



SERVICES PROVIDED

Aplus Home Health Care offers a wide range of services primarily to the adult who needs care in the home setting. Under the direction of the case manager, the Home Care team helps patients, families and caregivers manage acute illness, disability or long term recovery needs. Patients, families and caregivers are encouraged to participate in planning and learning their care.

HOURS OF SERVICE

- The Office is open Monday -Friday from 9:00 a.m. to 5:00 p.m. The office is not open on weekends or holidays;
- Service is provided to patients seven days a week, including holidays. Most coverage is provided Monday - Friday; weekend coverage is available for new admissions requiring immediate visit, unstable patients, or patients whose treatment plans require a daily visit (daily dressing).
- Services are provided primarily between 9:00 a.m. and 5:00 p.m. Visit times may be flexible to meet the needs of the patient and the nurse. After 5:00 p.m., a registered on-call nurse is available to patients by dialing **(937) 433 - 0005**



WHAT IF...

Aplus Home Health Care strives to provide needed care at any given time to our patients and clients. A registered nurse is on call at all times. If a problem arises on a weekend or after hours, **you may reach the on call nurse by calling (937) 433 - 0005**. This will connect you to the answering service who will page the nurse on call. It is important for you to know that the nurse who returns your call may or may not be your primary nurse; however, he/she will have adequate knowledge and updated information regarding your care. The nurse will always call back, but please remember that she may be caring for another client and may not be able to return your call immediately.

There are numerous reasons to call the on call nurse, but there are times when it would be best for you to contact your physician. Please follow the guidelines written below.

MAJOR REASONS TO CALL THE NURSE - NIGHT OR DAY

- If you have a Foley catheter that is not draining, is leaking, or has been pulled out, call as soon as you notice the problem.
- If you are suffering any new or worsening pain, please notify the nurse immediately. Pain control is difficult to maintain if you wait several hours to report it. If new medicine is needed, there are some pharmacies that are now open 24 hours a day.
- If you have an IV or access port and notice any signs of redness, swelling, elevated temperature, increased pain or drainage at the site, please call the nurse immediately if during the IV infusion you experience burning or severe pain or swelling at the site.
- If you are being seen for a wound care and you notice any increased redness, drainage fever or chills, swelling, pain, or an unpleasant odor.
- If you develop a fever of 100 orally (99 under your arm), develop nausea or vomiting, or signs of a respiratory infection, call the nurse first. He/she may then refer you to your doctor for additional assistance.

WHEN TO CALL THE DOCTOR

- If you need medication filled
- If you need prescriptions for medical supplies
- If the need arises for a new or different medication
- If an emergency occurs. This is important as emergency personnel could better serve the time it may take to contact the nurse on call.
- If you have been discharged from our Home Care Program, call your doctor regarding problems that may arise. Remember that the nurse can not visit you without a doctor's order. If the physician feels that your situation needs to be assessed by a registered nurse, he or she will contact our office with orders for the nurse to do so.



WHEN TO CALL THE EQUIPMENT COMPANY

- If there is any malfunction with rented equipment in the home such as oxygen, hospital beds, air mattresses or wheelchairs.
- If you have problems with IV equipment call the Home Care nurse first. If it is a problem with the delivery of supplies then call the infusion company or pharmacy responsible.

WHEN TO CALL 911

- If you develop any chest pain or severe shortness of breath.
- For any severe allergic reactions that may cause breathing problems.
- Any severe falls (x-rays may need to be taken)

Your primary nurse can be reached Monday through Friday by calling the office at 1 (937) 4330005. If she is out in the field caring for other patients, you may leave a message for her or talk to another nurse.

PLEASE NOTIFY YOUR NURSE CONCERNING ANY OF THE FOLLOWING:

- If you have had any medication changes since the last time the nurse visited. This is important for the nurse to know as it can affect your condition and you will need to be assessed for the effects of the medication, side effects, or interactions.
- If you went to the Emergency Room or needed 911 assistance.
- Please have your family call the office as soon as possible if you are admitted to the hospital for any reason!
- If you notice any changes in your skin condition such as blisters, new open areas, bruising, bleeding or itching. If these symptoms are severe call anytime.

