



Activities to Do with Seniors

- Word games
- Puzzles
- Going for walks
- Baking
- Gardening
- Crafts (painting, drawing)
- Attending sporting events
- Social activities
- Reading the newspaper, a book or even the Bible
- Shopping, who doesn't love to shop or window shop
- Listening to music; singing and dancing with them
- Have them help fold some laundry with you
- Taking them to their friends/family to visit
- Looking through photo albums and talking about the pictures

As a caregiver, you have the unique opportunity to spend a large amount of time with those you care for. Don't give up and leave them alone to watch Tv alone or sit by themselves. They love company and don't want to be left alone. Try to be entertaining and productive, you'll start building a deeper relationship with the person you're caring for and both of you will be happier as a result.

Prepared by the Florida Health Care Association with the assistance of the Alzheimer Resource Center of Tallahassee, Florida to meet the statutory requirement of 400.4785(1) (a) F.S.

ALZHEIMER'S DISEASE (AD) AND RELATED DEMENTIAS

History

Alzheimer's disease (AD) was first discovered in 1906 by a German doctor named Alois Alzheimer. It is a disorder of the brain, causing damage to brain tissue over a period of time. The disease can linger from 2 to 25 years before death results. AD is a progressive, debilitating and eventually fatal neurological illness affecting an estimated 4-5 million Americans. It is the most common form of dementing illness.

Alzheimer's disease is characterized clinically by early memory impairment followed by language and perceptual problems. This disease can affect anyone - it has no economic, social, racial or national barriers.

Causes

There is no one cause for Alzheimer's disease. AD may be sporadic or passed through the genetic make-up. The disease causes gradual death of brain tissue due to biochemical problems inside individual brain cells. The symptoms are progressive, but there is great variation in the rate of change from one person to another. Although in the early stages of Alzheimer's the victim may appear completely healthy, the damage is slowly destroying the brain cells. The hidden process damages the brain in several ways:

- Patches of brain cells degenerate (neuritic plaques)
- Nerve endings that transmit messages become tangled (neurofibrillary tangles)
- There is a reduction in acetylcholine, an important brain chemical (neurotransmitter)
- Spaces in the brain (ventricles become larger and filled with granular fluid)
- The size and shape of the brain alters - the cortex appears to shrink and decay

Understandably, as the brain continues to degenerate, there is a comparable loss in mental functioning. Since the brain controls all of our bodily functions, an Alzheimer victim in the later stages will have difficulty walking, talking, swallowing and controlling bladder and bowel functions. They become quite frail and prone to infections such as pneumonia.

Dementia vs. Normal Aging

As a person grows older, he/she worries that forgetting the phone number of a best friend must mean he/she is becoming demented or getting Alzheimer's disease. Forgetfulness due to aging or increased stress is *not* normal aging and is *not* dementia.

"Dementia" is an encompassing term for numerous forms of memory loss. There are many types of dementia such as Alzheimer's disease, Multi-Infarct dementia or Parkinson's disease. When a person has dementia, he/she will lose the ability to think, reason and remember and will inevitably need assistance with everyday activities such as dressing and bathing. Changes in personality, mood are also symptoms of dementia. Many dementias are treatable and reversible. Alzheimer's disease is the most common form of untreatable, irreversible dementia.

Alzheimer's Disease - Stages of Progression

Alzheimer's Disease can be characterized as having early, middle, and late stages through which the patient gradually progresses, but not at a predictable rate. The range of the course of the disease is 2-25 years. NOTE: Stages very often overlap. Everyone progresses through these stages differently.

First Stage: This is a very subtle stage usually not identified by either the impaired person or the family as the beginning signs of the disease. Subtle changes in memory and language along with some confusion occur at this time. The family usually denies or excuses the performance deficiencies at this stage.

- Forgetfulness/memory loss
- Impaired judgment
- Trouble with routines
- Lessening of initiative
- Disorientation of time and places
- Depression
- Fearfulness
- Personality change
- Apraxia (forgetting how to use tools and equipment)
- Anomia (forgetting the right word or name of a person)

Second Stage: As Stage 1 moves onto Stage 2, there is usually a particular significant event which forces the family (and impaired person) to consider that something is really wrong. At this time, they usually go to a doctor to diagnose the problem.

- Poor short-term memory
- Wandering (searching for home)
- Language difficulties
- Increased disorientation
- Social withdrawal
- More spontaneity, fewer inhibitions
- Agitation and restlessness, fidgeting, pacing
- Developing inability to attach meaning to sensory perceptions: (taste, touch, smell, sight, hearing)
- Inability to think abstractly
- Severe sleep disturbances and/or sleepiness
- Convulsive seizures may develop
- Repetitive actions and speech
- Hallucinations
- Delusions

Third (Final Stage): This stage is the terminal stage and may last for months or years. The individual will eventually need total personal care. They may no longer be able to speak or recognize their closest relatives.

- Little or no memory
- Inability to recognize themselves in a mirror
- No recognition of family or friends
- Great difficulty communicating
- Difficulty with coordinated movements
- Becoming emaciated in spite of adequate diet
- Complete loss of control of all body functions
- Increased frailty
- Complete dependence

COMMON PROBLEMS WITH DEMENTIA

Delusions

Suspiciousness: accusing others of stealing their belongings

People are “out to get them”

Fear that caregiver is going to abandon (results in AD person never leaving caregiver’s side)

Current living space is not “home”

Hallucinations

Seeing or hearing people who are not present

Repetitive actions or questions

They forget they asked the question

Repetitive action such as wringing a towel

Wandering

Pacing

Sundowning: trying to get “home”

Generally feeling uncomfortable or restless

Increased agitation at night

Losing thing/Hiding things

Simply do not remember where items are

Might hide things so that people don’t “steal” them

Inappropriate sexual behavior

Person with AD loses social graces and is only doing what feels good

Agnosia: inability to recognize common people or objects

A wife of forty years will become a stranger to the person with AD, he might even think she is the hired help

Might not recognize a spatula or the purpose of the spatula and/or cannot verbalize the name or purpose of the object

Apraxia: loss of ability to perform purposeful motor movements

Cannot tie a shoe or manipulate buttons on a shirt

Catastrophic reactions

(Causes) AD person often becomes excessively upset and can experience rapidly changing moods. The person becomes overwhelmed due to factors such as too much noise, too many people around, unfamiliar environment, routine change, being asked to many questions, being approached from behind.

(Reactions) AD person may become angry, agitated, weepy, stubborn or physically violent. It is best to attempt to avoid catastrophic reactions rather than dwell on how to handle them.

