AUBURN PHARMACY®
"Caring for the health of you and your community"

Oxygen Emergency Disaster Management Plan

Purpose

To ensure patient and employee safety in case disaster.

Scope

This document applies to all AuBurn Pharmacy Locations.

Policy

1. In case of a power loss, a printed list of all oxygen patients will be printed weekly.
2. Reserve oxygen tanks will be kept in case of power loss for delivery to our patients in order of the greatest need.
3. In case of disaster, we will refer to the employee "Calling Tree" to get all available help to our location to begin taking care of patients. If power is still available, patients in need can utilize our emergency calls phone line.
4. In the case do not have enough oxygen tanks prepared to help patients, we will contact our contracted oxygen supplier PureAire to obtain more tanks.
5. In case we are unable to get to a patient in need due to an obstruction, we will enlist the help of emergency management personnel such as: police department, fire department, and/or medical emergency help.
6. Our policy will be to stay in contact with patients until power can be restored.

Calling Tree:

Emergency Phone 800-711-6859

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On-Call Phone

↓

HME Manager's Cell (417-448-4489) → Mark Mendenhall, MIC 417-448-7905

↓

On-Call Phone

↓

Mike Beisner's Cell (417-448-9499)

49 CFR § 172.504 - General placarding requirements.

CFR

§ 172.504 General placarding requirements.

(a) ***General.*** Except as otherwise provided in this subchapter, each bulk packaging, freight container, unit load device, transport vehicle or rail car containing any quantity of a hazardous material must be placarded on each side and each end with the type of placards specified in tables 1 and 2 of this section and in accordance with other placarding requirements of this subpart, including the specifications for the placards named in the tables and described in detail in §§ 172.519 through 172.560.

(b) ***DANGEROUS placard.*** A freight container, unit load device, transport vehicle, or rail car which contains non-bulk packages with two or more categories of hazardous materials that require different placards specified in table 2 of paragraph (e) of this section may be placarded with a DANGEROUS placard instead of the separate placarding specified for each of the materials in table 2 of paragraph (e) of this section. However, when 1,000 kg (2,205 pounds) aggregate gross weight or more of one category of material is loaded therein at one loading facility on a freight container, unit load device, transport vehicle, or rail car, the placard specified in table 2 of paragraph (e) of this section for that category must be applied.

(c) ***Exception for less than 454 kg (1,001 pounds).*** Except for bulk packagings and hazardous materials subject to § 172.505, when hazardous materials covered by table 2 of this section are transported by highway or rail, placards are not required on -

(1) A transport vehicle or freight container which contains less than 454 kg (1001 pounds) aggregate gross weight of hazardous materials covered by table 2 of paragraph (e) of this section; or

(2) A rail car loaded with transport vehicles or freight containers, none of which is required to be placarded.

The exceptions provided in paragraph (c) of this section do not prohibit the display of placards in the manner prescribed in this subpart, if not otherwise prohibited (see § 172.502), on transport vehicles or freight containers which are not required to be placarded.

(d) ***Exception for empty non-bulk packages.*** Except for hazardous materials subject to § 172.505, a non-bulk packaging that contains only the residue of a hazardous material covered by Table 2 of paragraph (e) of this section need not be included in determining placarding requirements.

(e) ***Placarding tables.*** Placards are specified for hazardous materials in accordance with the following tables:

TABLE 1

Category of material (Hazard class or division number and additional description, as appropriate)	Placard name	Placard design section reference (§)
1.1	EXPLOSIVES 1.1	172.522
1.2	EXPLOSIVES 1.2	172.522
1.3	EXPLOSIVES 1.3	172.522
2.3	POISON GAS	172.540
4.3	DANGEROUS WHEN WET	172.548
5.2 (Organic peroxide, Type B, liquid or solid, temperature controlled)	ORGANIC PEROXIDE	172.552
6.1 (material poisonous by inhalation (see § 171.8 of this subchapter))	POISON INHALATION HAZARD	172.555
7 (Radioactive Yellow III label only)	RADIOACTIVE [1]	172.556

[1] RADIOACTIVE placards are also required for: All shipments of unpackaged LSA-I material or SCO-I; all shipments required by §§ 173.427, 173.441, and 173.457 of this subchapter to be operated under exclusive use; and all closed vehicles used in accordance with § 173.443(d).