PLEASE CALL THE OFFICE IF:

- The Home Health Aid does not arrive
- The Home Health Aide does not stay long enough to complete the assigned care.
- There is a question concerning what the Home Health Aide may or may not do.

We make every effort to ensure that our staff develops a good working relationship with our patients. We realize that, in spite of our best efforts, this may not always occur. Please contact our office and seek information rather than be dissatisfied.



HOME HEALTH AGENCY Outcome and Assessment Information Set (OASIS)

STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) You get quality health care, and
- 2) Payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, as us to correct it.
- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.





PATIENT RIGHTS AND RESPONSIBILITIES

1. Be informed in advance of any changes that may affect his/her well-being in the care or treatment to be provided by Accessible.
2. Participate in planning or in making changes to his/her care or treatment (unless he/she is judged incompetent then participation by a responsible person acting on the patient's behalf).
3. Know that all information will be treated confidentially, in accordance with legal requirements.
4. Be treated with respect, be provided privacy, and have his/her property treated with respect.
5. Have the home care staff communicate in a language or form he/she can reasonably be expected to understand, including obtaining special device interpreters or other aids to facilitate communication.
6. Patients are free to voice concerns about the care or services provided to them by Aplus and recommend changes in policies and services with coercion, discrimination, reprisal, or unreasonable interruption of service. Concerns should be brought to the attention of the Administrator. Grievances can be handled over the telephone by calling **(973) 433-0005** or in writing to **Aplus Home Health Care at 7056 Corporate Way, Suite 2, Dayton, Ohio 45459**. The grievance will be addressed within two working days of receipt. In addition, a State of Ohio toll free hotline is available to receive complaints concerning home health agencies. The number is 1-800-342-0553 and is in operation Monday Friday from 8:00 a.m. to 4:00 p.m. Those wishing to register complaints by mail may write to: Health Facility Complaint Unit, Ohio Department of Health, 246 North High Street, Columbus, Ohio 43266-0588. This is also the address to register a complaint concerning the advance directive requirements.
7. In the case you do not agree with your discharge from the agency, you have the right to appeal to your Quality Improvement Organization (i.e. Ohio KeyPro 1-800-589-7337).
8. Be informed about the nature and purpose of any technical procedure that will be performed, as well as who will perform the procedure.
9. Refuse all or part of his/her care to the extent permitted by law and to be informed of the expected consequences of such action.
10. Receive no experimental treatment or to not participate in research unless the patient gives documented voluntary informed consent.
11. Be upon admission of the ownership or control of Accessible.
12. Be informed of any financial benefit to a referring organization, if such individual or service referral is necessary.
13. Receive or be assured of continuity in the care provided by Accessible.
14. Receive care in a timely manner and that is appropriate to his/her needs.
15. Be admitted by Aplus only if the organization is capable of providing needed care at the level of intensity required by the patient's condition and has the right to be referred to an alternate service if available, when Aplus is unable to meet the identified patient needs.
16. Be informed in a timely manner of the need for change in the level of care, transfer to another organization, or any alternatives.
17. Be informed in a timely manner of impending discharge, requirements for continuing care and other available services, if needed.
18. Have his/her rights and responsibilities clearly stated in documents distributed to him/her upon admission, and to have them available to other organizations and the interested public.
19. Expect that provisions regarding patients' rights and responsibilities are incorporated into Aplus 's policies and procedures.



20. Expect that the Aplus staff know they are responsible for the implementation of the policies and procedures pertaining to patient rights and responsibilities.
21. Be provided with written information regarding advance directives, such as the Living Will and Durable Power of Attorney for Health Care. Any updates to state amendments regarding individuals' rights to make decisions concerning medical care will be disseminated to patients within 90 days of the effective date of the changes. Provisions of home care services will not be based on whether or not the patient has executed an advance directive.