HANDLING DISTURBING BEHAVIORS

One of the most difficult challenges for caregivers is how to handle some of the disturbing behaviors that Alzheimer's can cause. Symptoms such as delusion, hallucinations, angry outbursts, suspiciousness, failure to recognize familiar people and places are often the most upsetting behaviors for families. The following points may help in responding to disturbing symptoms.

First, try to understand if there is a precipitating factor causing the behavior. Were there household changes, too much noise or activity, was the daily routine upset? Time of day can also affect behavior (Sundowning). Being aware of these factors can help to better plan activities or anticipate problems.

1. Keep tasks, directions and routine simple without being condescending
2. Always give the person plenty of time to respond
3. Attempt to remain calm and remind yourself that the behavior is due to the disease
4. Avoid arguing
5. Write down the answers to frequently asked questions, then remind them to look at the message
6. Reduce environmental noise: television, radio, too many people talking
7. Use distraction when unacceptable behavior starts: bring them into a different room, start talking about childhood or another favorite topic, show them magazines, ask them to help you do something like dusting or sweeping
8. Do not overreact or scold for problem behavior: redirect or distract
9. Be reassuring with touch, eye contact and tone of voice
10. Find the familiar: old pipe, favorite chair, family pictures
11. Avoid denying hallucinations: try non-committal comments like, "You spoke with your mother, I miss my mother too"
12. Be sure to inform physician of hallucinations, no matter how tame
13. Restless behavior or pacing is usually unavoidable, however you can make the environment safe by installing locks that are above reach, remove unnecessary obstacles, make sure the person is wearing some kind of identification



FirstTrack Caregiver Clock-In/Out Call Instructions

Caregiver Name _____

Step 1 *From the Client's telephone*, call 1-866-425-8463.

** If the FirstTrack System should respond "telephone number not received, please enter the 10 digit telephone number" the System is not recognizing the phone number you are calling from. This will require you to enter the client's home phone # (area code + phone number). Then proceed as indicated below.

Step 2 *Input your 4-digit Caregiver ID number* _____ .

Step 3 *Input your work status:* **for arrival** - Press 1 and Hang Up
for departure - Press 2 and continue to step 4

Step 4 *Enter Mileage <this is mileage you had if you drove a client around in your car>*

- A. System will prompt: "Enter mileage"
- B. If you have no mileage to report, press pound # to proceed to: Enter Activity Codes
- C. Else respond by entering mileage (pressing **star key** * for decimal point).
Examples...
 - to enter 11 miles, press 11 followed by the pound # sign
 - to enter 11.7 miles, press 11 * 7 followed by the pound # sign

Step 5 *Enter Activity Code(s) <may or may not be prompted for based on client's needs>*

- A. System will prompt: "Enter activity codes, followed by the pound # sign"
- B. No Activity to report, Hang Up
- C. Else respond by entering an activity code followed by a pound # sign
- D. System will then prompt: "Enter Next Activity Code"
- E. Continue entering an activity code followed by a pound # sign until completed
- F. Hang Up

FirstLight HomeCare Activity Codes:

Companion Care

- 10 Companion Care
- 11 Meal Preparation
- 12 Light Housekeeping
- 13 Errands/Shopping
- 14 Doctor Appointment
- 15 Transportation
- 16 Toileting Assistance
- 17 Dressing/Grooming Assistance
- 18 Laundry
- 19 Dementia Care/Redirection

Personal Care

- 20 Personal Care
- 21 Medication Reminders
- 22 Bathing/Hair/Oral Care
- 23 Mobility Assistance
- 24 Feeding/Special Diet
- 25 Incontinence Care

WSC ADVISORY #2017-024
CHOKING PREVENTION

ACTION REQUIRED

EFFECTIVE DATE: *IMMEDIATELY*

Choking Prevention

- Choking occurs when a person's airway becomes blocked by food or other objects, or when liquid enters the airway during swallowing. It is very important that people remain aware of choking hazards, know how to prevent choking and how to respond when a person appears to be choking.
- Best Practices include training staff members (and monitoring competency) in:
 - First aid and CPR
 - Providing a safe and calm dining atmosphere
 - Providing safe situations and locations for eating (e.g., avoid eating while agitated, laughing, yelling; not in moving vehicles or while walking, etc.)
 - Practicing appropriate response to choking scenarios (e.g., practice choking "drills")
- All food prepared must meet the requirements of the individual's specific diet consistency order, including liquids. If the individual does not have a specific diet order, but is having difficulty swallowing, the physician or speech therapist should be contacted.
- Some individuals may need more time to move food and liquid in the mouth into position for swallowing. Additional food should NEVER be placed into the mouth until after the first mouthful has been swallowed.
- For most individuals, the best position for eating is sitting as upright as possible with the hips at a right angle to the trunk.
- If behaviors such as food stealing, food stuffing, or food hoarding are present, they should be addressed by a behavior plan specific to the individual. The behavior plan should be followed at all times by staff and/or family.

Choking Risks and Causes

- Health issues that affect swallowing, or decrease gag reflexes (for instance: cerebral palsy, neurological impairments, gastroesophageal reflux, aging)
- Eating or drinking too fast and/or not chewing food completely
- Eating while talking and laughing or in unsettled environments
- Food-seeking and taking behaviors – from others, from storage or waste receptacles – and/or secretive eating
- Eating or drinking while under the effects of sedating medications or alcohol. Some anticonvulsants, sedatives, and psychotropic medications can make swallowing difficult.

- Not providing food and drink in the manner and consistency needed by an individual to prevent choking
- Not giving the individual the supervision and support they require while dining and at other times
- Not adhering to clear instructions on food consistency
- Some foods, such as meat (and especially hot dogs), bread, pizza, popcorn, and peanut butter are difficult to swallow and increase the likelihood of a choking emergency, whether the person has been identified to be at risk or not.
- Some foods can increase the risk of choking due to their shape, size, and tendency to eat in one bite. Examples would be: grapes, marshmallows, baby carrots, chunks of fruit, tortilla chips, hard candies.
- Hotdogs and sausages are especially dangerous. It is highly recommended that only skinless hotdogs and sausages be served. All hotdogs and sausages should first be cut lengthwise, and then modified to the food consistency in the diet order. Individuals who request whole hotdogs or sausage, or those in a natural casing, must be adequately supervised when they are served. Best practice is to evaluate on an individual basis for ability to consume whole hotdogs and sausages safely.

- Other tips:
 - Take small bites
 - Cut meat into small pieces
 - Chew food thoroughly
 - Tuck chin to chest when swallowing
 - Avoid talking and laughing with food in the mouth
 - Stay with individuals that have swallowing disorders, seizure disorder, or Alzheimer's disease or other dementias when they are eating
 - Be aware that what looks like a seizure could be choking, especially if it occurs at mealtime.

