.

## Extreme Temperatures (Heat and Cold)

### What to Do in Extreme Heat:

#### 1. Stay Cool:

- Stay in an air-conditioned area. If you don't have air conditioning, use fans, take cool showers, or go to a cooler place like a library or cooling center.
- Drink plenty of water. Avoid caffeine and alcohol as they can dehydrate you.

## **2. Warning Signs of Heat Illness:**

- Watch for symptoms such as dizziness, nausea, confusion, excessive sweating, or lack of sweat. Seek medical attention if these occur.

### **What to Do in Extreme Cold:**

#### **1. Stay Warm:**

- Stay indoors in a heated space. Wear layers of clothing and use blankets.
- Keep doors and windows closed to avoid drafts. If necessary, use towels or blankets to block drafts under doors.

#### **2. Warning Signs of Cold-Related Illness:**

- Watch for symptoms of hypothermia, such as uncontrollable shivering, confusion, slurred speech, or extreme fatigue. Seek medical attention if you notice these symptoms.

### **Power Outage**

#### **What to Do:**

##### **1. Stay Safe:**

- If the power goes out, use flashlights for lighting rather than candles to avoid fire hazards.
- Unplug sensitive electronics to avoid damage when the power is restored.

##### **2. Medical Equipment:**

- If you use medical equipment that relies on electricity, ensure that you have backup power (e.g., batteries). Notify your caregiver or the Agency for assistance if needed.

##### **3. Communication:**

- Keep your phone charged and inform your caregiver or the Agency of the outage. If the outage is prolonged, consider relocating to a place with power, especially in extreme temperatures.

### **Flood Emergency**

#### **What to Do:**

##### **1. Before a Flood:**

- If you receive a flood warning, move to higher ground or a higher level in your home. Gather essential items such as medications, important documents, and emergency supplies.

##### **2. Evacuation:**

- If authorities order an evacuation, leave the area immediately. Do not walk or drive through floodwaters as they can be dangerous.

##### **3. Sheltering in Place:**

- If evacuation is not possible, stay indoors and move to the highest level of your home. Avoid basements and areas where water levels may rise.
- Disconnect electrical appliances, but only if it's safe to do so without standing in water.

##### **4. After the Flood:**

- Avoid entering your home until authorities confirm that it is safe. Floodwater can contain hazardous substances.



- Notify your Agency if you need assistance.

## **Emergency Contacts**

### **1. Emergency Services (911):**

- Call for help if you are in immediate danger or need urgent assistance during any emergency.

### **2. Agency Contact:**

- Call the Agency to report your situation and receive guidance or support.

### **3. Utility Companies:**

- For power outages, gas leaks, or water-related issues, contact your local utility companies for information.

## **Preparing for Emergencies**

### **1. Emergency Kit:**

- Prepare an emergency kit with essential supplies like medications, bottled water, non-perishable food, flashlights, batteries, and important documents.

### **2. Emergency Plan:**

- Work with your caregiver and the Agency to create an emergency plan. Know how to evacuate, where to go, and who to contact in case of emergencies.

## **Staying Safe**

- Stay informed about weather alerts, warnings, and local emergency instructions.
- Always follow safety guidelines and instructions from authorities, caregivers, and the Agency during an emergency.
- Be prepared and stay calm, knowing that help is available and that these steps will keep you safe.

By following this guide, you can help ensure your safety during non-medical emergencies, such as fires, tornadoes, extreme temperatures, power outages, and floods. Your caregiver and the Agency are always available to support and assist you in any emergency situation.