Patient Responsibilities

- A. To maintain homebound status, if applicable (e.g. Medicare patients). Generally speaking, a patient will be considered to be homebound if he/she has a condition due to an illness or injury which restricts his/her ability to leave his/her place of residence except with the aid of supportive devices such as crutches, canes, wheelchairs, and walkers, the use of special transportation, or the assistance of another person or if he/she has a condition which is such that leaving his/her home is medically contraindicated. A patient would be considered homebound if absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive medical treatment.
- B. To take only medications prescribed by the physician.
- C. To follow therapy orders.
- D. To follow the plan of treatment as agreed upon at admission and through discharge.
- E. To notify the case manager of physician visits, hospitalizations or time away from home.
- F. To notify the case manager of any complications that may prevent the patient from following the plan of care.
- G. To fulfill any financial obligations for services.
- H. To give accurate and complete health information concerning past illnesses, hospitalizations, medications, allergies and other pertinent data.

Patient Liability for Payment:

The patient has the right to be advised, before care is initiated, of the extent to which payment for the services may be expected from Medicare/Medicaid or other sources, and the extent to which the payment may be required from the patient. Before care is initiated, Aplus must inform the patient orally in writing of:

1. The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded aided program known to Accessible.
2. The charges for services that will not be covered by Medicare.
3. The charges that the individual may have to pay.

The patient has the right to be advised orally and in writing of any changes in the information provided in accordance with the first paragraph of this section when they occur. Aplus must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that Aplus becomes aware of a change.

Equal Opportunity Act

It is the policy of Aplus Home Health Care to provide supplies and services without regard to race, color, creed, gender, national origin, handicap, contagious disease (including, but not limited to HIV, MRSA, and Hepatitis B), or age [in compliance with 45 CFR Parts 80,84, and 91].



ADVANCE DIRECTIVE INFORMATION STATEMENT

PATIENT INFORMATION REGARDING AGENCY POLICIES AND PROCEDURES

You have received a copy of the Patient/Client Rights and Responsibilities document in addition to several other forms and handouts. Agency personnel reviewed these materials with you on the initial visit. In addition, there are other agency policies and procedures that were reviewed with you that are related to your rights as a patient receiving from this agency. These policies and procedures are summarized below.

ADVANCE DIRECTIVES WITHHOLDING OF RESUSCITATIVE SERVICES

You were asked during the initial visit if you had executed an advance directive. If you have not executed an advance directive, you have also been provided with literature relative to your rights under federal and state law to execute such a document. Agency policy states that:

"The agency recognizes that all persons have a fundamental right to make decision in relation to their own medical treatment, including the right to accept or refuse medical care. It is the policy of the agency to encourage individuals and their families to participate in decisions regarding care and treatment. Valid advance directives, such as Living Wills, Durable Powers of Attorney and DNR (Do Not Resuscitate) ... Orders will be followed to the extent permitted and required by law. In the absence of advance directives, the agency will provide appropriate care according to the plan of care authorized by the attending physician. The agency will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive."

It is also the agency's policy that:

"In the event of cardiac or pulmonary arrest, cardiopulmonary resuscitative measures will be promptly initiated unless a Do Not Resuscitate (ONR) order has been written by the physician in charge and documented in the Patient's clinical record."

GUIDELINES

1. A DNR decision is to be made by the attending physician in consultation with the patient or other legally responsible person when, in the judgment of the physician, the patient suffers from an incurable terminal illness, death is reasonable imminent in all medical probability, and resuscitation will do nothing to relieve the underlying disease or condition, nor the probability of death would be changed by resuscitation. This order must be written in the patient's clinical record as any other treatment order.



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2. The DNR order will be reevaluated under the following conditions:
 - A. When there is a significant change in patient condition.
 - B. At the request of the patient guardian.
3. It will be the responsibility of the nurse to communicate to the primary attending physician any change in the patient's condition which may make a continuing DNR order questionable, so that the physician may reevaluate the appropriateness of the order.
4. The order may be revoked at any time orally or in writing by the competent patient, the incompetent patient's guardian, or by the attending physician.
5. The DNR order will be kept in the patient's clinical record and a copy kept in the patient's home.
6. Agency personnel who are informed of or provided with a revocation of consent will immediately record the revocation request in the patient's clinical record, cancel the order, and notify the physician responsible for the patient's care of the revocation and cancellation.