- Some signs of choking:
 - Grabbing throat with hands, pointing to throat
 - Cannot cough, speak, cry, or breathe
 - Gasp for breath
 - Waving the arms
 - Gagging
 - Continuous, unusual, or severe forceful coughing
 - If being fed, food may come out of nose, or dribble from mouth
 - Skin, lips, and nails turn red, then blue as oxygen levels drop
 - Agitation, distress, or panic
 - May abruptly leave table and run to another room
 - May vomit, due to gag reflex – this does not mean they are not still choking
 - If conscious and cannot cough, speak, or breathe, assume the airway is blocked
 - If unconscious, assume the airway is blocked
 - Noisy breathing or wheezing could mean the individual has a partially blocked airway (could become fully blocked)

If Choking Occurs

- STOP feeding immediately
- Sit the individual forward (if unable to sit, turn head to the side)
- Do NOT give water or fluids until symptoms subside
- Call for assistance immediately (911, if unable to cough, speak, cry, or breathe)
- Utilize the five back blows and abdominal thrust (Heimlich) maneuvers if needed, continuing alternately until:
 - The object is forced out
 - The person can forcefully cough or speak
 - The person becomes unconscious
- If the person becomes unconscious:
 - Lower to the floor
 - Look for the object the person is choking on, remove if possible, taking great care not to push object further into airway
 - Begin CPR, making sure that 911 has been called
- Aftercare for choking should always include assessment for aspiration, even if the obstruction was easily cleared and the individual goes back to their usual daily activity. Be on the lookout for cough and chest congestion, seek medical care if noted. Make sure the MD is informed about the choking event in all cases, but especially if respiratory compromise is noted.

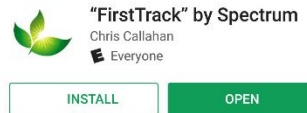


FirstLight Home Care Clocking In/Out Instructions

For ANDROID users:



Once you download the app, the login will look like this:



username

password

LOGIN

Your username is the email you used for your application

Your password is the 4-digit number assigned to you during orientation.

ARRIVAL/DEPARTURE

I want to clock in for an:

Once you login, You will get the option to clock in (Arrival) or clock out (departure).

ARRIVAL

DEPARTURE

Clock in/Arrival: When you select arrival, it will show the clients name for which you are scheduled for if you are within GPS distance of clocking in. After you select the client, it will show a confirmation that you have clocked in and the clients name and address.

< SELECT ARRIVAL
ARRIVAL FINALIZED

TEST CLIENT

Your arrival clock in is successful!

Wednesday, Jun 20,
09:30AM

TEST CLIENT
2441 W SR 426 Suite 1011
Oviedo FL 32765

Clock out/Departure: Once you have finished your shift, you will login to the app again and select departure. Then it will give you the same screen as arrivals (you must still be at the house or walking out of the door for the GPS to locate you) where it shows you the clients name. Select the client and it will give you a confirmation clock out time.

< SELECT ARRIVAL
DEPARTURE FINALIZED

TEST CLIENT

Your departure clock out is successful!

Wednesday, Jun 20,
09:31AM

TEST CLIENT
2441 W SR 426 Suite 1011
Oviedo FL 32765



After the clock out confirmation, the screen will prompt you to enter the activities you performed for the client. Please scroll through and select the boxes that correlate with your shift. Remember: If you didn't document it, you didn't do it. Documentation is essential!

Select Continue to move onto Mileage and comments.

Enter the mileage if you drove the client anywhere in your vehicle. In the box below that, enter where you went that explains the mileage you entered. You can enter anything you would want to mention about the client or how the shift went as well.

< ACTIVITIES

Please check off all activities completed for **TEST**:

- Companionship**
- Skin/Nail Care**
- Light Housekeeping**
- Meal Preparation**
- Transportation**
- Assisted with Oral Hygiene**

CONTINUE

< MILEAGE & NOTES

Please fill in your mileage for this job:

Miles

Would you like to add additional notes?

Enter comments how shift went. If you reported mileage, please enter where you drove.

FINALIZE



FirstLight Home Care Clocking In/Out Instructions

For APPLE users:

Once you download the app, the login will look like this:

Your username is the email you used for your application

Your password is the 4-digit number assigned to you during orientation.

Once you login, You will get the option to clock in (Arrival) or clock out (departure).

Clock in/Arrival: When you select arrival, it will show the clients name for which you are scheduled for if you are within GPS distance of clocking in. After you select the client, it will show a confirmation that you have clocked in and the clients name and address.

Clock out/Departure: Once you have finished your shift, you will login to the app again and select departure. Then it will give you the same screen as arrivals (you must still be at the house or walking out of the door for the GPS to locate you) where it shows you the clients name. Select the client and it will give you a confirmation clock out time.



username

password

LOGIN

SELECT ARRIVAL

I want to clock in for an:

ARRIVAL

DEPARTURE

ARRIVAL / DEPARTURE

We have found multiple matches.
Please select one.

TEST CLIENT

ARRIVAL FINALIZED

Your arrival clock in is successful!

Wednesday, Jun 20, 09:30AM

TEST CLIENT

2441 W SR 426 Suite 1011

Oviedo, FL 32765

ARRIVAL / DEPARTURE

We have found multiple matches.
Please select one.

TEST CLIENT

DEPARTURE FINALIZED

Your departure clock out is successful!

Wednesday, Jun 20, 09:31AM

TEST CLIENT

2441 W SR 426 Suite 1011

Oviedo, FL 32765



After the clock out confirmation, the screen will prompt you to enter the activities you performed for the client. Please scroll through and select the boxes that correlate with your shift. Remember: If you didn't document it, you didn't do it. Documentation is essential!

Select Continue to move onto Mileage and comments.

Enter the mileage if you drove the client anywhere in your vehicle. In the box below that, enter where you went that explains the mileage you entered. You can enter anything you would want to mention about the client or how the shift went as well.

< ACTIVITIES

Please check off all activities completed for
TEST CLIENT:

Companionship

Skin/Nail Care

Light Housekeeping

Meal Preparation

CONTINUE

< MILEAGE & NOTES

Please fill in your mileage for this job:

Miles

Would you like to add additional notes?

Enter comments how shift went. If you reported mileage please enter where you drove.

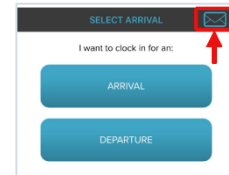
CONTINUE

FirstTrack GPS App with Direct App Messaging – Caregiver Instructions

Verify & Update App to the Latest Version

Check to see if your app has been updated. To do this, log into the app and look for an envelope icon in the upper right of the app.