TABLE 2

Category of material (Hazard class or division number and additional description, as appropriate)	Placard name	Placard design section reference (§)
1.4	**EXPLOSIVES 1.4**	172.523
1.5	**EXPLOSIVES 1.5**	172.524
1.6	**EXPLOSIVES 1.6**	172.525
2.1	**FLAMMABLE GAS**	172.532
2.2	**NON-FLAMMABLE GAS**	172.528
3	**FLAMMABLE**	172.542
Combustible liquid	**COMBUSTIBLE**	172.544
4.1	**FLAMMABLE SOLID**	172.546
4.2	**SPONTANEOUSLY COMBUSTIBLE**	172.547
5.1	**OXIDIZER**	172.550
5.2 (Other than organic peroxide, Type B, liquid or solid, temperature controlled)	**ORGANIC PEROXIDE**	172.552
6.1 (other than material poisonous by inhalation)	**POISON**	172.554
6.2	**(None)**	
8	**CORROSIVE**	172.558
9	**Class 9 (see § 172.504(f)(9))**	172.560
ORM-D	**(None)**	

(f) ***Additional placarding exceptions.***

(1) When more than one division placard is required for Class 1 materials on a transport vehicle, rail car, freight container or unit load device, only the placard representing the lowest division number must be displayed.

(2) A FLAMMABLE placard may be used in place of a COMBUSTIBLE placard on -

(i) A cargo tank or portable tank.

(ii) A compartmented tank car which contains both flammable and combustible liquids.

(3) A NON-FLAMMABLE GAS placard is not required on a transport vehicle which contains non-flammable gas if the transport vehicle also contains flammable gas or oxygen and it is placarded with FLAMMABLE GAS or OXYGEN placards, as required.

(4) OXIDIZER placards are not required for Division 5.1 materials on freight containers, unit load devices, transport vehicles or rail cars which also contain Division 1.1 or 1.2 materials and which are placarded with EXPLOSIVES 1.1 or 1.2 placards, as required.

(5) For transportation by transport vehicle or rail car only, an OXIDIZER placard is not required for Division 5.1 materials on a transport vehicle, rail car or freight container which also contains Division 1.5 explosives and is placarded with EXPLOSIVES 1.5 placards, as required.

(6) The EXPLOSIVE 1.4 placard is not required for those Division 1.4 Compatibility Group S (1.4S) materials that are not required to be labeled 1.4S.

(7) For domestic transportation of oxygen, compressed or oxygen, refrigerated liquid, the OXYGEN placard in § 172.530 of this subpart may be used in place of a NON-FLAMMABLE GAS placard.

(8) For domestic transportation, a POISON INHALATION HAZARD placard is not required on a transport vehicle or freight container that is already placarded with the POISON GAS placard.

(9) For Class 9, a CLASS 9 placard is not required for domestic transportation, including that portion of international transportation, defined in § 171.8 of this subchapter, which occurs within the United States. However, a bulk packaging must be marked with the appropriate identification number on a CLASS 9 placard, an orange panel, or a white square-on-point display configuration as required by subpart D of this part.

(10) For Division 6.1, PG III materials, a POISON placard may be modified to display the text "PG III" below the mid line of the placard.

(11) For domestic transportation, a POISON placard is not required on a transport vehicle or freight container required to display a POISON INHALATION HAZARD or POISON GAS placard.

(g) For shipments of Class 1 (explosive materials) by aircraft or vessel, the applicable compatibility group letter must be displayed on the placards, or labels when applicable, required by this section. When more than one compatibility group placard is required for Class 1 materials, only one placard is required to be displayed, as provided in paragraphs (g)(1) through (g)(4) of

this section. For the purposes of paragraphs (g)(1) through (g)(4), there is a distinction between the phrases *explosive articles* and *explosive substances. Explosive article* means an article containing an explosive substance; examples include a detonator, flare, primer or fuse. *Explosive substance* means a substance contained in a packaging that is not contained in an article; examples include black powder and smokeless powder.

(1) Explosive articles of compatibility groups C, D or E may be placarded displaying compatibility group E.

(2) Explosive articles of compatibility groups C, D, or E, when transported with those in compatibility group N, may be placarded displaying compatibility group D.

(3) Explosive substances of compatibility groups C and D may be placarded displaying compatibility group D.

(4) Explosive articles of compatibility groups C, D, E or G, except for fireworks, may be placarded displaying compatibility group E.