ETHICS

It is also this agency's policy that if an a personnel informs management that he/she cannot implement an advance directive and/or DNR order on the basis of personal belief/conscience, that the agency personnel will be reassigned.

As a consequence of the complex technical and ethical issues arising today in the provision of care at home, the agency has ethics advisors. These advisors assist the agency in responding to the challenges confronting those in health care who are involved in difficult treatment choices and care decisions. Care decisions may involve ethical issues regarding the withholding, withdrawal of treatment. Your or your representative have the right to participate in any discussions concerning ethical issues arising from your care.

If any have questions concerning your rights, these related policies or other agency policies, please discuss them with your nurse or call the office and ask to speak with the clinical supervisor.



HIPAA PRIVACY POLICY

Purpose

The Health Insurance Portability and Accountability Act of 1996 (HIP AA) was enacted, in part to protect the privacy of individual healthcare from unauthorized disclosures. As defined by HIPPA regulations. You are considered a Business Associate with regard to individual information in business transactions and, as such are required by law to maintain the privacy of any individual healthcare information that you may privy to.

Policy

In compliance with HIPPA requirements, Aplus Home Health Care has enacted all reasonable measures to safeguard and protect the privacy of protected health Information.

AHHC requires that all Business Associates and Vendors sign a contract stipulating the need to protect individual healthcare information and to ensure that they have the necessary procedures in place to maintain the privacy of protected health care information.

AHHC has developed and implemented an employee training program to educate our staff on HIPPA requirements.

All AHHC employees are required to sign a confidentially agreement stating that they will not divulge any individual information that they may have access to as part of their employment with AHHC.

In regard to web-based applications for associates, AHHC maintains a high level of security to prevent unauthorized access to individual information. The information is encrypted over open network and requires user and role based authentication to retrieve the data. User access is established at the request of the covered entity and can be terminated at any time.

AHHC audits its procedures to ensure compliance with the HIPPA requirements.

AHHC has documented and, where appropriate, altered its business process to ensure individual privacy is maintained.

AHHC reserves the right to change the terms of this privacy policy and to make the ne\v notice provisions effective for all protected individual information that it maintains. Notice of any revisions will be distributed in writing. Full documentation of measures is available upon request.

Complaints

Unauthorized disclosures of individual information should be reported to Tami Crist Privacy officer, AHHC (614) 430-8040. Complaints may also be submitted directly to the U.S. Department of Health and Human Services. Any individual who submits a complaint will not be retaliated against in ay way.

Effective Date

The effective date of this policy is April 14, 2003



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HHA COMPLAINTS

All complaints are investigated by using the survey process of the specific provider type. The complaints survey is a partial survey of the specific nature of the complaints as it relates to the federal regulations and/or the state rules and regulations. The Division has five district offices throughout Ohio that maintain staff for the actual investigation. Complaint investigation is unannounced and the identity of the complaint is never divulged.

Mailed Address:

Ohio Department of Health
PCSU, Second Floor
246 North High Street
P.O. Box 118
Columbus, Ohio 43216

Telephone: 1 (800) 342-0553 -8:00 AM -4:30 PM
TDD: (614) 752-6490
Fax: (614) 728-9169



INFECTION CONTROL IN THE HOME

- A. The importance of infection control and personal hygiene should be stressed with all patients, family members and caregivers.
- B. When direct caregivers and/or family members of patients are symptomatic of illness, they should limit or avoid contact with the patient to prevent the transmission of infection.
- C. Hand washing shall be done before and after patient contact.
- D. The patient/caregiver should observe for signs and symptoms of local and systematic infection.
- E. Suspected infections should be reported to the Home Health nurse and brought to the attention of the attending physician.
- F. Needles, catheters and syringes shall be placed in a puncture resistant container used only for this purpose immediately after use. Needles should not be bent, broken, recapped or disengaged from their syringes.
- G. Items soiled with blood or bodily fluids (not dripping) can be placed in the regular trash. They should be enclosed in a plastic trash bag before disposal. Linen soiled with blood or bodily fluids can be laundered at home.
- H. Notify your Home Health nurse if:
 - 1. You inadvertently receive a needle stick.
 - 2. You are splashed in the eye or mouth with blood or bodily fluids.
 - 3. You identify a break in isolation policy technique during the handling of contaminated supplies or equipment.
- I. Contaminated linens should be kept separate from other household laundry and washed separately. Be sure to double rinse your washing machines or laundry tub with hot water before washing household laundry.