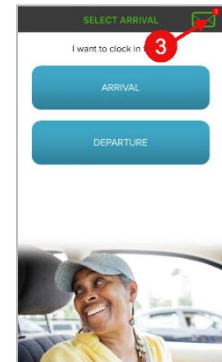
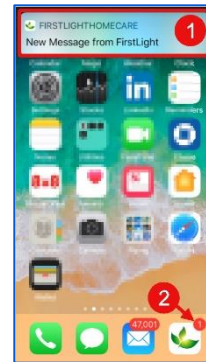
- ① If the icon is missing, visit the appropriate app store (Apple App Store or Google Play) to update to the latest version of the app.



Message Notifications

Notifications will be displayed in the following ways:

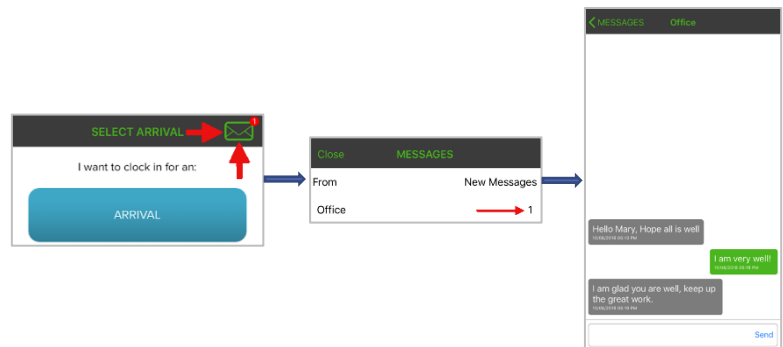
1. As a dropdown notification banner;
2. Badge count icon displayed on the app's icon;
3. Within the app as a badge count icon.



Viewing & Replying to Messages

Log into the app.

1. Tap the envelope icon to view message.
2. Tap on the new message from the Office to view and reply.
3. Reply by typing message and tapping on "Send".
4. Messages will be time/date stamped and marked as "Read" when received.



Exiting the App

1. To go back to the main Arrival/Departure screen, tap "Messages" then "Close".
2. Exit the app by closing the app according to your phone settings. *You will still get notifications even with the app closed.

RSL BasicCare® Program



Draw on the protection provided by your benefits.

Important **protection** made available by your employer for **you** and **your dependents** through easy payroll deduction. Your acceptance is **guaranteed**...you cannot be turned down, as long as you sign up during your open enrollment period.

The BasicAdvantage Total Plan described in this brochure is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage under the Affordable Care Act. It is intended to provide you, and your covered dependents, with basic insurance coverage.

The Essential Plan described in this brochure is not a substitute for comprehensive health insurance; however, it is intended to provide minimum essential coverage under the Affordable Care Act.

BasicAdvantage Total Plan

- Visit any doctor or hospital.
- Enrolled dependents receive the same coverage as you.
- No pre-existing conditions exclusions or limitations.
- BasicAdvantage Total Plan enrollees also receive these added non-insurance benefits:
 - ✓ Prescription Drug Card offering discounts at participating pharmacies.
 - ✓ VSP Access Plan membership offering discounts on eye exams and prescription glasses at network doctors.
 - ✓ 24-Hour Nurse Helpline.
 - ✓ On-line Wellness Assistance.
 - ✓ Vitamins & Nutritional Supplements Plan.
 - ✓ On Call Travel Assistance.

INPATIENT HOSPITAL BENEFITS	
Hospital Room & Board Benefits:	
Daily Benefit for the Treatment of Mental & Nervous Conditions Number of Daily Benefits Per Coverage Year	\$100 per day 25
Daily Benefit for the Treatment of Alcohol & Substance Abuse Number of Daily Benefits Per Coverage Year	\$100 per day 25
Daily Benefit for the Treatment of All Other Covered Conditions Number of Daily Benefits Per Coverage Year	\$400 per day 90
Hospital Admission Benefit For Specified Conditions:	
Daily Benefit for Cancer (Malignant Neoplasm) Number of Daily Benefits Per Coverage Year	\$2,000 per day 1
Daily Benefit for Heart Attack (Myocardial Infarction) OR Daily Benefit for Heart Disease ¹ Number of Daily Benefits Per Coverage Year	\$1,500 per day \$1,000 per day 1
Daily Benefit for Accidental Injury Number of Daily Benefits Per Coverage Year	\$1,000 per day 1
Daily Benefit for Stroke (Cerebrovascular Accident - CVA) Number of Daily Benefits Per Coverage Year	\$1,000 per day 1
Daily Benefit for Childbirth Number of Daily Benefits Per Coverage Year	\$1,000 per day 1
Maximum Surgery Benefit Per Procedure²	\$750 per day
Maximum Anesthesia Benefit³	\$150 per day
¹ The Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both. ² Benefits for covered inpatient surgery are scheduled and range from \$9 to \$750 and are based on the specific surgical procedure performed. ³ Benefits for covered inpatient anesthesia vary and are equal to 20% of the applicable inpatient surgery benefit.	
OUTPATIENT BENEFITS	
Doctor Visit Benefits:	
Daily Benefit for a New Patient Office Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1
Daily Benefit for an Established Patient Office Visit Number of Daily Benefits Per Coverage Year	\$60 per day 4
Daily Benefit for a Consultation Office Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1
Daily Benefit for an Emergency Room Doctor Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1
Radiology Benefits:	
Daily Benefit for a Magnetic Resonance Imaging (MRI) Number of Daily Benefits Per Coverage Year	\$100 per day 1
Daily Benefit for a Computerized Tomography (CT) Scan Number of Daily Benefits Per Coverage Year	\$50 per day 1
Daily Benefit for all other Radiology Services Number of Daily Benefits Per Coverage Year	\$40 per day 5
Pathology Benefits:	
Daily Benefit for all Pathology Services Number of Daily Benefits Per Coverage Year	\$40 per day 5
Urgent Care Benefits:	
Daily Benefit for an Urgent Care Facility Visit Number of Daily Benefits Per Coverage Year	\$50 per day 1
Emergency Room Visit Benefits:	
Daily Benefit for the treatment of an Accidental Injury Number of Daily Benefits Per Coverage Year	\$500 per day 2
Daily Benefit for the treatment of a Sickness Number of Daily Benefits Per Coverage Year	\$50 per day 3
Maximum Surgery Benefit Per Procedure⁴	\$750 per day
Maximum Anesthesia Benefit⁵	\$150 per day
Prescription Drug Benefits:	
Daily Benefit per Generic Drug Prescription (filled or refilled) Number of Daily Benefits Per Coverage Year	\$25 per day 12
⁴ Benefits for covered outpatient surgery are scheduled and range from \$14 to \$750 and are based on the specific surgical procedure performed. ⁵ Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.	