[Amdt. 172-123, 55 FR 52600, Dec. 21, 1990]

EDITORIAL NOTE:

For FEDERAL REGISTER citations affecting § 172.504, see the List of CFR Sections Affected, which appears in the Finding Aids section of the printed volume and at *www.govinfo.gov.*

CFR Toolbox

Law about... Articles from Wex
Table of Popular Names
Parallel Table of Authorities
How current is this?

Oxygen Cylinder Monthly History Log

Rec'd from Supplier					Internal Inspection					Delivery/PU					
Date/	Name	/ Cyl	/ Qty /	Lot #	/ Clean /	Insp /	Repair/	Haz/Recall	/	Ret (S)	(M) / PM		Pt. Name	/Date/	PU Date

Monthly totals

PHARMACY

Patient/Caregiver Instructional Checklist for Oxygen

Patient Name: _____ Health Care Provider: _____
Address: _____ Prescription: _____LPM:_____
City: _____Zip:_____ hr/day: _____
Diagnosis/problems:_____

SpO2 today_____ with O2 _____ SpO2 today on Room Air: _____
Equipment:_____ Serial Number:_____
_____Concentrator _____Portable Unit _____Back-up
Others receiving instruction:_____ relationship:_____
The AuBurn HME Representative has demonstrated, and the patient/caregiver has by return demonstration, shown the he/she understands the following:

_____ How to turn the concentrator on/off
_____ How to read and adjust the flow meter on a concentrator
_____ How to attach tubing and cannula/mask
_____ Nasal cannulas should be changed every 2-3 weeks
_____ Oxygen tubing should be changed every three months
_____ How to attach, fill, assemble, and clean the humidifier
_____ Humidifier should be cleaned twice weekly with hot soapy water and rinse thoroughly
_____ How to attach and change regulator on a portable unit
_____ How to turn the regulator on/off
_____ How to read and adjust liter flow meter on the regulator
_____ How to read contents gauge on a regulator
_____ When and how to use the back-up system
_____ How to attach and change regulator on high-pressure tank
_____ When to call for replacement of back-up unit
_____ Comprehends prescription from physician & importance of following
_____ Understands audible alarm for power failure

Safety: Patient/caregiver has received and acknowledges understanding of:

_____ **NO SMOKING** within 5 feet of oxygen source including application device. Oxygen is not flammable, buts supports combustion. All sources of ignition, spark or flame must be kept 5' away.
_____ **NO SMOKING** signs posted in the home
_____ Operating instructions, safety precautions, cleaning instructions
_____ 3-pronged, grounded outlets checked
_____ Telephone numbers to call for routine and after-hours emergencies

Patient Signature or Authorized Rep:_____

AuBurn HME Rep: _____Date: _____

AUBURN PHARMACY®

"Caring for the health of you and your community"

Oxygen Quality Assurance Home Visit

Name_____

City/Area_____

Serial Number_____ Hours_____

Set Flow Rate_____ Oxygen Concentration_____

Air Filter Clean? Yes ( ) No ( ) Alarms Working? Yes ( ) No ( )

Portable Checked Regulator__ Conserver__ Pressure_____

Extra Cylinders? Yes ( ) No

Number	ID Numbers
A____	_____
B____	_____
C____	_____
D____	_____
E____	_____
	_____

Supplies Provided:

Part#	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Physician _____Change? Yes( ) No( )

Current Insurance_____Change? Yes( ) No( )

Equipment Working Satisfactorily? Yes ( ) No ( )
Portable Used this Month? Yes ( ) No ( )
Concentrator Used Each Day? Yes ( ) No ( )

Patient Spo2:_____ Heart rate:_____

Problems/Comments/Inservices:_____
_____
_____
_____

Completed by_____Date_____

Customer Signature_____

AUBURN PHARMACY®

"Caring for the health of you and your community"

Detailed Written Order
&
Confirmation of a Verbal Order for OXYGEN & Equipment

Patient Name: _____ DOB: _____

Address: _____ Insurance: _____

_____ DX: _____ ICD-10: _____

Phone: _____ Length of need: _____ months 1-99 (99=lifetime)

Home O2: _____ LPM ☐ Continuous ☐ At night ☐ Nasal Cannula ☐ Mask

CMN ☐ Initial ☐ Revised ☐ Recertification

A "restart" is considered an Initial Certification on the CMN with an RR & RA Modifier on the 1st month of the restart. It then reverts back to just an RR.
New testing is not required and there is no requirement for a physician visit that is specifically related to the completion of the CMN for replacement equipment.
Date of Face2Face: ____/____/_____

Stationary Concentrator (E1390): **Portable:** ☐ Yes ☐ No **O2 Regulator** (E0431)

Testing was done in a chronic stable state: **Date of testing:** _____/_____/_____

1. Rest/awake without O2
2. Exercise without O2
3. Exercise with O2

If criteria is met in the above testing, it qualifies for portable & stationary O2
An Over Night Oximetry with the below criteria is for a stationary concentrator only.