Homeless Shelters / Social Service Agencies

Open Shelter	(614) 461- 0407
Faith Mission	(614) 224 - 6617
Avis House	(614) 252 - 9622
Catholic Social Services/Holy Rosary	(614) 258 - 0807
Friends of the Homeless'	(614) 253 - 2770
Homeless Families Foundation	(614) 461 – 9247
Open Church	(614) 221 – 6561
Salvation Army	(614) 221 - 6561
Volunteers of America	(614) 224 - 8650
YMCA/HIN	(614) 228 - 9211
First Link	(614) 221 - 6766



EMERGENCY PREPAREDNESS CHECKLIST

Keep a battery powered radio and flashlight available.

Tune into your local radio/TV for emergency updates/instructions.

Keep a stocked First Aid Kit in your home.

Arrange for renewal of prescriptions at least 5 to 7 days before they run out.

Prefill or 2 extra days of medications (oral and/ or injections).

Have a backup supply of oxygen.

Notify the fire department/power/company if you are dependent on electrical equipment critical to your health.

In the event of a weather emergency, tune to local radio or TV station for instructions.

Important Phone Numbers:

Emergency (Fire/ Accident/Injury/Illness): 911

Poison Control: (800) 682-7625

TDD and Voice (800) 644-3020

Environmental Protection Agency: (614) 644-3020



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Under the new Ohio law, the "DNR Comfort Care" protocol requires that professionals:

WILL suction the airway, administer oxygen, position for comfort, splint or immobilize, control bleeding, provide pain medication, provide emotional support, and contact other appropriate providers; and

administer chest compressions, insert an artificial airway, administer resuscitative drugs, defibrillate or cardiovert, provide respiratory assistance (other than suctioning the airway and administering oxygen), initiate resuscitative IV, or initiate cardiac monitoring.

Also, under the new Ohio law, two options for DNR orders are recognized, and CCF has established a third option. The three options are:

1. **DNR Comfort Care 9DNRCC) orders** permit comfort care only (the above protocol), both before and during a cardiac or respiratory arrest. This kind of order is generally appropriate for a patient with a terminal illness, short life expectancy, or little chance of surviving CPR.
2. **DNR Comfort Care – Arrest (DNRCC- Arrest) orders** permit the use of all resuscitative therapies before an arrest, but not during or after an arrest. A cardiac arrest is defined as an absence of palpable pulse. A respiratory arrest is defined as no spontaneous respirations or the presence of agonal breathing. Once an arrest is confirmed, all resuscitative efforts should be stopped and (following the above protocol) comfort care alone initiated.
3. **DNR – Specified orders** allow the physician to "tailor" the DNR order the specific circumstances and wishes of the patient. For example, under this option the physician could specify "pharmacological code only," or "no defibrillation, or lido not intubate."

Options 1 and 2 (DNRCC, and DNRCC -Arrest) can be made portable, under Ohio law they can travel with the patient from one care setting to another. Option 3 (ONR -Specified) is not portable.

Attention should be given to patients admitted or discharged with DNR orders so that all involved health professionals understand what kind of DNR order has been written. For patients admitted with a state-approved DNR order, the primary physician must re-assess and re-write the order to conform to CCF policy. If a patient survives to discharge, the DNR order should be re-written in accord with patient wishes and according to state-approved options. Transport personnel and the receiving facility must be notified about the DNR order.



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The Ohio DNR Comfort Care regulations permit various means of identification to communicate the patient's code status: 1) a state-approved DNR Comfort Care form, signed by a physician or advanced practice nurse; 2) a DNR necklace or bracelet; 3) a DNR wallet card; or 4) a Living Will specifying that a DNR order should be written when the Living Will becomes effective.