Essential Plan

The **Essential Plan** is intended to provide minimum essential coverage under the Affordable Care Act. It provides you and your enrolled dependents with **preventive care only** and helps you meet the requirements of the Affordable Care Act.

General Information - (Preventive Care Only)

Co-pays: \$0 (\$50 co-pay for brand name contraceptives)
 Deductible: \$0
 Benefit percentage paid by plan: 100% of covered expenses (Covered expenses are the lesser of the actual or usual & customary charges)
 Plan Annual Maximum: Unlimited
 Plan Lifetime Maximum: Unlimited

Summary of Covered Services

Below are a few of the common preventive health services the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

Covered Services for Children & Adolescents

Well Child Exams – physical exams & vision acuity
 Assessments – developmental & behavioral
 Immunizations – diphtheria, tetanus and pertussis
 Screenings – hearing loss, lead poisoning and depression

Covered Services for Adults

Annual Preventive Care Visits – physicals & history
 Immunizations – hepatitis & influenza
 General Health Screenings – blood pressure, cholesterol & diabetes
 Prescription contraceptives for women

Dental Plan

- Plan pays up to \$1,000 maximum per person each coverage year after a \$50 per person deductible.
- Visit any dentist.
- Covers most common services and gives your enrolled dependents the same coverage.

Types of Charges Covered by the Plan	Percent of Charges the Plan Pays	Waiting Period of Continuous Enrollment Before Plan Pays
Checkups & Routine Cleaning	80%	None
Bitewing X-Rays	80%	None
Sealants (for children)	80%	None
Fluoride Treatments (for children)	80%	None
Fillings	60%	3 Months
Crown & Bridge Repair	60%	3 Months
Denture Repair	60%	3 Months
Endodontics (root canal & pulpal therapy)	60%	3 Months
Periodontics (treatment of gums)	50%	12 Months
Crowns & Bridges	50%	12 Months
Dentures	50%	12 Months

Term Life Plan (with Accidental Death Benefit)

- Plan provides \$10,000 of term life coverage for you, with an additional matching \$10,000 in the event of accidental death.
- Your benefits reduce by 50% when you reach age 70. Spouse coverage ends at age 70.
- Your benefits will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or, if none, your estate.
- If you sign up for this benefit, you can add term life coverage for your spouse and each child (older than 6 months) in the amount of \$2,500. Coverage amount for children 6 months of age or younger is \$500. You are the beneficiary for spouse and child term life coverage.
- Term life benefits are not payable for death during the first 2 years of coverage if due to suicide or attempted suicide.

Short-Term Disability Plan*

- Plan provides weekly benefits for up to 26 weeks of disability. The amount paid is 50% of base pay, up to a maximum of \$125 per week.
- Disability must be due to a sickness or an injury from an accident that happens while you are covered. You must become totally disabled while covered and, if due to an injury, within 90 days of the date of the accident.
- If you are hospitalized, the benefits are payable immediately; otherwise, the benefits begin after a 14-day elimination period.
- Benefits reduce by 50% when you reach age 70.

* STD coverage is only available to you. There is no dependent coverage available.

Questions & Answers

Who can be covered? In addition to covering yourself, dependent coverage is offered in the BasicAdvantage Total, Essential, Dental and Term Life Plans. Your eligible dependents are your lawful spouse and your children through age 25, or through any age if disabled and unable to earn a living.

When does my coverage begin and end? Your coverage begins on the first day of the month after you enroll, provided you are eligible and the required premium has been paid. Coverage for all of your benefits under the program will end if (1) the required premiums are not paid; (2) you are no longer an eligible employee; (3) the insurance policies terminate; or (4) you enter an Armed Service on full-time active duty.

When does dependent coverage begin and end? Your dependents' coverage begins when yours does, unless you enroll them later. If you do, their coverage will become effective after the enrollment is approved and the premiums have been paid. Their coverage ends when yours does or when the dependent is no longer eligible.

Do I have to use certain doctors, dentists or hospitals? No. You are free to use any licensed doctor or dentist, or any certified hospital. However, under the

BasicAdvantage Total Plan, you can save money by using a network provider. Rest, nursing or old age homes, or facilities for the treatment of alcoholism, drug addiction or mental disorders are not hospitals.

How does the BasicAdvantage Total Plan's Hospital Admission Benefit work? It pays a single daily benefit when you are admitted as an inpatient to the hospital for treatment of any of the conditions shown. The daily benefit amount varies by condition and is payable based on the first diagnosis code listed on the claim form for the hospital admission.

When will I receive ID cards and full coverage information? You will receive a Summary Plan Description after you enroll. ID cards will be included.

Does the BasicAdvantage Total Plan cover maternity? Yes. Maternity care is covered.

Are visits to a chiropractor covered under the BasicAdvantage Total Plan? Yes, chiropractic office visits are covered; however, spinal adjustments and manipulations, or modalities are not covered.

Exclusions & Limitations

The following is just a summary. Please see your Summary Plan Description (SPD) for a more complete description of these items.

What is not covered under the BasicAdvantage Total Plan...

- outpatient treatment of mental or nervous conditions;
- outpatient treatment of alcoholism, or substance abuse;
- intentionally self-inflicted injuries, suicide or attempted suicide while sane or insane;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- work-related injury or sickness;
- normal health checkups;
- eye examinations for glasses, any kind of eye glasses, or prescriptions therefore;
- hearing examinations or hearing aids;
- brand name drugs and drugs not requiring a prescription;
- dental care or treatment except covered events rendered in connection with the care of sound, natural teeth and gums required on account of an accidental injury that happens while covered, and rendered within 6 months of the accident;
- reading or interpreting the results of any diagnostic pathology or radiology tests;
- cosmetic surgery, except covered events rendered in connection with cosmetic surgery needed for breast reconstruction following a mastectomy or an accident that happens while covered. The surgery needed for an accident must be performed within 90 days of the accident;
- treatment rendered while outside the United States of America; and
- services rendered by an immediate family member or provided by your employer.

What is not covered under the Essential Plan...

- injury or self-inflicted bodily harm;
- sickness or disease of any kind;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- charges in excess of usual, customary & reasonable charges;
- preventive health services not meeting the requirements of the Affordable Care Act;
- dental care, treatment or supplies, except those specifically included as a covered preventive health service for a child;
- laboratory, radiology, or cardiovascular tests performed for the diagnosis or treatment of sickness, disease or injury; and
- preventive health services rendered by an immediate family member or provided by your employer.

What is not covered under the Dental Plan...