Medicare criteria includes: An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88% taken at rest and awake.

Provider: AuBurn Pharmacy

Address: _____

_____

Phone: _____

NPI#: _____

Physician: _____

Address: _____

_____

Phone: _____

NPI#: _____

Physician Signature: _____ Date: _____/_____/_____

Patient/Caregiver Instructional Checklist for Oxygen

Patient Name: _____ Health Care Provider: _____
Address: Prescription: _____LPM:_____
City: _____Zip:_____ hr/day: _____
Diagnosis/problems:_____

SpO2 today_____ with O2 _____ SpO2 today on Room Air: _____
Equipment:_____ Serial Number:_____
_____Concentrator _____Portable Unit _____Back-up
Others receiving instruction:_____ relationship:_____
The AuBurn HME Representative has demonstrated, and the patient/caregiver has by return demonstration, shown the he/she understands the following:

_____ How to turn the concentrator on/off
_____ How to read and adjust the flow meter on a concentrator
_____ How to attach tubing and cannula/mask
_____ Nasal cannulas should be changed every 2-3 weeks
_____ Oxygen tubing should be changed every three months
_____ How to attach, fill, assemble, and clean the humidifier
_____ Humidifier should be cleaned twice weekly with hot soapy water and rinse thoroughly
_____ How to attach and change regulator on a portable unit
_____ How to turn the regulator on/off
_____ How to read and adjust liter flow meter on the regulator
_____ How to read contents gauge on a regulator
_____ When and how to use the back-up system
_____ How to attach and change regulator on high-pressure tank
_____ When to call for replacement of back-up unit
_____ Comprehends prescription from physician & importance of following
_____ Understands audible alarm for power failure

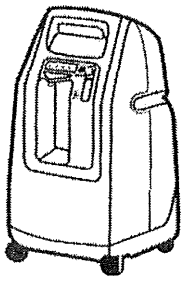
Safety: Patient/caregiver has received and acknowledges understanding of:

_____ **NO SMOKING** within 5 feet of oxygen source including application device. Oxygen is not flammable, buts supports combustion. All sources of ignition, spark or flame must be kept 5' away.
_____ **NO SMOKING** signs posted in the home
_____ Operating instructions, safety precautions, cleaning instructions
_____ 3-pronged, grounded outlets checked
_____ Telephone numbers to call for routine and after-hours emergencies

Patient Signature or Authorized Rep:_____

AuBurn HME Rep: _____Date: _____

OXYGEN THERAPY



PURPOSE: Oxygen is 21% of the air we breathe. When our lungs are damaged, obstructed, or restricted, they cannot oxygenate the blood. Each cell in our bodies must have oxygen to live. Raising the oxygen percentage allows more oxygen to pass into the blood. Your physician must order oxygen. Oxygen is ***not flammable*** but it does provide fuel for fires.

PRESCRIPTION: Your physician has written a prescription for oxygen and this value should *never* be deviated from without first consulting him/her. Your settings are prescribed as follows:

___LPM at rest ___LPM during activity ___LPM while sleeping ___Hours per day

DELIVERY MODES: There are three basic ways oxygen can be delivered. Oxygen concentrators are the most common and they are machines that concentrate the oxygen in the air we breathe. Compressed cylinders contain oxygen under pressure and allow portability. This pressurized oxygen is measured in pounds-per-square-inch gauge, or psig. Liquid oxygen is oxygen that has been cooled to allow it to turn into a liquid. This liquid is converted back into a gas when it's brought back to room temperature. Liquid systems require no electrical power and can be packaged for portability.