In the CCF hospital, all patients with a DNR order will wear a yellow, hospital style bracelet indicating the kind of DNR order written. A new CCF DNR Order form entitled *End of Life Decision Making* should be used for writing all DNR orders. A patient brochure about DNR Comfort Care protocol is available. Prior to an invasive procedure and anesthesia, an existing DNR order should be reassessed, when possible, with the patient or surrogate. A CCF Reassessment of *Do Not Resuscitate Order During Invasive Procedures* form should be completed by the ordering or primary staff physician.

The CCF Policy on The ON R Order is available in Last Word and on the CCF Intranet. The CCF DNR Nursing Procedure Protocol is available on the CCF intranet. The End of Life Decision Making Order forms will be available at all nursing units. A Patient ONR information brochure entitled, "*Do Not Resuscitate*" Orders and Con1olt Care can be ordered from the Storeroom.



What You Should Know about Do Not Resuscitate (DNR) Orders

Q.: What does DNR mean?

A.: DNR stands for "Do Not Resuscitate." A person who does not wish to have cardiopulmonary resuscitation (CPR) performed may make this wish known through a doctor's order called a DNR order. A DNR order addresses the various methods used to revive people whose hearts have stopped functioning or who have stopped breathing. Examples of these treatments include chest compressions, electric heart shock, artificial breathing tubes, and special drugs.

Under its DNR Comfort Care Protocol, the Ohio Department of Health has established two standardized DNR order forms. When completed by a physician (or certified nurse practitioner or clinical nurse specialist, as appropriate), these standardized DNR orders allow patients to choose the extent of the treatment they wish to receive at the end of life. A patient with a "DNR Comfort Care-Arrest Order" will receive all the appropriate medical treatment, including resuscitation, until the patient has a cardiac or pulmonary arrest, at which point only comfort care will be provided. By requesting the broader "DNR Comfort Care Order," a patient may reject other resuscitative measures such as drugs to correct abnormal heart rhythms. With this order, only comfort care would be provided at a point even before the heart or breathing stops. Your doctor can explain the differences in DNR orders.

Q.: Does everyone want CPR?

A.: Although in some cases it does save lives, CPR (cardiopulmonary resuscitation) frequently is not successful or does not benefit those who receive it, especially for elderly people or those with serious medical conditions. Resuscitation can involve such things as drugs, forcefully pressing on the chest, giving electric shocks to restart the heart or placing a tube down the nose or throat to provide artificial breathing. For more information about the pros and cons of CPR and whether it is right for you, talk with your doctor.

Q.: How do I make my wishes about CPR known? How do I get a DNR order?

A.: If you *do* want to receive CPR when it is medically appropriate, you don't have to do anything. Emergency squads and other health care providers must provide CPR whenever medically appropriate. If you do *not* want CPR, you always have the right to refuse it (or any other medical treatment), but most likely you won't be able to state your wishes when an emergency happens. Therefore, if you do not want CPR, you should discuss your wishes with your doctor and talk with your doctor about whether it would be appropriate for you to have a DNR order—a medical order saying that CPR should not be given.

The doctor will explain the different ways the order can be written and may use one of the Ohio Department of Health's two standard DNR order forms. Your doctor is not required to use a standard form. However, an advantage to using a standard form is that it is easily recognized by paramedics and other health care workers.



Q.: Why did Ohio adopt a law about DNR?

A.: The purpose of the 1998 DNR Law is to help people communicate their wishes about resuscitation to medical personnel outside a hospital or nursing home setting. It allows emergency medical workers to honor patients' physician-written DNR orders even if they are at home rather than in the hospital when the heart or breathing stops. This law also protects emergency squads and other health care providers from liability if they follow their patients' DNR orders outside a hospital or nursing home setting.

Q.: How will the emergency squad or anyone else know I have a DNR order?

A.: If you are a patient in a hospital or nursing home, the DNR order should be in your medical chart. You or your family also should notify the medical staff that you have such an order any time you are admitted to a facility or are transferred from one facility to another. If you are receiving care at home, you should tell your family and caregivers where to find your DNR order. You also may want to talk with your doctor about getting DNR identification such as a wallet card or bracelet that tells medical personnel you have a DNR order.