- procedures begun or appliances installed before coverage begins;
- elective or cosmetic treatment;
- correction of congenital malformations;
- replacement of lost or stolen appliances;
- initial placement of prosthesis or fixed bridge;
- replacement of serviceable bridges;
- replacement of serviceable dentures less than 5 years old;
- replacement of crowns, inlays, and onlays less than 7 years old;

- procedures involving vertical dimension, correction of attrition or abrasion, occlusion, splinting or bite analysis;
- services in any way related to TMJ or myofascial pain;
- orthognathic surgery;
- prescribed drugs, analgesic or anesthetics;
- instruction for diet, plaque control, and oral hygiene;
- acts of declared or undeclared war;
- charges for implants or their removal and other customized services or attachments;
- cast restorations and crowns for healthy teeth that can be restored by other means;
- treatment of malignancies, cysts, and neoplasms;
- orthodontic treatment;
- charges for forms or missed appointments;
- treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
- services rendered by an immediate family member;
- charges in excess of usual and customary fee levels based on the 90th percentile of the FAIR Health, Inc. MDR tables;
- expenses covered under a group medical expense plan;
- expenses payable under Workers' Compensation or other coverage required by law;
- expenses which the covered person is not legally obligated to pay; and
- any procedure begun after coverage ends or any prosthetic dental appliance finally installed more than 30 days after coverage ends.

Many covered procedures have continuous enrollment waiting periods and limitations on how often the plan will pay for them within a certain time frame. The plan will pay only for the procedures specified on the Schedule of Covered Procedures and Benefits in the SPD.

What is not covered under Short-Term Disability and Accidental Death benefits...

- suicide or attempted suicide, or any intentionally self-inflicted injuries, while sane or insane;
- acts of declared or undeclared war;
- your commission or attempted commission of a felony;
- your operating, riding in or descending from any aircraft, other than while a fare-paying passenger on a licensed, commercial, non-military aircraft;
- voluntarily taking poison, gas, drugs or chemicals not prescribed by a physician;
- release of nuclear energy;
- participation in a riot or an illegal occupation;
- Short-Term Disability benefits are not paid for an injury or sickness related to your work; and
- Accidental Death benefit is not paid for death resulting from sickness of any kind.

The Short-Term Disability benefit is not available to persons who work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico due to statutory coverage. In these states (and Puerto Rico), the employer is required to provide a disability benefit.

The BasicAdvantage Total Plan, Essential Plan, Dental Plan, and Term Life (with Accidental Death) and Short-Term Disability Plans are underwritten by Reliance Standard Life Insurance Company, Philadelphia, Pennsylvania under group policy form series: LRS-9497-0613, et al; LRS-9499-0913, et al or LRS-9167-1103, et al; LRS-9171-1103, et al; and LRS-9173-1103, et al, respectively.

Refer to the accompanying materials for information on premiums.

Every effort has been made to ensure the accuracy of this enrollment brochure. The information described applies to the residents of most states, however state laws do vary. The laws of your state may affect this benefit program, but these differences generally do not reduce your benefits. This brochure is not a legal document. The contractual terms and conditions of coverage are set forth in the group policies. In the event of a discrepancy, the policies would be the determining factor. Insurance products are provided through Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, & the U.S. Virgin Islands. Reliance Standard Life Insurance Company reserves the right to change the premiums it charges for its plans.

VSP Access Plan discounts from Vision Service Plan. 24-hour Nurse Helpline, Online Wellness Services and Nutritional Supplements Plan from Coverdell and Company, Inc. On Call Travel Assistance from On Call International. The suppliers of these services are not affiliated with Reliance Standard Life Insurance Company, which is not responsible for the content of the services and cannot be held liable for any services provided or not provided by these suppliers.



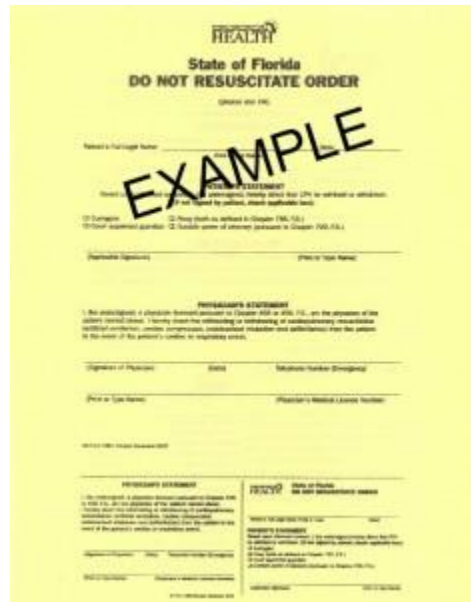
In Case of Emergencies

Do Not Resuscitate (DNR) Orders

Clients that have DNR orders can be identified by a YELLOW paper signed by the doctor. This form will be located on or near the fridge OR by the front door.

EMERGENCY:

- Cardiac or Respiratory Problems (Chest pain or can't breathe)
 - Call 911
 - Always have the clients full name, age, address and phone number available. Also know about their current condition/diagnosis to provide to the emergency medical team
 - Inform the operator that you are CPR certified (if you do not it is negligence) and that the client has a DNR they would like to abide by.
 - When paramedics come to the home, you will need to show them the DNR form. **Caregivers are allowed to abide by DNR orders when in the victim's home**
- Choking
 - Call 911
 - Perform Heimlich Maneuver
 - Stand behind
 - Hand in a fist above navel
 - Grasp other hand
 - Press into abdomen
 - 5 Quick, hard and upward thrusts
- Client is Confused/fell/sick/dizzy/has pain NOT IN THE CHEST
 - Call the OFFICE 407-434-0675
 - We will complete an incident/accident report
 - The OFFICE will contact the family of the client
- Caregiver injury
 - Call the owner immediately! Karen Tucker 407-221-8571
 - If she is not reachable, call the Office Manager at the office 407-434-0675



I have read and understand my responsibilities within the home of an emergency. I understand to call the office if I ever have questions regarding these emergency situations.

Caregiver Name _____ Date _____

Caregiver Signature _____



FirstLight Home Care 2020 Biweekly Payroll Calendar

PP#	Pay Period Begin	Pay Period End	Pay Day		PP#	Pay Period Begin	Pay Period End	Pay Day
*1	12/16/2019	12/29/2019	1/3/2020		*14	6/15/2020	6/28/2020	Thursday 7/2/2020
2	12/30/2019	1/12/2020	1/17/2020		15	6/29/2020	7/12/2020	7/17/2020
3	1/13/2020	1/26/2020	1/31/2020		16	7/13/2020	7/26/2020	7/31/2020
4	1/27/2020	2/9/2020	2/14/2020		17	7/27/2020	8/9/2020	8/14/2020
5	2/10/2020	2/23/2020	2/28/2020		18	8/10/2020	8/23/2020	8/28/2020
6	2/24/2020	3/8/2020	3/13/2020		*19	8/24/2020	9/6/2020	9/11/2020
7	3/9/2020	3/22/2020	3/27/2020		20	9/7/2020	9/20/2020	9/25/2020
8	3/23/2020	4/5/2020	4/10/2020		21	9/21/2020	10/4/2020	10/9/2020
9	4/6/2020	4/19/2020	4/24/2020		22	10/5/2020	10/18/2020	10/23/2020
10	4/20/2020	5/3/2020	5/8/2020		23	10/19/2020	11/1/2020	11/6/2020
11	5/4/2020	5/17/2020	5/22/2020		24	11/2/2020	11/15/2020	11/20/2020
12	5/18/2020	5/31/2020	6/5/2020		25	11/16/2020	11/29/2020	12/4/2020
13	6/1/2020	6/14/2020	6/19/2020		26	11/30/2020	12/13/2020	12/18/2020
					27	12/14/2020	12/27/2020	Thursday 12/31/2020

Note: The dates above are subject to change. Any changes made will be communicated via email.