USE: Once the oxygen delivery method is decided upon, an appliance must be used to delivery it to the patient. The most common are nasal cannulas and oxygen masks. Nasal cannulas are prongs that are inserted into the nose and are suited for most needs. Nasal cannulas have curved prongs and the curve side should be down. These cannulas should be changed every two weeks or when they are soiled. Cannulas work exactly the same whether the user is a mouth breather or a nasal breather. When reading your flowmeter, you must read the *middle* of the float not the top.

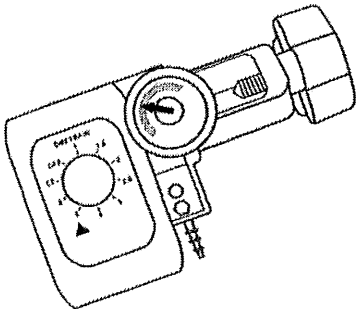
Oxygen masks cover the entire nose and mouth areas and are intended for higher flowrates and oxygen percentages. A good seal on the face is needed to delivery accurate oxygen amounts. The holes on the side of the mask should never be obstructed. These ports allow your exhaled air to vent out of the mask. The *minimum* flowrate on an oxygen mask is 5 LPM.

HUMIDIFIERS: Oxygen that is delivered has no moisture in it. Liquid oxygen is the driest. Liquid oxygen stationary units should always have a humidifier regardless of the flowrate. Do not put a humidifier on a liquid portable unit.

Humidifiers are disposable devices that bubble the oxygen through a column of water. This water attaches itself to the oxygen molecules. These devices should be filled with *distilled* water only, ***do not use tap water!*** This distilled water can be purchased inexpensively through your local drug store. When filling your humidifier, always empty out old water before adding new water. Change your humidifier at least weekly.

EMERGENCIES: Your medical equipment provider understands that oxygen services should never be interrupted. They maintain a technician on-call 24 hours a day, 365 days a year. If your equipment fails or your supplies are diminished, ***call the main store number and leave an urgent message.*** You should always maintain an adequate supply of oxygen on hand in case of natural disaster or other emergency. Your medical equipment provider can assist you in setting your safety limit.

OXYGEN CONSERVING DEVICES



PURPOSE: Oxygen conserving devices' sole purpose is to conserve the oxygen that would otherwise be wasted, thus increasing the duration of portable oxygen systems. A physician must write a prescription for oxygen and the conserving device. Conserving devices do affect the amount of oxygen provided to the patient and they must be under the supervision of a physician. Always abide by all manufacturers' operational and safety procedures.

TYPES: There are two basic types of conserving devices, fixed-pulse or demand-pulse. The fixed-pulse type delivers a pulse of oxygen when the patient initiates a breath. The oxygen flow stops at a preset limit. These devices have higher flowrates in the beginning of the flow of oxygen, and thus are the most conserving. These devices are usually best for those patients with stable oxygen needs.

Demand-pulse units deliver an amount of oxygen that meets more of the patient need. Oxygen flow is started when the patient initiates a breath and usually continues until the patient has stopped inhaling. This type is usually better for active individuals and those with varying needs.

DECIDING: Deciding on which type to use is based on patient needs. Your medical equipment provider consults with your physician and utilizes the type that best meets your needs. Most medical equipment providers maintain a supply of both types. If at any time you feel your oxygen needs are not being met by your conserving device call your medical equipment provider immediately. The amount of conserving varies greatly depending upon the type you are using, the oxygen flowrate, and the frequency of your breathing. The patient must understand that the conserving times they may have heard about from other patients or television commercials, may not apply to them because of these variants. Some patients may not tolerate the conserving device at all.

USE: Most conserving devices require special oxygen regulators. Do not attempt to attach any regulator to a conserving device that was not manufactured for that specific purpose. Make sure all operational and safety procedures are followed at all times. The conserving device usually attaches to a regulator via a tube or directly. Make sure your conserving device has the correct settings and batteries. Most conserving devices require a power source, usually rechargeable nickel cadmium. Battery types vary depending on brand used. Make sure you pay attention to the amount of oxygen in your tanks. Conserving devices are made of sophisticated electronics and should not be abused or banged around. Always keep unit in designated carrying pouch. **When using a conserving device do not use a humidifier.**

Re Supply Request

Patient: _____ Store: _____

On this date: _____, I am requesting the following supplies.

Requested Supplies	Quantity	Last Rcvd	Quantity Rcvd	Ask Pt what is the Remaining Quantity

☐ Requested by patient or patient representative in person.

☐ Requested by patient or patient representative via phone call.