Q.: Can anyone else override my wishes about CPR?

A.: No. If you are unable to express your wishes, other people such as your legal guardian, a person you named in a health care power of attorney, or a family member can speak for you. You should make sure these people know your desires about CPR. If your doctor writes a DNR order at your request, your family cannot override it.

Q.: What if I change my mind after my doctor writes a DNR order?

A.: You always have the right to change your mind and request CPR. If you do change your mind, you should talk with your doctor right away about revoking your DNR order. You also should tell your family and caregivers about your decision, mark "cancelled" on the actual DNR order, and destroy any DNR wallet cards or other identification items you may have.

Q.: How does a person use a living will to obtain a DNR order?

A.: Ohio has a standard Living Will Declaration form that is widely available. This standard form specifically directs your physician to write a DNR order for you if two doctors have agreed that you are either terminally ill or permanently unconscious. Your attorney and your doctor can help answer questions about the living will form, including the DNR issue.



Victims of Domestic Violence Should Know Legal Remedies

Domestic violence is any assault or threat of harm against a family or household member. Domestic violence includes physical, emotional, financial, and/or sexual abuse. If you are a victim of domestic violence, you should (1) contact the police immediately; (2) obtain medical treatment if necessary; (3) seek a shelter or safe place to stay; (4) speak to a victim advocate; and (5) seek assistance through the legal system.

Q.: What legal remedies are available to me as a victim of domestic violence?

A.: Assistance is available in both civil and criminal courts. You can contact the sheriff's department or prosecuting attorney, who can file criminal charges against the abuser. When criminal charges are filed, you can seek a temporary protection order (TPO). A TPO should contain terms to insure your safety and the safety of your family or household members. The TPO should direct the alleged offender to stay away from your residence, school, and/or place of employment and not to phone you. It also should order the offender not to damage your property. In a separate case, victims may also request a civil protection order (CPO). A CPO may give you possession of an automobile, give you custody of children, and order support to be paid for the children, etc.

Q.: How do I obtain a TPO?

A.: The prosecuting attorney can file a criminal complaint of domestic violence. After the prosecuting attorney has filed the complaint, the abuser may be arrested, tried and sentenced to jail as in any other criminal case.

At any time during this process, you can request a TPO on a form provided by the clerk of courts. There is no fee for filing this request. The court must schedule a hearing to consider your request within 24 hours of the filing. You must appear at this hearing to provide information about the basis of your request. You may take a victim advocate with you.

Q.: How will law enforcement officials know that I have a temporary protection order?

A.: The court must provide, on the same day it is issued, copies of the TPO to you, to the alleged offender, and to all law enforcement agencies with authority to enforce the order. Law enforcement agencies are required to maintain an index of these orders.

Q.: How long does a TPO last?

A.: A TPO remains in effect until the criminal charges that prompted it are resolved.

Q.: What if the offender violates the TPO?

A.: If the alleged offender violates the TPO, you should go to a safe place and call the police. You should give the police a copy of the TPO, and contact the prosecuting attorney to file a complaint.



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Q.: How do I obtain a CPO?

A.: You can file a CPO whether or not criminal charges are pending. You can file a request on your own or with the help of an attorney. A hearing will be held most generally within 24 hours of filing. The alleged offender is generally not present. You must describe the most recent act of violence to the court.

A second hearing will be held generally within two weeks. The alleged offender will be notified and may attend, if the offender appears, you should present copies of any police reports, records of any medical treatment, and any witnesses. After considering all of the information, the court will decide whether to issue a CPO. If a CPO is issued, you should always get a certified copy (\$5 to \$10) to provide to law enforcement authorities.

Q.: How long does a CPO last?

A.: It will remain in effect for up to five years.

Q.: What should I do if the offender violates the CPO?

A.: You should go to a safe place and call the police. You should show the police the CPO and contact the prosecuting attorney to file a complaint. If convicted of violating a CPO, the offender can be sentenced to jail, probation, court supervision, or counseling.