The Client Information Page

Clicking on a client's name will take you here:


- Use your Internet browser to print page. 
- Click on  for Turn by Turn driving directions.
- Use your Back Button/Arrow on your browser to return to your portal.

Spectrum Scheduling [Log Out](#)

Caregiver: Johnson, Carol

Client: Goodman, Jim

Street: 1417 Hill Road
 Apt:
 City: Geneva
 State: IL
 Zip: 60134
 Phone: 958-999-9999
 Notes: Jim likes to watch channel 71. Also be certain and feed his dog at each visit.



Dates: 10/22/2012 Through 10/28/2012

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Tue 10/23/2012	Goodman, Jim	1:00:00 PM	--	2:00:00 PM	--	1.00	--
Wed 10/24/2012	Goodman, Jim	1:00:00 PM	--	2:00:00 PM	--	1.00	--
Totals:						2.00	0.00

Welcome to Your On Line Caregiver Portal

FirstLight Home Care



Access at your fingertips



Special Notes about your on-line portal:

- Your schedule is subject to change so please check in often.
- Our goal is to have next week's schedule set by Wednesday at 5pm, each week.
- The importance of clocking in/out is a vital part of our business. This tool will give you access to see what we see. We are expecting you to make sure you have clocked in/out for each visit you're assigned.

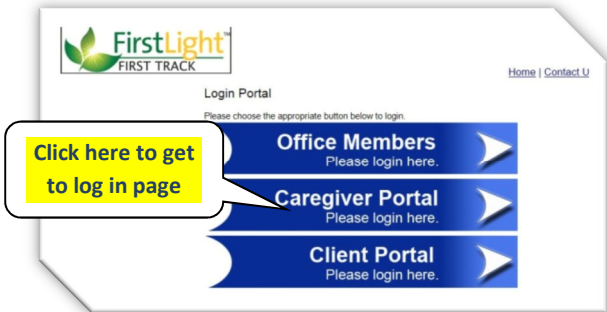
What Your on-line Portal can do for you!

- Access your weekly schedule
- Requires you to Confirm each visit!
- Print your schedule
- See your actual Arrival & Departure Times
- View your client's information such as: address, phone #and special notes.
- Complete Driving Directions!!
- Track your hours
- 100% Accessible from your smart phones.

Let's Get Started

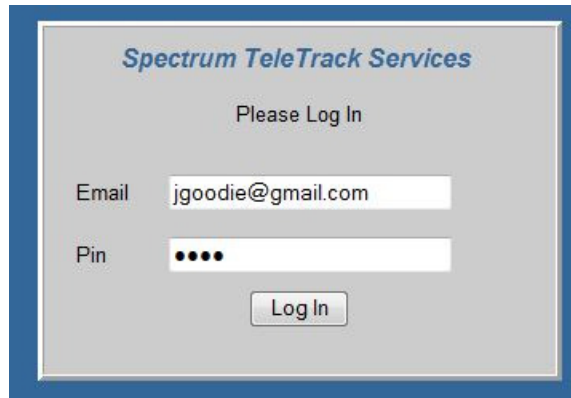
Go To the following web site:

<http://www.spectrumvoice.com/sv/login/>



Your Log in information:

- Enter your email address/user id
- Enter Pin – (Your 4 digit ID)



Once logged in you will have access to:

- This week and next week's schedule
- Print button to print schedule
- View schedule by Client or Date
- Clicking on a client's name will take you to their information page.
- On a Clients info page you can access the driving directions



Adding a Note: Allows you to enter specific notes on how your visit went.

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Mon 5/14/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Mon 5/14/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Tue 5/15/2012	Eger, Fran	10:00:00 AM	--	1:00:00 PM	--	3:00	--
Wed 5/16/2012	Eger, Fran	10:00:00 AM	--	1:00:00 PM	--	3:00	--
Wed 5/16/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Thu 5/17/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Fri 5/18/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Sat 5/19/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Sun 5/20/2012	Eger, Fran	10:00:00 AM	--	1:00:00 PM	--	3:00	--
Sun 5/20/2012	Elsey, Martha	10:00:00 AM	--	12:00:00 AM	--	14:00	--
Totals:						129.00	0.00

A Must DO

Confirming Your Schedule:

- Click on the next to each visit to confirm you will be going. It will turn to a .

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Mon 11/26/2012	Callahan, Christopher	3:00:00 PM	--	6:00:00 PM	--	3:00	--
Tue 11/27/2012	Callahan, Christopher	3:00:00 PM	--	6:00:00 PM	--	3:00	--
Wed 11/28/2012	Callahan, Christopher	3:00:00 PM	--	6:00:00 PM	--	3:00	--
Thu 11/29/2012	Hanigan, Caroline	11:00:00 AM	--	8:00:00 PM	--	9:00	--
Fri 11/30/2012	Hanigan, Caroline	11:00:00 AM	--	8:00:00 PM	--	9:00	--
Totals:						27.00	0.00

Viewing your Schedule by Client:

Sorts your visits by each client you care for. Simply click on their name.