_____ _____

Patient/Patient Rep Signature Time and Date

_____

If other than patient list relationship and reason patient is not requesting supplies.

Is the patient on Home Health or in a Skilled Nursing Facility?

☐YES ☐NO

If they are on Home Health, they become responsible for equipment.

_____ _____

Health Services Staff Signature Date

Dear Customer:

This statement has been prepared in an effort to avoid any misunderstanding, which might arise regarding your insurance coverage.

Because an insurance premium is paid, the assumption is that payment of medical bills will be automatic and that payment in full will be made. This is often not the case. Payment will be made in accordance with the policy that you have purchased. If you have deductible not met, or co-pay from each transaction, those monies are due to the supplier, in this case, AuBurn Pharmacy, Inc.

In the case of the equipment or supplies that you are currently requesting, AuBurn Pharmacy, Inc. believes you will have the following amounts due:

Equipment/Supplies	**Monthly or /transaction total**	**Estimated Co-pay Amt.**
_____	$ _____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$ _____	$_____

We ask that you pay these prior to receiving supplies. In the event of a monthly rental, we have created a process to easily debit your debit/credit card to ensure that you can continue to receive your equipment and services on a monthly basis.
(Our staff will help you fill out the credit card form and explain the process to you)

I, _____, understand the charges that may be due to me on a regular basis, and by signing this form, agree to pay them as they are due to ensure that my account is kept in good standing and I may receive my supplies or equipment.

_____ _____

Customer signature Date

Set-up of Oxygen Respiratory

Policy # PTS-101R
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael W. Burns, CEO

Purpose: *To service our customers with appropriate and safe equipment.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for equipment is received in the office.
2. Appropriate equipment is selected according to the physician's order and patient's condition.
3. Patient/Caregiver is notified and the following issues discussed:
    * Referral Source
    * Type and Purpose of device ordered
    * Patient's address and travel directions
    * Date and time of Set-up
4. Activate a new patient file, which should include the following forms:
    * Patient Agreement
    * Plan of Care
    * Patient's Rights & Responsibilities
    * Follow-up Plan of Care
5. Upon arrival, introductions are made to patient/caregiver.
6. Suitability for Home Care is determined based on a safety assessment including Fire safety. (e.g. the presence or absence of smoke alarm & fire extinguisher and the patient/caregiver's ability to understand instructions.
7. The location and placement of the tank/concentrator is assessed with the following criteria being used:
    * Stored in well ventilated area
    * Stored away from heat ducts, radiators, steam pipes, combustibles, oil, grease and electrical appliances.
    * If setting up a cylinder make sure it is secured in a cart.

Continued Page 2

8. The patient/caregiver is educated on the reasons for prescribed treatment and goals to be achieved.
9. The patient rep utilizes universal precautions prior to actual set-up of patient (If appropriate for equipment).
10. The tank/concentrator is put in place and the mask/nasal cannula is applied.
    * Use caution not to kink the tubing causing restriction of Oxygen flow.
    * If setting up an oxygen concentrator, avoid the use of extension cords.
    * If the house does not have a 3-prong outlet, you must make sure the patient uses an adapter and instruct that the 3rd wire needs to be properly grounded. If the adapter cannot be connected correctly then inform the patient to call an electrician.
11. Make sure a "No Smoking "sign is posted at the front door (or main entrance to home) and in the location where the oxygen is being used.
12. Instructions and a demonstration should be given to the patient/caregiver on Oxygen's uses, the operation of controls, valves, alarms and liter flow as well as the following:
    * Rights & Responsibilities
    * Equipment instructions
    * Care of Oxygen tubing
    * Oxygen as a drug (Avoid alcohol and other sedating drugs)
    * Infection Control
    * Maintenance /Cleaning of equipment & filters
    * Frequency of use, duration
    * Safety hazards
    * Availability of Services & when to call for replacement tanks
    * Complaint Procedure
    * Emergency back up
13. Return Demonstration should be obtained from the person whom instruction was given.
14. Dispose of gloves (PPE) in patient's trash.
15. Complete and discuss paperwork:
    a) Plan of Care
    b) Patient Agreement
    c) Patient's Rights & Responsibilities
16. Inform the patient/caregiver of your follow-up protocol. (Standard is a phone call seventy-two (72) hours after set-up and a visit as appropriate to the patient's condition).
17. Wash hands or use alcohol-based gel.