The print view:

- Use your internet browser to print your schedule, info, driving directions
- Usually located on top right side shaped like a printer.
- Click on Client's name to get to their info page

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Mon 9/26/2011	Bowers, Mike	1:00:00 PM	--	3:00:00 PM	--	2:00	--
Wed 9/28/2011	Bowers, Mike	1:00:00 PM	--	3:00:00 PM	--	2:00	--
Fri 9/30/2011	Goodman, Jim	10:00:00 AM	--	3:00:00 PM	--	5:00	--
Fri 9/30/2011	Bowers, Mike	6:00:00 PM	--	11:00:00 PM	--	5:00	--
Totals:						14.00	0.00



Service Offering and Boundaries

Companion and Personal Care Services include:

1. In-Home Companion Care, Recreational Activities and Events
2. Meal Preparation
3. Light Housekeeping, Laundry and Linen Washing
4. Errand Services, Grocery Shopping, Clothing and Accessory Shopping
5. Transportation Services
6. Grooming and Dressing Guidance
7. Organize Mail

Companion and Personal Care include services we can provide and those we do not provide reflected in the following:

Permissible Activities of Daily Living	Services Prohibited
SKIN CARE: if healthy and unbroken skin - application of non-medicated, non-prescription lotions.	SKIN CARE: wound care, dressing changes, application of prescription medications, skilled observation and reporting.
AMBULATION: assist with ambulation and use of adaptive equipment (walkers, canes or wheelchairs) only after training and client released by prescribing individual.	AMBULATION: assistance with adaptive equipment prior to training and use by client.
BATHING: assistance with bathing if healthy and unbroken skin.	BATHING: if client has skilled skin care needs or skilled dressings needing attention before, during, or after bathing.
DRESSING: assistance with ordinary clothing and application of non-prescription support stockings.	DRESSING: assistance with application of an Ace bandage or any compression device prescribed by a physician.
EXERCISE: assistance with exercise and passive exercise which is limited to the encouragement of normal bodily movement, tolerated by the client or encouragement with a prescribed exercise program.	EXERCISE: active or passive range of motion may not be performed.
FEEDING: assistance with feeding when the client can independently swallow and be positioned upright. Assistance with gravity	FEEDING: assistance with bolus syringe or machine pump tube feedings or any nasogastric tube feeding, and intravenous

<p>syringe, gastric tube feedings, if caregiver trained and experienced.</p>	<p>nutrition or whenever there is a high risk the client may choke as a result of the feeding.</p>
<p>ADL Permissible</p>	<p>Services Prohibited</p>
<p>HAIR CARE: assist with maintenance and appearance of the individual's hair including shampooing with non-medicated or physician prescribed shampoo, drying, combing and styling hair.</p>	<p>HAIR CARE: assistance with hair care when medicated or physician prescribed shampoo is required.</p>
<p>MOUTH CARE: assistance with denture care, basic oral hygiene and oral suctioning for mouth care only.</p>	<p>MOUTH CARE: for clients who are unconscious.</p>
<p>NAIL CARE: assist with soaking of nails, pushing back cuticles without utensils, and filing of nails.</p>	<p>NAIL CARE: assistance with nails of clients with a medical condition who have peripheral circulatory problems or loss of sensation (diabetes, stroke involving limb) and use of utensils to push back cuticles, cutting of any nails or trimming of nails.</p>
<p>POSITIONING: assist with positioning when client is able to identify to staff need for position change and when skilled skin care not required with positioning. Includes simple alignment in bed, wheelchair, or other furniture.</p>	<p>POSITIONING: assistance when client unable to identify to staff verbally, non-verbally or through others, when the position needs to be changed or when skilled skin care is required.</p>
<p>SHAVING: assist client with shaving only with electric or a safety razor.</p>	<p>SHAVING: any shaving with straight razor or razor not either electric or safety razor.</p>
<p>TOLIETING:</p> <ul style="list-style-type: none"> a) Assist client to and from bathroom, with bed pans, urinals, commodes, pericare (cleaning and wiping) or change clothing, pads of any kind used for the care of incontinence. b) Change or emptying of external urine collections devices (catheter bags or suprapubic catheter bags). c) Emptying ostomy bags and assistance with client-directed ostomy care only when no need for skilled skin care or observation and reporting to nurse. 	<p>TOLIETING:</p> <ul style="list-style-type: none"> a) Insertion and removal of catheters or care of external catheters. b) Assistance with client-directed ostomy care when skilled skin care or observation and reporting to nurse required. c) Performing digital stimulation, inserting suppositories or giving and enema.
<p>ADL Permissible</p>	<p>Services Prohibited</p>
<p>TRANSFERS: Assistance only when the client has sufficient balance and strength to reliably stand, pivot and assist with the transfer to some extent.</p> <ul style="list-style-type: none"> a) Adaptive and safety equipment may be used in transfers, provided that the 	<p>TRANSFERS: May not assist with transfers when the client is unable to assist with the transfer and with mechanical or electrical transfer devices unless trained and competency tested.</p>

<p>client is fully trained in the use of the equipment and can direct the transfer step by step. Adaptive equipment may include, but is not limited to, wheel chairs, tub seats, and grab bars.</p> <p>b) Gait belts may be used as a safety device for the home services worker as long as the worker has been properly trained in their use.</p> <p>c) Home services workers may assist clients in the use of a mechanical or electrical transfer device only when the following conditions are met:</p> <p>i) The home services worker must have been training in the use of the mechanical or electrical transfer device;</p> <p>ii) The client or client representative must be able to direct the transfer step by step; and</p> <p>iii) FLHC must conduct a competency evaluation of the worker using the type of device that is available in the home.</p>	
<p>ADL Permissible</p>	<p>Services Prohibited</p>
<p>MEDICATION REMINDERS: may assist a client with medication reminding only when medications have been pre-selected by the client, a family member, a nurse, or a pharmacist and are stored in containers other than the prescription bottles, such as medication minders.</p> <p>a) Medication reminder containers shall be clearly marked as to day and time of dosage.</p> <p>b) Medication reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container.</p>	<p>MEDICATION REMINDERS: may not administer any medication to client only provide reminders.</p>

<p>c) These limitations apply to all prescription and all over-the-counter medications.</p> <p>d) The home services worker shall immediately report to the supervisor, to the client or the client's advocate or designee, any irregularities noted in the pre-selected medications, such as medications taken too often or not often enough, or not at the correct time as identified in the written instructions.</p>	
<p>RESPIRATORY CARE: may temporarily remove and replace an Oxygen cannula or mask from the client's face for the purposes of shaving or washing a client's face and may provide oral suctioning.</p>	<p>RESPIRATORY CARE: shall not provide respiratory care. Respiratory care is skilled and includes postural drainage; cupping; adjusting oxygen flow within established parameters; nasal, endotracheal and tracheal suctioning; and turning off or changing tanks.</p>



Service Boundaries

Service Boundaries: Always remember to check with your office before discussing services with the client. Our offices can may times offer alternatives to the clients for services which we are prohibited to provide.

Examples of client communication techniques when services are prohibited:

1. "Let's talk with my supervisor/care coordinator to discuss how we can help you with your oxygen."
2. "FLHC has a number of options or alternatives to offer for administering medications."
3. "We are here to help you; however, this may be something I need to check with my supervisor before I can assist you with it."
4. "We should call the FLHC office together to discuss this with the care coordinator."
5. "I am certain we will be able to assist you but we might want need to do it another way. Let's check with the FLHC office."